Early Heterosexual Risk Among Urban African American Preadolescents: A Developmental Perspective

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Teacher, Mentor, and Friend
Committed, tireless
And with a smile
Pursuit of
Knowledge, Truth, and Scholarship
A labor of love...a labor for life
Passing on
The torch of passion, of principle
A new adventure and journey now set
Equipped and inspired
Hoping to become for others
As you have been for me
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Acquired Immunodeficiency Syndrome (AIDS) is a constellation of opportunistic infections that occur as a result of being infected with the human immunodeficiency virus (HIV) and, at this point, eventually leads to death. It is an unprecedented medical and psychosocial event in human history not only because its effects have been devastating in terms of the number of lives it has claimed, but more importantly because of the potential for future widespread HIV infection. Furthermore, unlike previous public health threats, the cause of AIDS is believed to be known, and ultimately, HIV infection is preventable.

During the early history of this disease, those at high risk (i.e., gay men and injection drug users) were targeted for primary, secondary and tertiary intervention, while others outside of these two "risk groups" (e.g., heterosexual, non-injection drug users of diverse races and ages) naively assumed they were immune to this disease (Leishman, 1987). However, increasing numbers of these individuals have become infected with HIV (Brooks-Gunn, Boyer, & Hein, 1988; DiClemente, 1992a; Leishman, 1987). While a cure for HIV remains elusive, there has been greater emphasis upon primary and secondary prevention with identifiable risk groups that are particularly vulnerable to contracting and spreading the virus. One such risk group identified in the late 1980's was adolescents,
particularly those from urban minority communities (Selik, Castro, & Pappaioanou, 1988).

Despite a great deal of research focused on the incidence of AIDS among adolescents (Brooks-Gunn et al., 1988; Brooks-Gunn & Furstenberg, 1990; Cates, 1991; DiClemente, 1992a; Hein, 1987, 1989a, 1989b; Miller, Turner, & Moses, 1990; Rotheram-Borus & Koopman, 1991) and secondary prevention efforts aimed at reducing adolescents' risk behaviors (Fisher & Fisher, 1992; Jemmott & Jemmott, 1992; Jemmott & Jemmott, & Fong, 1992; Jemmott, Jemmott, Spears, Hewitt, & Cruz-Collins, 1992), little is known about normal adolescent sexual development or early sexual risk behaviors. Researchers have failed to investigate and place within a developmental model the causal antecedents of early sexual risk taking and HIV exposure. This is most notably true for those most considered “at risk,” that is, urban minority adolescents such as African American youth. Thus, primary prevention efforts in general, and more specifically with urban poor African American adolescents, have been hindered because neither researchers nor policy makers know best where interventions should be directed so as to be most effective (Walter et al., 1993).

This study investigates the antecedents to early adolescent heterosexual behavior among urban African Americans preadolescents residing in economically-disadvantaged settings, and places early sexual risk taking into a developmental context. The utility of understanding early sexual risk from a developmental perspective has been long recognized (Crockett & Chopak, 1993; Koch, 1993; Stanton, Black, Keane, & Feigelman, 1990), but, unfortunately, has not been realized. Urban poor African American children
and their families remain unstudied for multiple reasons. The most likely reasons include the continued context of prejudice and the demanding challenges facing investigators attempting to research this hard-to-reach population. Prejudice and difficulty notwithstanding, the urgency and ethical imperative to examine the mechanisms underlying early sexual risk among economically-disadvantaged African American adolescents is clear (Treboux & Busch-Rossnagel, 1995).

Thus, the focus will be on early sexual development among urban poor African American preadolescents before heterosexual intercourse occurs; median age of onset for sexual activity in this population is between 12-14 years of age (Keller, Bartlett, Schleifer, Johnson, Pinner, & Delaney, 1991; Levy, Lampman, Handler, Flay, & Weeks, 1992). From a developmental perspective, this study will explore those factors that may predict the timing of early sexual risk taking. More specifically, the focus will be on 4th and 5th grade individuals who report being in sexual possibility situations. Sexual possibility situations are when mixed-sex peers are in private, unmonitored settings where opportunities to engage in sexual activities exist (Paikoff, 1995).

Within the larger context of adolescent heterosexual behavior leading to risk for HIV exposure, (i.e., timing of first intercourse and subsequent frequency and outcome of sexual activities), many researchers have identified important individual, family, and contextual factors that predict the degree of exposure to and risk of HIV infection. These predictors have been explored in both theoretical and empirical inquiries into adolescent HIV risk taking, as well as teen pregnancy research programs, and will be reviewed in greater detail in the next chapter.
From these inquiries, scholars worldwide and from multiple disciplines (e.g., family sociology, demography, social psychology, and health psychology) have consistently found parent and peer factors to be powerful predictors of adolescent sexual development and risk taking. Thus emergence of sexual risk taking has usually been studied from an interactional parent and peer context (Treboux & Busch-Rosnagel, 1995). This family and peer ecology appears to have particularly important relevance for American adolescents, who become tightly anchored in their peer relational structures (Brown, 1990). The salience and significance of peer relationships slowly grows as the influence of previously powerful alliances with parents slowly diminishes (Brown, 1990; Hartup, 1983). It is within this critical developmental, transitional context that sexual debut and risk emerges.

Therefore, it appears that movement from heterosocial to heterosexual peer interactions occurs largely within a context of changing parent and peer alliances and influences. The proposed model of early sexual risk places the emergence of sexual possibility situations in this interactive parent and peer context. This more narrow focus upon parent (i.e., demographic variables and support for parental supervision) and peer (i.e., friendship characteristics) contextual factors, out of all possible predictors of early sexual risk, does not negate the associative links between early sexual risk and other individual, familial, and contextual predictors. Instead, it sharpens the focus upon those predictors most likely to be directly related to risk before the onset of first sexual intercourse (Holmbeck, Paikoff, & Brooks-Gunn, 1995; Jarrett, 1995; McLoyd, 1990; Parfenoff et al., 1995; Rotheram-Borus & Koopman, 1991; Vera, Reese, Paikoff, &
Jarrett, 1995). Other predictors, for example, child substance use and problem-solving abilities (e.g., individual factors), family communication and conflict resolution (e.g., family factors), and neighborhood effects (e.g., contextual factors), may be more distally related to sexual possibility situations (i.e., before onset of first intercourse) and more proximally related to future risk (i.e., timing of sexual debut and frequency and outcome of sexual intercourse). Therefore, these more distally related predictors will not be investigated at this time.

The proposed model is at the forefront of theory construction and model testing, aimed at understanding early sexual risk for urban poor African American preadolescents. It was derived from separate but related areas of theoretical and empirical work: AIDS and adolescents, particularly African American youth; African American children and their families; peer and developmental influences; and sexual development and teenage pregnancy. In sum, demographic factors (i.e., maternal age at first childbirth, absence of a biological or non-biological male caregiver in the home, and child’s gender), support for parental supervision (i.e., parent supervision and monitoring and parent support from other adults) and friendship characteristics (i.e., positive friendship qualities and peer pressure), singly and collectively, were tested as predictors of the timing of early sexual risk (i.e., sexual possibility situations).

The next chapter is organized into six sections. First, relevant literature linking adolescents, particularly urban African American youth, to AIDS is reviewed. Next, the limitations of this literature and a call for an alternative research approach is provided. Third, a developmental psychopathology perspective is offered, and the outcome
variable, sexual possibility situations, is defined and reviewed. Within the larger context of adolescent heterosexual risk taking, predictors of early sexual risk for HIV exposure, via sexual debut and frequency and outcome of sexual activities, is discussed. And finally, moving from this more broad-based conceptual framework toward a narrower focus on demographic, parent, and peer factors, a new model for investigating early heterosexual risk, as defined by sexual possibility situations, is explored and hypotheses are offered.
CHAPTER II

REVIEW OF RELATED LITERATURE:

AIDS AND ADOLESCENTS

Epidemiological evidence linking adolescents to high-risk behavior associated with HIV infection has been extensively reviewed (see Bowler, Sheon, D'Angelo, & Vermund, 1992; Brooks-Gunn et al., 1988; Brooks-Gunn & Furstenberg, 1990; Cates, 1991; DiClemente, 1990, 1992a; Hein, 1987, 1989a, 1989b; Kaplan & Schonberg, 1994; Lindegren, Hanson, Miller, Byers, & Onorato, 1994; Miller et al., 1990; Rotheram-Borus & Koopman, 1991; Shafer & Boyer, 1991; Williams & Ponton, 1992). A brief review of these findings will document the need to better understand the factors predictive of HIV-risk behavior and to intervene with this population.

The Centers for Disease Control (CDC: 1991, 1992, 1993, 1994) repeatedly note a rising trend in the numbers of adolescent (ages 13-19) AIDS cases each year. At the end of 1994, adolescents constituted approximately 1% of all national AIDS cases diagnosed annually. Unfortunately, however, this figure belies the greater incidence of adolescent HIV infection given the long latency period (i.e., 8 to 10 years) between seroconversion and AIDS-defining illnesses, and the greater proportion (4%) of young adults (ages 20-29) infected with HIV (CDC, 1994). Because of this time lag, many AIDS cases diagnosed in early adulthood reflect HIV infection that occurred during the teenage years.
HIV seroprevalence data collected from military recruits (Burke et al., 1990), active duty military personnel (Kelley et al., 1990), Job Corps applicants (CDC, 1990), homeless youth (Stricot, Kennedy, Nattell, Weisfuse, & Novack, 1991), and adolescents seeking treatment in a variety of settings such as STD clinics, alcohol and drug treatment centers, and medical care facilities (Cannon, Schmid, Moore, & Pappaioanou, 1989; Miller et al., 1990; Quinn et al., 1988; St. Louis et al., 1990) all reflect increasing rates of HIV seroconversion in adolescents. Moreover, careful examination of epidemiologic data from STD clinics indicate that adolescents have the highest relative incidence of STD's, which suggests that many adolescents are engaging in HIV-associated sexual risk behavior (Brooks-Gunn et al., 1988; Hein, 1987, 1989a). Hein (1987, 1989a) reasoned that physiological and anatomical differences between adolescent and young adult females that place the former at greater risk for transmission of STD's, could also occur with HIV. Differences such as biochemical changes within young adolescent females and incomplete development of ovarian, cervical, and vaginal functions were noted as possible risk factors (Hein, 1989a). This is particularly relevant given that heterosexual intercourse is believed to be the most likely mode of HIV infection among female adolescents (Hein, 1989a).

Survey data of adolescent heterosexual behavior also suggest increased HIV risk given that adolescents, especially urban adolescents, are engaging in heterosexual intercourse at earlier ages: median age of onset for sexual activity among urban youth is between 12-14 years of age (Keller et al., 1991). Early onset of first heterosexual
intercourse has been associated with HIV risk behaviors such as decreased likelihood of using contraception either at sexual debut or thereafter; increased frequency of sexual intercourse; and multiple sex partners (DiClemente, 1992a; Overby & Kegeles, 1994; Shafer & Boyer, 1991).

Overall, adolescents are reportedly inconsistent users of condoms despite adequate knowledge of how to protect themselves against HIV transmission (Brooks-Gunn et al., 1988; Dusenbury et al., 1991; Goodman & Cohall, 1989; Kegeles, Adler, & Irwin, 1988; Keller et al., 1991; Overby & Kegeles, 1994; Walter et al., 1993). Furthermore, they often view themselves as invulnerable to the disease because they seldom know anyone who is HIV-positive and they do not believe that the rules governing HIV transmission apply to them (Ford & Norris, 1993; Overby & Kegeles, 1994; Walter et al., 1993). That is, they do not believe that their inconsistent or nonuse of condoms will result in their HIV seroconversion because they do not view themselves or their sexual partners as "at risk" (Brooks-Gunn et al., 1988; Hein, 1987, 1989a, 1989b; Strunin, 1991; Walter et al., 1992; Walter et al., 1993). In contrast, adults when compared to adolescents, are more knowledgeable about HIV and are more likely with age to use condoms more consistently (Hein, 1989a).

In sum, adolescents who engage in earlier heterosexual intercourse are less impacted by secondary prevention efforts than those who delay initiation of sexual activity (Emans et al., 1987; Jessor, 1984). Thus, researchers (Levitt et al., 1991) believe that primary prevention efforts aimed at prolonging the timing of sexual debut will not only decrease the likelihood of HIV exposure, but will also increase the likelihood that
secondary intervention efforts at a later date will be more effective.

AIDS and African American Adolescents

Literature reviews of AIDS in adolescents also point to specific adolescent subgroup populations (i.e., minority adolescents, particularly those that reside in impoverished economic communities) who are at increased risk for HIV transmission and infection (DiClemente, 1992a, 1993; Flora & Thoresen, 1988; Holmes, 1991; Jemmott & Jemmott, 1993; Jemmott et al., 1992; Norris & Ford, 1991; Overby & Kegeles, 1994; St. Lawrence, 1993). For example, there are a disproportionate number of African American youth who are HIV positive or who have AIDS (DiClemente, 1992a, 1993). That is, in comparison to all youth, regardless of race and ethnicity, the proportion of African American adolescents who are HIV-seropositive or who have AIDS is disproportionately higher than their non-Black counterparts (CDC, 1994).

Additionally, when comparing African American youth living in the inner cities to their nonminority counterparts, they are likely to exhibit earlier ages of sexual debut (Flora & Thoresen, 1988; Overby & Kegeles, 1994; Zelnik & Kanter, 1980); are less likely to use contraceptives consistently or to protect themselves against HIV or STD transmission (Norris & Ford, 1991; Overby & Kegeles, 1994); are less likely to be knowledgeable about HIV prevention (Crawford & Robinson, 1990; DiClemente, Boyer, Morales, 1988; St. Lawrence, 1993; Strunin, 1991); are more likely to live in drug-ridden neighborhoods where there is an increased risk of engaging in sexual intercourse with an infected person (Bowser et al., 1990; Huston, Mcloyd, & Coll, 1994; Jemmott & Jemmott, 1993; Jemmott, Jemmott, & Fong, 1992; Overby & Kegeles, 1994); and are less
likely to have access to adequate health and medical care (Flora & Thoresen, 1988). In short, survey data related to adolescent sexual behavior more generally, and African American youth more specifically, indicate widespread concern for HIV seroconversion leading to AIDS; therefore research and intervention efforts aimed at understanding and protecting these adolescents against HIV exposure is needed.

Limitations of Past Research

Although the above evidence to date has clearly shown that adolescents, particularly economically-deprived African American youth, are at increased risk for HIV infection and transmission, there are three general criticisms of this research: (1) Little is known about the causal developmental antecedents to the timing of first intercourse or frequency of intercourse; (2) Little is known about how general models of sexual development and early sexual risk taking apply to disenfranchised African American adolescents; and (3) Greater emphasis should be placed on high risk behavior, not membership in an identified high risk category, when investigating predictors of HIV infection. These criticisms will be discussed below.

First, some researchers have noted the important influences of pubertal maturation on the timing of first intercourse (Brooks-Gunn & Paikoff, 1993; Spencer & Dornbusch, 1990). In addition, others (Brooks-Gunn et al., 1988; DiClemente, 1993; Dryfoos, 1990; Holmes, 1991; Jemmott & Jemmott, 1993; St. Lawrence, 1993) have called for more concentrated efforts to investigate additional factors such as child and family psychosocial variables that also may predict early sexual debut. Understanding the antecedents to early sexual behavior is extremely important in the fight against HIV,
especially among African American adolescents, because as mentioned above heterosexuality activity appears to be the primary mode of transmission for this age group (DiClemente, 1993; Holmes, 1991). If one understood the antecedents predictive of the timing of first intercourse, frequency of intercourse, and eventual HIV-risk-taking behavior, then one could more effectively intervene. Thus, developmental research on early sexual behavior among African American urban adolescents could inform prevention efforts aimed at stemming the tide of HIV transmission and infection in this population (Stanton et al., 1990; Parfenoff et al., 1995).

To do this, researchers must identify important developmental factors that characterize the period of transition from late childhood to early adolescence and influence the onset of sexual intercourse. That is, researchers must investigate relevant sexual behaviors that are precursors to sexual intercourse, instead of focusing upon older adolescents who have already begun this activity. From a developmental perspective, researchers should investigate individual, family, and contextual factors that may act as potential predictors of risk for first sexual intercourse and later HIV-associated risk behavior.

Second, models of sexual development and early sexual risk taking are often applied indiscriminately to adolescents groups of diverse ethnicity and SES; therefore, the importance of understanding early sexual risk for those African American youth who reside in poverty-stricken inner cities is abundantly clear (Atwood, 1993; Cochran & Mays, 1993; Ogbu, 1981; Stanton, Aronson, Borgatti, Galbraith, & Feigelman, 1993; Stanton et al., 1990). In absence of empirical data, it is unwise to extend conceptual
models of sexual development and risk taking from one youth culture to another. Because most of the literature to date has focused primarily upon Caucasian, middle-class adolescents, a narrow focus upon African American youth living in the inner cities is needed (Stanton et al., 1993).

And finally, it is no longer useful to classify those believed to be at increased HIV risk into identifiable "risk groups." Clearly this public health policy had been necessary to know which groups of individuals were being hardest hit by the epidemic and, thus, where to allocate resources for primary, secondary, and tertiary prevention efforts. However, because HIV is a viral disease and anyone, regardless of sexual orientation, gender, race, age, or drug using practices can be infected with it, it seems more informative to focus on high risk behavior or behavior in high risk situations than on particular group labels. Just as not all gay men or injection drug users are at high risk for HIV solely because of their group membership, not all urban African American adolescents are at high risk for contracting or transmitting HIV. It is only those engaged in high-risk behavior that are susceptible to the disease. As a result, researchers need to examine the predictors of HIV risk behavior, that is, why some engage in HIV-associated behavior while others do not.

Furthermore, risk behavior often changes or fluctuates over time and varies across context. Just as not all African American youth are engaging in high risk sexual behavior, not all of these adolescents are engaging in high risk behavior all of the time. There may be certain times (i.e., when alcohol or drugs are being consumed) when these adolescents are at increased risk for HIV-related risk behavior (Jemmott & Jemmott, 1993).
Therefore, we need to also understand not only what predictors or markers are indicative of particular risk taking pathways, but also how these might change over time or across different contexts. Examining individual and family influences that are associated with variation and change in risk behavior would be highly informative.

A Developmental Psychopathology Approach

Developmental psychopathology is an organizational model or "macro paradigm" for studying normal development in tandem with psychopathology (Lease & Ollendick, 1993). Its emphasis has been on understanding individual patterns of adaptation or maladaptation in terms of developmental mechanisms or processes (Sroufe & Rutter, 1984).

Developmental psychopathologists assume that development is orderly (i.e., systematic and successive) and that changes observed at one time will influence subsequent events. For example, normal development, which is marked by one's ability to successfully negotiate developmental milestones or stages, is often a result of integrating earlier competencies and adaptations into later behavior. Similarly, psychopathology, which is characterized by unsuccessful negotiation of developmental milestones, is frequently a result of earlier developmental deviations. As such, timing and negotiation of developmental milestones and stages are central to the study of trajectories leading to psychopathology (Lease & Ollendick, 1993).

Additionally, developmental psychopathology holds that multiple processes can lead to similar or different developmental outcomes (Lease & Ollendick, 1993). Therefore, developmental psychopathologists are concerned with the number of ways
(i.e., multiple pathways) in which person-context transactions (a contextual perspective in which individuals are conceptualized as both creators and creations of their environment) predict developmental outcomes. As a result, both intra- and extra-individual factors are generally investigated to determine those which promote (e.g., risk and vulnerability factors) or inhibit (e.g., protective and resource factors) early deviations or, similarly, disrupt or maintain early adaptation (Lease & Ollendick, 1993). Given this, developmental trajectories can be examined in light of individual, familial, and other contextual influences.

A developmental psychopathology framework applied to the study of HIV sexual-risk behavior among urban African American youth will help to identify developmental and contextual factors important in normative development as well as developmental deviations which may enhance risk of HIV infection. An example of the latter may be the timing of exposure to situations in which sexual activity is possible. From a developmental perspective, onset of sexual activity usually follows a predictable sequence of events and behavior. Early exposure (relative to one's peers) could impact later behavior by opening up increasingly more opportunities for sexual activity (Levitt et al., 1991; Rotheram-Borus & Koopman, 1991). Thus, the timing of these early events could adversely impact adaptive developmental processes and outcomes. For example, related literatures in adolescent substance use and teen pregnancy have linked early initiation of substance use or pregnancy with academic drop-out and failure and other health-risk behaviors. Applied to HIV risk reduction, Paikoff (1995), Parfenoff et al. (1995), and Rotheram-Borus and Koopman (1991) noted that delaying the onset of early
risk behaviors would be an easier and more effective strategy against HIV risk than changing established risk patterns.

Unfortunately, few studies to date have attempted to understand the onset and process of sexual activity in this population from a normative developmental perspective (Paikoff, 1995). Instead, researchers in our Western culture have emphasized, particularly for urban African American youth, the problematic/pathological outcomes or consequences (i.e., early pregnancies, HIV or AIDS, or STD's) of such early activity (Spencer & Dornbusch, 1990). Therefore, we must first understand the normative developmental processes of sexual debut in African American inner-city youth and their subsequent risk for HIV exposure, as well as individual differences that lead to different outcomes. Then we can better inform primary and secondary prevention efforts by helping to create meaningful strategies to effectively intervene against the tide of HIV infection in this community (Paikoff, 1995).

**Sexual Possibility Situations**

Increasingly researchers have called for theoretically-driven empirical work to help illuminate factors that lead to early sexual debut as well as delay of onset of sexual activity (DiClemente, 1993; Flora & Thoresen, 1988; Holmes, 1991; Jemmott & Jemmott, 1993; Paikoff, 1993; Stanton et al., 1993; Strunin, 1991; Walter et al., 1992). Researchers have also pointed out the need to take a developmental perspective on early sexual debut by taking a step back and focusing on the precursors or markers of the situations or contexts in which sexual intercourse occurs (Hein, 1991; Walter et al., 1992). However, none have suggested a guiding theory or conceptual model that would
be most useful to do this, particularly with economically-disadvantaged urban African American youth.

Within a developmental psychopathology framework, Paikoff (1995) recently suggested a conceptual model to better understand behavioral sequencing toward sexual debut and HIV-associated sexual behavior among urban African American youth. This model has been validated in pilot work for the Chicago HIV-Prevention and Adolescent Mental Health Project (CHAMP; Paikoff, 1993). Paikoff (1995) based her model on the earlier work of Dunphy (1963), who studied peer group formation among Australian youth, and Westney, Jenkins, and Benjamin (1983), who studied behavioral sequencing within heterosocial settings among urban African American preadolescents.

Reasoning that the transition from late childhood into adolescence occurs within the context of heterosocial relationships, Paikoff (1995) suggested that the onset of sexual activity also emerges from these contexts. That is, as preadolescents begin to interact with their peers in more heterosocial situations, more opportunities will eventually occur in which sexual activity might take place. Paikoff (1995) termed these opportunities for sexual activity as sexual possibility situations. She further suggested that because behavioral sequencing toward early sexual activity occurs in the context of heterosocial activities, that one must better understand the actual situations (i.e., sexual possibility situations) within which sexual activity occurs in order to understand the precursors or markers of sexual debut.

Sexual possibility situations are those in which adolescents engage in heterosocial interactions in private, relatively unsupervised settings. Paikoff (1995) stated that
heterosexual interactions were characterized by three basic dimensions: (1) heterosocial settings (e.g., time spent either alone with an other-sex peer or in mixed sex groupings); (2) unsupervised settings (i.e., no adult or caregiver present); and (3) private settings (e.g., time inside someone's bedroom with only intermittent supervision).

According to Paikoff (1995), the behavioral sequences of this model would be as follows. First, it is expected that all pre and young adolescents will have spent time with mixed-sex peers in unsupervised public situations. Later as older children transition into adolescence, they begin to spend more unsupervised time in mixed-peer settings, or with one peer of the opposite sex, and they may also move from public to private settings (e.g., in someone's room where an adult is only checking in from time to time). When preadolescents find themselves in such situations, that is, in relatively unsupervised private settings with either an opposite sex peer or mixed-sex group of peers, sexual activity is possible. It is also possible, however, that sexual activity is not considered in these situations (e.g., situations are not labeled as such) and therefore, is not a likely outcome (i.e., unrecognized sexual possibility situations). This follows from a developmental psychopathology perspective in which it is important to determine the meaning or context of events in order to determine later impact upon behavior (Lease & Ollendick, 1993).

Additionally, from a developmental psychopathology perspective, it is important to determine what factors predict whether one engages in sexual activity or not and whether one protects oneself from HIV. This is necessary in order to understand the multiple pathways that may lead to similar or divergent outcomes. For example, it may be
critical to consider whether the child has thought about having sex and either did or did not negotiate or discuss this with the potential sex partner or with someone else. Contextual factors, such as whether one's peers are engaging in sexual intercourse in these settings, also may be predictive of outcome. In sum, it is important to understand how older children transition into sexual possibility situations and what factors (i.e., individual, familial, contextual) are important determinants of the timing of such situations, the frequency of these situations during the preadolescent to adolescent years, and the pathways within these situations to HIV risk exposure.

Predictors of Adolescent Sexual Risk Taking for HIV

To date, most of the research investigating adolescent sexual risk taking for HIV has been empirically based. Generally, cross-sectional correlational analyses of sexual risk, as defined by sexual practices (e.g., sexual intercourse without a condom, multiple sex partners), have been completed, and sexual risk has been linked to numerous identifiable predictors, such as individual, family, or contextual variables. These predictors are reviewed below. Following this more broad-based review, the focus will narrow upon the predictors of sexual possibility situations (i.e., demographic, parent, and peer factors) as outlined in the proposed model of early sexual risk (see Figure 1).

Individual Factors

Early on, researchers consistently noted that at-risk adolescents were factually deficient in terms of accurate HIV knowledge, in other words, adolescents were not well informed about what causes HIV, how it is spread, and how to protect oneself from it (DiClemente, 1990). However, since then, research has demonstrated that adolescents are
increasingly and adequately knowledgeable about HIV causes, transmission, and
prevention, but fail to translate this knowledge into safe sexual practices (Brooks-Gunn et
al., 1988; DiClemente et al., 1992a; Durbin et al., 1993; Dusenbury et al., 1991;
Goodman & Cohall, 1989; Hingson, Strunin, & Berlin, 1990; Kegeles et al., 1988; Keller
et al., 1991; Norris & Ford, 1991; Overby & Kegeles, 1994; Strunin & Hingson, 1987;
Strunin, 1991). Furthermore, prevention strategies aimed at correcting knowledge and
belief deficiencies about HIV have not been effective behavior modifiers (DiClemente,
1992b; Kegeles et al., 1988). Thus, while there are mixed reports about whether African
American and other minority youth are as informed as their Caucasian counterparts
(Crawford & Robinson, 1990; DiClemente et al., 1988; Ford & Norris, 1993; Strunin,
1991), adolescents of all ethnic groups continue to engage in behaviors that place
themselves at risk for HIV.

Subsequently, researchers have focused less on factual HIV knowledge as
predictive of HIV risk or as a point of behavioral intervention, and more on other
attitudinal variables and processes as possible moderators and mediators of HIV risk:
perceptions of omnipotence, invulnerability, and indestructibility (Atwood, 1993);
perceptions of risk (Brooks-Gunn et al., 1988; Ford & Norris, 1993; Hein, 1987, 1989a,
1989b; Overby & Kegeles, 1994; Strunin, 1991; Walter et al., 1992); self-efficacy
(DiClemente, 1992b; Jemmott et al., 1992; Rotheram-Borus & Koopman, 1991; Walter et
al., 1992); decision making (Atwood, 1993; Langer et al., 1993; Levitt et al., 1991);
negative experiences with safer sex practices (Norris & Ford, 1994); personal
significance or meaning of the situation (Levitt et al., 1991; Overby & Kegeles, 1994);
and sexual values and intentions (Christopherson et al., 1994; Walter et al., 1992). Similarly, Overby and Kegeles (1994) found that urban minority women's intentions to use condoms were more related to contraception and pregnancy issues versus HIV protection, and even these concerns were outweighed by poverty-related issues (e.g., physical and economic survival). And finally, Rotheram-Borus and Koopman (1991) suggested that access to condoms and mental health support services was more predictive of translating HIV factual knowledge into behaviors. Therefore, researchers investigating adolescent HIV sexual risk and HIV factual knowledge, beliefs, and attitudes must consider alternative moderating and mediating influences.

Another frequently identified predictor of adolescent sexual risk taking for HIV has been alcohol and drug use. Repeatedly, researchers have found that alcohol and drug use, for youth of all ethnic groups, is associated with HIV risk taking (Bowser & Word, 1993; Cooper, Pierce, & Huselid, 1994; Jemmott & Jemmott, 1993; Koopman et al., 1994; Miller et al., 1990; Millstein, Moscicki, & Broering, 1993; Shafer & Boyer, 1991; Walter et al., 1993). Findings indicate that substance-using adolescents were more likely to engage in sex while using and were concurrently more likely to engage in HIV high-risk behaviors than their nonsubstance-using counterparts. This research is consistent with Jessor and Jessor's (1977) seminal work concerning the co-morbidity of problem behaviors, thus leading Paikoff (1995) to reason that substance use may be a gateway for early sexual risk taking, or vice versa.

Similarly, psychopathology has been identified as predictive of HIV risk behavior (Hein & Hurst, 1988; Rotheram-Borus & Koopman, 1989; Stiffman et al., 1992). More
specifically, Hein and Hurst (1988) noted that conduct disordered adolescents with diminished impulse control may be more likely to engage in high-risk sexual behavior due to impaired forethought and planning abilities governing their behavior. Additionally, Stiffman and colleagues (1992) found that severity of mental health symptoms during adolescence was related to risky sexual behavior during adulthood, while reduced symptomatology was related to lower levels of HIV risk.

Although pubertal maturation has not been empirically linked to HIV risk taking, it has often been identified as predictive of early sexual development including timing, frequency, and outcome of sexual experiences (Paikoff & Brooks-Gunn, 1991). In an extensive theoretical review of early sexual behavior and risk for HIV in early adolescence, Parfenoff and her colleagues (1995) connected early pubertal maturation with increased opportunities for early sexual experiences, thus leading to increased incidence of unprotected intercourse. That is, early pubertal timing and maturation has been linked to increased sexual attractiveness (Paikoff & Brooks-Gunn, 1991), which has been linked to increased opportunities for early sexual experiences (Paikoff & Brooks-Gunn, 1991). In turn, earlier sexual experience has been consistently linked with unprotected intercourse (DiClemente, 1992a; Overby & Kegeles, 1994; Shafer & Boyer, 1991). Thus, the effects of pubertal maturation and timing are beginning to be identified and explored as predictive of early HIV risk.

Family Factors: Parent and Family Process

Parent factors, such as parent demographics (i.e., education, maternal age at first childbirth, and employment), have been linked to early sexual development (e.g., early
pregnancy) and to other risk behaviors (Dryfoos, 1990; Furstenberg, Brooks-Gunn, & Morgan, 1987). Moreover, Parfenoff and her colleagues (1995) theorized that maternal age at first childbirth (adolescent > adult maternal caregivers) and caregiver employment (unemployed caregivers > employed caregivers) would be predictive of early exposure to sexual possibility situations. They also reasoned that the above demographic variables would be indirectly linked to early sexual risk for HIV exposure via family processes (i.e., family warmth and communication) and parental psychopathology (Parfenoff et al., 1995). However, no evidence, to date, has been offered to support these hypothesized relationships. Similarly, parent psychosocial adaptation has often been linked to family process variables (Parfenoff et al., 1995), but has yet to be evaluated as a direct link to adolescent HIV risk taking.

Parent knowledge, beliefs, and attitudes toward HIV has been identified as predictive of child sexual risk and exposure to HIV (Brown, 1991; Parfenoff et al., 1995). Brown (1991) found that adolescents, whose parents had high levels of HIV factual knowledge and positive attitudes toward HIV-impacted individuals, reported significantly less HIV risk-taking behaviors than counterparts, whose parents were uninformed about HIV and who harbored negative feelings toward those with HIV.

Parent monitoring, supervision, and discipline and parent support from other adults have often been linked with adolescent deviant behavior (Biglan et al., 1990; Dornbusch et al., 1985; Gribble et al., 1993; Rhodes & Jason, 1990; Steinberg, 1987; Stern, Northman, & Van Slyck, 1984; Zimmerman, Salem, & Maton, 1995). Research on adolescent acting-out behaviors, including sexual risk activities, has often noted the direct
and primary influence of parents' abilities, either alone or in tandem with the support offered by others, to monitor the time, space, and friendships of their adolescents (Biglan et al., 1990; Dornbusch et al., 1985; Taylor & Roberts, 1995). Consistently, absence of such monitoring and supervision and support has often been predictive of various adolescent problem behaviors, particularly in resource-depleted settings (Bowser & Word, 1993; Gribble et al., 1993; Jarrett, 1995; Kellam et al., 1982; Taylor et al., 1993). Therefore, in risk-prone environments, protective factors, such as parent monitoring and supervision and parent support from other adults, have been noted to promote resilient outcomes for adolescents in these settings (Gribble et al., 1993; Mason, Cauce, Gonzales, Hiraga, & Grove, 1994; Jarrett, 1995; Parfenoff et al., 1995; Zimmerman et al., 1995).

Regardless, no study to date has linked these protective factors directly with early sexual risk (i.e., before onset of first intercourse) for HIV. Given that early risk for sexual activity occurs during the transitional stage from late childhood into early adolescence, in which children move from being family to peer focused and from heterosocial to heterosexual activities (Paikoff, 1995; Parfenoff et al., 1995), these two parent factors appear to be especially important predictors of early risk.

At the same time, increased parental monitoring and supervision strategies within violence-prone and resource-depleted communities, may be for safety reasons or pregnancy prevention versus protection from HIV risk taking (I. Crawford, personal communication, March 1995; Jarrett, 1995; Mason et al., 1994). Within many inner city communities, where there are high concentrations of poverty, unemployment, alcohol and drug use, gang activities, teen-age pregnancy, and social marginalization, threats of
physical harm and early pregnancy may be more salient. Therefore, parents may be more focused upon protecting the physical well being, health, and independence of their adolescent versus seemingly less immediately threatening HIV risk exposure (Brown, 1991).

Of the family process factors, family communication has most often been investigated and linked to early sexual risk for HIV (Parfenoff et al., 1995). For example, Leland and Barth (1993) found that increased parent communication between parents and their high-school aged adolescents was positively related to lowered HIV risk taking. Family affect and problem solving, on the other hand, have not been directly linked to early sexual activity or HIV risk exposure. Instead, these two family variables have often been investigated in relationship to overall adolescent psychosocial functioning and adaptation (Parfenoff et al., 1995). Thus, the level of familial warmth and family problem solving or conflict resolution may be distally related to early sexual activity via links with individual (e.g., child psychosocial functioning, friendship relationships) and other parent and family variables (e.g., maternal psychosocial functioning, parenting styles and strategies).

**Contextual Factors**

The greater culture, both community and family context, may influence families (e.g., parents, children, parent-child relationships, and family processes) and the family's ability to supervise and regulate child/adolescent behavior, particularly exposure to sexual activity (Parfenoff et al., 1995). Research programs in teen pregnancy, adolescent sexual development, and adolescent delinquency have identified contextual influences,
such as the nature and quality of schools and neighborhoods (Atwood, 1993; Brooks-Gunn et al., 1988; Levitt et al., 1991; Vera et al., 1995), media effects (Brown, Childers, Bauman, & Koch, 1990), and peer influences (Billy & Udry, 1985; Hofferth & Hayes, 1987; Lewis & Lewis, 1984; Udry & Billy, 1987) as predictors of early adolescent sexual risk taking.

For example, Bowser, Fullilove, and Fullilove (1990) found that cultural factors, such as neighborhood effects, were important predictors of HIV risk taking, particularly for economically and socially marginalized African American communities in the inner cities. That is, early sexual debut and HIV risk exposure have been linked to the social context of violence and alcohol and drug use, limited public access to health care, permissive community norms regarding early sexual activity, depleted economic resources, and fewer maternal and human resources (Bowser et al., 1990). Researchers have also linked the influence of absent fathers within the family context, or male caregivers within the neighborhood context, as predictive of adolescent problem behavior (Mason et al., 1992) and early sexual risk (Parfenoff et al., 1995) via limited parent support from other adults and parental monitoring and supervision strategies. And, as noted above, neighborhood factors (e.g., poverty-stricken, high crime) have been found to directly impact the meaning underlying parental monitoring and supervision strategies (Mason et al., 1994), which would likely influence early sexual risk taking and exposure to HIV.

While school contextual effects have not been directly linked to HIV risk exposure, Hofferth and Hayes (1987) and Walter and colleagues (1993) found that school
performance and sexual activity were linked. More specifically, they found that lower academic achievement and aspirations were predictive of earlier and more frequent engagement in sexual activity. Additionally, Parfenoff and her colleagues (1995) suggested that schools often provide parent support and monitoring, which could moderate the likelihood of early adolescent sexual debut.

Additionally, media effects were also identified as potential predictors of early HIV risk exposure (Parfenoff et al., 1995). That is, research on media effects found that young adolescents of absent parents spent greater time listening to radio or watching television (Brown et al., 1990), which often included highly sexualized content that rarely discussed use of contraception or how to protect oneself from sexually transmitted diseases. Therefore, based on this research information it is important for prevention programs to address media and family issues in their efforts to educate young adolescents and their families about high-risk sexual behavior (Crawford & Robinson, 1990).

And finally, peer contextual factors such as peer norms and pressures have been consistently identified as predictive of problem behaviors in general (Brown, Classen, & Eicher, 1986; Brown, Dolcini, & Leventhal, 1995; Dishion, Capaldi, Spracklen, & Li, 1995; Jessor & Jessor, 1977) and HIV in particular (Biglan et al., 1990; Ford & Norris, 1991; Levitt et al., 1991; Shafer & Boyer, 1991; Walter et al., 1992). At the same time, however, the evidence for peer influences on sexual behavior is complex. That is, while Billy and Udry (1985) found that some adolescents were influenced by their peers via normative beliefs to engage in sexual intercourse, others were not.

In support of peer influences, Biglan and colleagues (1990), Jemmott and Jones
(1994), and Walter and colleagues (1992) found that peer norms and the overall peer network and context were related to adolescent sexual behavior and HIV risk taking. Adolescents whose peers were engaged in problem behaviors, especially HIV-related behaviors, were more likely to engage in these same HIV risk activities. Thus, friendship factors appear to be important predictors of early sexual risk taking among preadolescents because the antecedents of these behaviors occur within the context of peer interactions (Langer et al., 1993).

Participation in Sexual Possibility Situations: A Theoretical Model

As noted earlier, this project focuses upon early sexual risk before sexual intercourse occurs. Therefore, along the continuum of sexual development, this study, as compared to others, moves backwards to investigate the salient antecedents and predictors of early sexual risk. From a developmental perspective, early sexual risk occurs during the transition from late childhood to early adolescence and is characterized in part by the emergence of sexual possibility situations. It is only those situations in which mixed-sex peers are in private, relatively unmonitored settings that are sexual possibility situations.

The emergence of sexual possibility situations during this critical transitional stage occurs as older children experience shifting changes in alliances with and influences from parents and peers (Treboux & Busch-Rossnagel, 1995). It is during this transition and within this changing context that opportunities to engage in health-compromising behaviors (e.g., early sexual risk, substance use) increase (Dishion et al., 1995; Holmbeck et al., 1995). In fact, most of the research on negative adolescent outcomes, particularly
adolescent sexual risk taking, has been examined within an interactive parent and peer ecology (Treboux & Busch-Rossnagel, 1995). Given this, the prevalence of parent and peer factors are evident as direct and proximal predictors of early sexual risk before first intercourse occurs (Holmbeck et al., 1995; Jarrett, 1995; McLoyd, 1990; Vera et al., 1995). Therefore, in terms of predicting sexual possibility situations, these more proximally-related predictors will be tested while more distally-related factors will not be investigated at this time.

Other predictors, particularly individual factors such as child problem solving and decision-making strategies, locus of control, affective stability, general psychological functioning, and impulse control, are likely more distally related to sexual possibility situations and more proximally related to sexual behavior (Parfenoff et al., 1995). Thus, these more person variables will not be examined at this juncture of inquiry. Instead, more socially and contextually relevant factors will be examined as predictors of early sexual risk (i.e., sexual possibility situations).

The proposed model is one in which support for parental supervision and friendship characteristics are directly linked with early sexual risk. Furthermore, demographic variables such as maternal age at first childbirth, child’s gender, and the presence or absence of a male caregiver in the home, may be directly linked with support for parental supervision and friendship characteristics, plus directly and indirectly linked with sexual possibility situations (Parfenoff et al., 1995). As a result, the complete model is one in which support for parental supervision, friendship characteristics, and demographic factors, singly and collectively, will be tested as predictors of the timing of
During childhood, parents assume primary responsibility for the supervision and monitoring of their children in order to ensure their childrens' physical health, safety, and development. As children grow into adolescence, friendships become increasingly more important. Preadolescents begin spending greater amounts of time with their peers while spending less time with their parents (Cooper & Cooper, 1995; Holmbeck et al., 1995; Rodman, 1990). It is during unsupervised time in a private place with either an opposite sex peer or with mixed sex peers that sexual intercourse is considered and is possible.

Additionally, parents’ ability to supervise and monitor the time and space of their young preadolescents may be impacted by demographic factors such as whether their child is a girl or a boy, whether the maternal caregiver was an adolescent or an adult mother when her first child was born, and whether a biological or non-biological male caregiver is present in the home. Thus, these factors in addition to support for parental supervision and friendship characteristics may be linked to the timing of sexual possibility situations (see Figure 1).

As indicated in Figure 1, hypothesized constructs, support for parental supervision and friendship characteristics, are each defined by two separate but related variables: parental supervision and monitoring and parent support from other adults constitute the former; and positive friendship qualities and peer pressure constitute the latter.

Demographic factors are defined as: maternal age at first childbirth, absence or presence of a biological or non-biological male caregiver in the home, and child’s gender. As noted elsewhere, this is the first empirical test of this model.
In sum, early sexual risk, as defined by sexual possibility situations, appears to be predicted by parent, peer, and demographic factors. It is expected that demographic variables will be directly related to support for parental supervision and friendship characteristics, as well as directly and indirectly related to sexual possibility situations. Both support for parental supervision and friendship characteristics will also be directly linked to sexual possibility situations. In turn, support for parental supervision and friendship characteristics might relate in an additive or interactive manner to predict sexual possibility situations. However, it is expected that one or the other will best fit the data. And finally, the interactive effects between demographic factors by both support for parental supervision and friendship characteristics will be examined. This model will be explored in greater detail below. Given the paucity of theory construction and model testing of early sexual risk among urban poor African American preadolescents, the proposed predictors and their interactions are cautiously offered.

Demographic Variables: Maternal Age at First Childbirth, Status of a Male Caregiver in the Home, and Child’s Gender

As noted above, demographic aspects of family life, especially for urban African American families residing in poverty, may be critical to early sexual risk. Demographic links to early sexual risk (i.e., sexual possibility situations), however, are largely theoretical (Parfenoff et al., 1995), but a growing empirical basis may be mounting (Mason et al., 1992).

Empirically, maternal age at first childbirth among urban African American families has been associated with risk for early pregnancy and other risk behaviors
(Dryfoos, 1990; Furstenberg, Brooks-Gunn, & Morgan, 1987). For example, Furstenberg, Brooks-Gunn, and Morgan (1987) found that female adolescents may recreate patterns of early sexual behavior of their maternal caregivers. That is, these young females were more likely to give birth to their first child as adolescents if their mothers had done likewise. Extending this transgenerational finding to early sexual risk, Parfenoff and colleagues (1995) theorized that children born to adolescent mothers (i.e., who gave birth to their first child before age 19), would be more likely to experience sexual possibility situations than children born to adult mothers (i.e., who gave birth to their first child at age 19 or older).

Child's gender may also be linked to early sexual risk. Conventional wisdom holds, and previous studies have supported (Catania, Gibson, Chitwood, & Coates, 1990; Levy, Lampman, Handler, Flay, & Weeks, 1993), that adolescent males report being involved in sexual experiences more than female adolescents. This finding, however, may be an artifact of gender differences in reporting sexual behavior. Alternatively, early maturing female adolescents may be at heightened risk for early sexual experiences (Paikoff & Brooks-Gunn, 1991; Parfenoff et al., 1995). Moving backwards along the sexual experience continuum to before first intercourse, gender differences may be present; however, direction of these differences is not known. It may be that male adolescents are in or report being in sexual possibility situations more often than female adolescents, or vice versa.

No research to date has directly linked presence or absence of a biological or non-biological male caregiver in the home to early sexual risk. Despite this, pertinent research
conducted by Mason and colleagues (1992) has linked absence of fathers or father-equivalents to early adolescent problem behaviors among African American youth. In light of this research, it is speculated that absence of a biological or non-biological male caregiver in the home will be positively associated with increased risk for exposure to sexual possibility situations. In general, further conceptual development and empirical investigations are necessary to understand the direct associative links between demographic variables (maternal age at first childbirth, child’s gender, and male caregiver in the home) and early sexual risk, thus shedding light on the possible continuities or discontinuities underlying developmental trajectories of exposure to sexual possibility situations.

Support for Parental Supervision: Parent Supervision and Monitoring and Parent Support from Other Adults

Maccoby and Martin (1983), Holmbeck and colleagues (1995), Mason and colleagues (1994), Cooper and Cooper (1995), and Rodman (1990) have noted the prominence of changing parent-child relationships, particularly involving parental supervision and monitoring, as children transition from late childhood into early adolescence. Parental supervision and monitoring refers to parents' ability to monitor the time, space, and friendships of their children, both inside and outside of the home.

During the transition from late childhood into early adolescence, it is developmentally appropriate for children to begin to cultivate friendships separate from and outside of one's family. These friendships provide increased opportunities for normative psychological, social, behavioral, and emotional developmental processes to
occur. They also can be a breeding ground for more negative influences upon children that might lead to negative physical, psychological, or emotional consequences (Cooper & Cooper, 1995; Jarrett, 1995). Parents are challenged to create opportunities for their child's independence while maintaining necessary structural support and guidance to ensure the safety of their child (Holmbeck et al., 1995; Rodman, 1990). Rodman (1990) noted that this is especially difficult in the area of adolescent sexual development, in which potential conflict between parent and child is magnified as renegotiation of parental boundaries and control ensues. Moreover, all of this must be accomplished in a manner that does not hinder or preclude normative developmental processes from taking place.

Furthermore, cultural settings or contextual factors will likely influence the rate at which parents and their children renegotiate the process of moving from dependence to independence (Rodman, 1990). For instance, for urban African American families living in areas of high crime, rampant drug use, and physical threats to one's health and safety, it may be more normative for parents to retain tighter monitoring and supervision strategies to ensure the safety of their children (Mason et al., 1994). In fact, this may be seen more as an act of love versus delayed process of emerging autonomy and independence (Jarrett, 1995). Additionally, there may be gender differences in this process. That is, urban African American parents may employ differing levels of supervision and monitoring for female versus male children (I. Crawford personal communication, March, 1995). While African American preadolescent boys are given greater freedom and reign, girls are seen as more vulnerable and are therefore more closely watched.
As parents and their adolescents begin to renegotiate the boundaries of supervision and monitoring (supervised versus unsupervised time with peers) for both on-site (i.e., inside of one's home) or off-site (i.e., outside of one's home) situations, it is the latter context that is most important but difficult for parents to renegotiate while at the same time ensuring their child's safety (Cooper & Cooper, 1995). Even when parents implement off-site monitoring strategies (e.g., chaperonage by a younger sibling; Jarrett, 1995), these strategies may not always be adequate to protect adolescents from potential negative influences of their peers. It is the ability of parents to monitor their childrens' behavior while not physically present that is central to changing parent-child relationships during the transition into adolescence (Maccoby & Martin, 1983).

Research on parental supervision and monitoring has primarily focused on how parents' knowledge and monitoring of their childrens' whereabouts effect child outcome variables such as self-esteem and delinquent or acting out behavior (Holmbeck et al., 1995). Poor parental monitoring and supervision of adolescent behavior was highly predictive of adolescent delinquency (Patterson, DeBarshe, & Ramsey, 1989) and sexual risk taking (Biglan et al., 1990). Parental guidance, in the form of intact supervision, rules, monitoring, and discipline was linked with stress-resilient children in high-stressed, resource-depleted communities. Bowser and Word (1993) found that the presence of parental monitoring and supervision strategies during this maturational transition stage, regardless of the nature or quality of such strategies, was predictive of decreased initiation of substance use. However, adolescents with absent parents or caregivers, or absent rules or guidelines at home, were more likely to initiate early substance use and
concurrent sexual risk taking.

Studies of one versus two-parent families (Dishion & Loeber, 1985; Dornbusch et al., 1985; Dornbusch, Ritter, Leiderman, Roberts, & Farleigh, 1987; Hogan, Hao, & Parish, 1990; Steinberg, 1987; Stern et al., 1984) have consistently shown that one-parent families are at greater risk of having adolescent children who engage in early sexual behavior and substance use. Zimmerman and others (1995) argued that if youth cannot be supervised, then adolescent and developmental problems cannot be prevented.

Yet within the above findings of group differences on child outcome variables between one and two-parent families, individual variations were also noted for one-parent families (Dornbusch et al., 1985; Zimmerman et al., 1995). That is, some of these families had children who were not engaging in these early risk-taking behaviors. Thus, Paikoff (1995), Parfenoff and colleagues (1995), and Zimmerman and others (1995) reasoned that for some families, parent support from other adults (i.e., the availability of family or friends, either within or outside of one's household, who can assist the single parent with child supervision and monitoring and general parental responsibilities) may be related to whether parents are able to monitor and effectively limit the likelihood of their children engaging in these risk behaviors. In a review of ethnographic research on “socially mobile” African American families living in urban poor settings, Jarrett (1995) uncovered that this support was key to their success.

Research on parenting support in urban poor minority communities has generally found that higher levels of within- and outside-home assistance can buffer the negative effects of living in resource-deficient, stressful environments (Hogan et al., 1990; Taylor
Roberts, 1995; Taylor et al., 1990; Zimmerman et al., 1995). Rhodes and Jason (1990) found that the presence of a supportive adult, other than parent, played a significant role in preventing adolescent substance use. Similarly, Zimmerman and his colleagues (1995) found that parent support from other adults was associated with healthy physical and psychological development among African American male adolescents.

Researchers have begun to examine the underlying mechanisms of social support and how it is linked to better outcomes. For example, Jarrett (1995) learned that parent support from other adults was often provided by individuals living outside of the family's stressful community. Thus, avenues to these more resource-rich environments were established. Families would have greater access to institutional, informational, and economic assets not available to them in their communities. Plus the quality of the support provided was often stable, systematic, and effective.

In summary, both parental supervision and monitoring and parent support from other adults operate in tandem to determine support for parental supervision. Support for parental supervision, in turn, is hypothesized to be directly related to the timing of exposure to sexual possibility situations. It may be that support for parental supervision acts as a protective factor to early heterosexual risk taking among urban African American preadolescents.

Friendship Characteristics: Positive Friendship Qualities and Peer Pressure

Peer relational configurations and influences change across time and space. In particular, the peer changes occurring during the transition from late childhood into early adolescence are critical. To better understand later peer influences upon adolescent
behavior, one must first grasp the meaning and quality underlying these developmental changes in peer structure and dynamics (Bracken & Crain, 1994; Brown et al., 1995; Claes, 1992; Cooper & Cooper, 1995; Holmbeck et al., 1995; Treboux & Rossnagel, 1995).

From late childhood into early adolescence, children begin to move away from primarily familial relationships and begin to develop and cultivate peer relationships (Berndt & Perry, 1990; Savin-Williams & Berndt, 1990). Early on, children had relied upon their parents to provide all forms of support: physical, emotional, behavioral, and psychological. During this time, friendships were chosen based upon common interests (e.g., games and activities). As children begin to mature into early adolescence, they begin to rely more upon their peers to satisfy their needs. They also begin to choose their friends based upon shared feelings, emotions, and self disclosure (Bracken & Crain, 1994; Claes, 1993; Langer et al., 1993).

As a result of these changes, there is general agreement that friendships assume an increasingly important role (Brown et al., 1986; Zimmerman et al., 1995; Berndt & Keefe, 1995). Notwithstanding recognized influences that peers wield, there is disagreement about how much influence peers exert in comparison to parents (Zimmerman et al., 1995).

For example, research has shown that peer friendships assume a more central role in the adolescent's life and that thoughts, ideas, and activities (i.e., initiation into sexual activity, alcohol or drug use) are highly influenced by one's peers (Berndt & Perry, 1990; Biglan et al., 1990; Jessor & Jessor, 1977; Langer et al., 1993; Udry & Billy, 1987).
Brown and colleagues (1986) suggested that susceptibility to peer pressure changed as a function of age. That is, for predominantly Caucasian adolescents, susceptibility to negative pressures peaked at approximately age 14, then began a trajectory of descent through middle and late adolescence. How this might translate to urban African Americans is unclear but certainly deserving of conceptual and empirical attention.

In terms of peer dynamics in relational structures of African American youth, Mason and colleagues (1994) suggested that peer influences, particularly negative ones, were even stronger for African American youth as compared to Caucasians. However, Billy and Udry (1985) findings contested this. They found that African American adolescents were not significantly influenced by their peers to engage in sexual intercourse, while their Caucasian counterparts (i.e., female adolescents) were.

Other researchers have shown that adolescents often choose their friends based on their relationship history, that is, according to the beliefs and values of their parents (Brown, 1990; Savin-Williams & Berndt, 1990). Thus, even though friendships begin to assume greater importance during adolescence, they are not more influential than parental relationships, especially in matters of life values, goals, and decisions (Brown, 1990). For example, DiCindio, Floyd, Wilcox, and McSeveney (1983) reported that African American adolescents, when compared to their Caucasian counterparts, were more influenced by their parents' versus their peers' values when engaged in these types of decisions.

As can be seen, the direction of peer versus parent influence during adolescence is unclear. Despite this, what remains evident is that peers do wield powerful influences
upon adolescent behavior and development. But this influence is not necessarily negative and uniform (Brown et al., 1995). Sullivan (1953) was the first to note that friendships yield both positive and negative forces. Berndt (1979), Berndt and Keefe (1995), and Brown and others (1995) revealed that these positive friendship features can effect healthy adaptation and development. Again, these findings were unveiled with predominantly Caucasian adolescents, therefore, the generalizability to African American and other minority adolescents living in urban environments has yet to be demonstrated.

Overall, it seems that friends can impact the development and behavior of adolescents (Berndt and Keefe, 1995; Savin-Williams & Berndt, 1990; Youniss, 1980). Yet a general consensus about how this occurs or how this influence should be defined, measured, and investigated is lacking. Scholars differ on the relative impact of peer versus parent influences upon adolescent cognitive, behavioral, and psychological outcomes. In the current study, peer influences were not directly examined with respect to parent influences. Parental influences were indexed in terms of parent supervision and monitoring strategies.

In response to the issue of how best to operationalize and examine friendship influences, Berndt and Keefe (1995) distinguished two general schools of thought: those who measure what the friendships are like, the qualities of friendships, and how these are connected to outcomes (e.g., positive or negative friendship qualities predictive of early sexual risk), or those who measure general characteristics of friends and link these to behaviors of adolescents (e.g., investigate whether friends are in sexual possibility situations to predict subject outcome). In this study, the former are examined as
predictive of early sexual risk. That is, positive friendship qualities (i.e., important positive characteristics in one's friendships) and perceived peer pressure (i.e., pressure by one's peers to engage in negative or risk-taking behavior) were investigated. Both friendship characteristics must be considered to comprehend contextual influences of peers on adolescent risk-taking behaviors.

Positive friendship qualities, as conceptualized and operationalized by Berndt and Perry (1986), focuses on child or adolescent-identified features (e.g., play/association, intimacy) of same-sex peer relationships that are believed to be descriptive of the positive qualities of these friendships and influential upon the development of one's attitudes and behaviors. Berndt (1989) suggested that the processes of friendship influence are diverse and complex and can lead to both socially desirable and undesirable behavior. Therefore, research on specific features of peer relationships, particularly in relation to early heterosexual risk taking (i.e., early exposure to sexual possibility situations), is an important step toward greater understanding of the factors influencing children's sexual development.

Although Berndt and Perry (1986) investigated features of same-sex friendships only, for purposes of this study with urban African American youth, characteristics of both same and opposite gender friendships will be examined. This is necessary given that African American youth, as compared to their Caucasian counterparts, are more likely to socialize in mixed-sex peer groupings (Westney et al., 1983).

Peer pressure, as operationalized by Holmbeck and Paikoff (G.N. Holmbeck & R.L. Paikoff, personal communication, January 1995), is the degree to which one feels
pressured to sacrifice a sense of self in response to untoward influences of friends in order to maintain these relationships. In other words, this variable taps the degree one feels pressured by his or her peers to partake in potentially harmful behavior (e.g., skipping school, smoking cigarettes, using alcohol or drugs) in order to maintain one's friendships. This is partially similar to Berndt’s (1979) concept of conformity dispositions: how one responds to pressures to join in risk behaviors.

Extending this to early heterosexual risk-taking among economically impoverished urban African Americans, one can speculate that those preadolescents who experience greater amounts of pressure to engage in risk behavior in order to maintain friendships are more likely to be exposed to early sexual possibility situations. It is also possible that risk-taking preadolescents versus their non-risk-taking counterparts experience less parental monitoring and supervision as children and, therefore, are exposed earlier to difficult, negative peer influences with fewer opportunities for parental guidance and structure.

Overall, the above two friendship factors make up the construct, friendship characteristics. What needs to be examined is whether friendship characteristics (i.e., positive friendship qualities and peer pressure) is directly linked to the timing of exposure to sexual possibility situations. Similar to support for parental supervision, friendship characteristics may act as a protective factor to early exposure to heterosexual risk.

Interactive Effects of Support for Parental Supervision by Friendship Characteristics

Holmbeck and colleagues (1995) have reasoned that as parents and their children
negotiate boundaries around monitoring and supervision that childrens' peer relationships will likely be affected. Parents are in the difficult position of recognizing their adolescent's need for independence while at the same time being mindful of negative peer influences. That is, as parents begin to relinquish control and monitoring of their adolescents, they will also want to monitor, in some fashion, these friendships in order to ensure continued healthy development. As parents allow their children more time alone with their peers where critical socialization tasks take place, opportunities for health-compromising behaviors (e.g., early sexual risk, substance use) increase because these times are often unsupervised and unmonitored.

For example, Dishion and colleagues (1995) studied the emergence of substance use within the context of parent and peer relationships among young adolescent males. During this critical transition period, they found that substance use emerged within the context of peer relatedness. Substance use was amplified for adolescent males whose parents were less involved with them and who less frequently monitored the time and space of their whereabouts (Dishion et al., 1995). These researchers concluded that early and more serious substance use reflected adaptation to a maladaptive context jointly defined by both parents and peers.

Extending the work of Dishion and others (1995) and Holmbeck and colleagues (1995) to early sexual risk, how parents and their children resolve competing conflicts between autonomy from parents and management of peer influences determines the timing of sexual possibility situations. These parent (support for parental supervision) and peer (friendship characteristics) predictors may effect early heterosexual risk taking in
either an additive or interactive fashion. However, it is believed that one or the other will be more predictive of early sexual risk (i.e., timing and frequency of sexual possibility situations). Each will be explored below.

First, the interrelationship between support for parental supervision and friendship characteristics may be additive. That is, both support for parental supervision and friendship characteristics may act as protective mechanisms in determining whether one is exposed to sexual possibility situations. Therefore, the timing and frequency of sexual possibility situations will be limited if one of the protective factors is present, even in the absence of the other. Those with both protective factors evident will be least likely to be exposed to early and frequent sexual possibility situations. Thus, children whose parents employ effective supervision strategies that monitor the location, frequency, and context of their child's mixed-sex peer interactions, and who have positive friendship qualities, may be least vulnerable to early heterosexual risk taking.

Instead of an additive interrelationship, support for parental supervision and friendship characteristics may interact with each other to predict the outcome variable. In other words, only those children who have both parent and peer protective factors present will likely delay initial exposure to and later frequency of sexual possibility situations. Thus, two conditions must exist: (1) Parents have adequate support from other adults and employ reasonable monitoring strategies (both inside and outside of the home) that allow for independence but guard against negative peer influences; and (2) The quality of childrens' friendships are healthy and positive. From this interaction perspective, all other children are at equal risk, regardless of whether a single protective factor is present.
Research is needed to tease apart these hypothesized additive or interactive influences of support for parental supervision and friendship characteristics to determine the best fit in the prediction of timing and frequency of sexual possibility situations.

Demographic Variables: Direct and Interactive Links with Support for Parental Supervision, and Friendship Characteristics

The predictive role of demographic factors (i.e., maternal age at first childbirth, presence or absence of a biological or non-biological male caregiver in the home, and child’s gender) in early sexual risk may be complex. First, demographic variables, may be directly related to parent and peer factors. Second, as reviewed earlier, they may be directly associated to early sexual risk. Or third, they may be indirectly associated via interactive links with parent and peer determiners. The various effects of demographic factors in this proposed model are primarily theoretical and exploratory.

Demographics Directly Linked to Support for Parental Supervision and Friendship Characteristics

With one notable exception, there is relatively little or no theoretical or empirical evidence to support the direct hypothesized links between demographic predictors and parent (i.e., support for parental supervision) or peer (i.e., friendship characteristics) constructs. The exception is the literature support for the association between child’s gender and friendship characteristics.

Overall, however, the possible direct associative links between all three demographic variables and parent and peer constructs are more intuitively and easily discernible for support for parental supervision than for friendship characteristics. That is,
it seems that maternal age at first childbirth (i.e., adolescent versus adult mothers), status of a male caregiver in the home (i.e., present or absent), and child’s gender would be more directly related to parent supervision and monitoring and parent support from other adults than to child reported levels of peer pressure and positive friendship qualities. Despite this, all possible direct links with support for parental supervision and friendship characteristics will be explored.

Researchers have theorized (Parfenoff et al., 1995) and found (Osofsky et al., 1993) interaction effects between maternal age at first childbirth and support for parental supervision as predictive of various child outcomes (e.g., substance use, delinquency, sexual behavior). Yet, little has been completed that isolates the direct relationship between these two predictors. It is possible that employed parent supervision and monitoring strategies or different levels of parent support from other adults are different for adolescent versus adult mothers. The former hypothesized relationship is suggested by studies in the social development literature investigating different parenting practices (e.g., restrictive control) for adolescent versus adult mothers (Osofsky et al., 1993; McLoyd, 1990).

Presence of male caregivers in the homes of African American urban families may be associated with greater levels of support for parental supervision (i.e., increased parent support from other adults and parent supervision and monitoring), while absence of male caregivers may be associated with less. Furthermore, it may be that urban African American maternal caregivers differentially supervise and monitor their children based upon child gender differences. Maternal caregivers may more closely supervise and
monitor the time and space of either their female or male children to guard against a number of general health and safety issues, such as early sexual risk, pregnancy (for girls), early substance use, or gang affiliation.

With the exception of child's gender, the direct links between demographic predictors (i.e., status of a male caregiver in the home and maternal age at first childbirth) and child-reported friendship characteristics are less clear absent theoretical and empirical support. For example, it may be that absent male caregivers in the homes of African American children living in poverty is associated with increased peer pressure. This speculation is drawn from two separate but related areas of development. Briefly, increased peer pressure has been linked with adolescent risk-taking behaviors (Feldman et al., 1995). And recently, Mason and colleagues (1992) found that absent fathers in a poor African American community was associated with adolescent problem behaviors. Extrapolating from both areas, it could be that absent male caregivers in the homes of African American youth is also related to peer pressure. Again, this hypothesis is cautiously tendered.

On the other hand, the role of child's gender as predictive of friendship characteristics has received much theoretical and scholarly attention. Briefly, research has suggested that female versus male adolescents report greater levels of positive friendship features (e.g., emotional intimacy and sharing) and are less susceptible to negative peer pressures (Berndt, 1979; Bracken & Claes, 1994; Claes, 1992; Savin-Williams & Berndt, 1990; Windle, 1994). Unfortunately, most of this work has been with White, middle-class children and adolescents; therefore, the generalizability of these results to African
American children and adolescents living in urban poor environments is unknown. One exception, is the work of Coates (1987).

In a study of lower middle SES African American adolescents, Coates (1987) found gender differences in relational structure and quality. She noted that female adolescents had smaller networks of friends but reported greater levels of intimacy and cohesion than male adolescents. Thus, gender differences for friendship characteristics appear relatively stable across race and ethnicity. In sum, these direct links between demographic predictors and support for parental supervision and friendship characteristics are cautiously offered for consideration and exploration.

Demographics Directly Linked to Early Sexual Risk

The direct links between demographic variables and early sexual risk are more theoretically and empirically based (Mason et al., 1992; Parfenoff et al., 1995; Taylor et al., 1990; Zimmerman et al., 1995). Both variables, maternal age at first childbirth and child’s gender, for example, have been empirically linked to early sexual risk behavior. As noted elsewhere, maternal age at first childbirth was associated with teenage pregnancy (Dryfoos, 1990; Furstenberg et al., 1987); and child’s gender was associated with early sexual behaviors (Catania et al., 1990; Levy et al., 1993). Paikoff’s model (1995; Parfenoff et al., 1995) also conceptually linked these two demographic variables in their model of early sexual risk. Given these empirical and theoretical ties, and extending these findings to a model of early sexual risk before first intercourse, both demographic factors may also be predictive of sexual possibility situations.

A growing literature has also linked status of a male caregiver in the homes of
urban African American families to more healthy adolescent outcomes (Mason et al., 1992; Taylor et al., 1990; Zimmerman et al., 1995). For example, Zimmerman and colleagues (1995) found that children in African American families with present, involved fathers or father-equivalents in the home were less likely to use substances. Furthermore, they suggested that even the emotional presence and involvement of African American fathers or male caregiver substitutes living outside of these homes was predictive of more healthy adolescent outcomes (Zimmerman et al., 1995). Similarly, Taylor and others (1990) also found that intact relationships with fathers living outside of the home played a central role in maintaining the overall well-being of African American youth.

Demographics by Support for Parental Supervision and by Friendship Characteristics Interactively Linked to Early Sexual Risk

There is no empirical support for the interactive links between demographic factors by parent and peer constructs as predictors of child outcomes for early sexual risk. Interactive effects among demographic variables by parent factors as predictors of sexual possibility situations are more intuitively evident than those between demographic factors by peer variables. For instance, it seems likely that parent supervision and monitoring strategies might be differentially employed for male versus female adolescents, which might alter whether these adolescents have been exposed or not exposed to sexual possibility situations. Similarly, parent support from other adults might be moderated by the absence or presence of a male caregiver in the home, which also might predict membership in early sexual risk situations. On the other hand, it is less clear how
maternal age at first child birth or absence of a male caregiver in the home might interact with either peer pressure or positive friendship quality to predict early sexual risk. In absence of demonstrated empirical evidence, membership in sexual possibility situations, as predicted by all hypothesized interactions between maternal age at first childbirth, male caregiver status in the home, and child’s gender with support for parental supervision and friendship characteristics, are largely speculative and exploratory.

Parfenoff and others (1995) hypothesized that early sexual risk (i.e., sexual possibility situations) would be significantly predicted by an interaction effect between maternal age at first childbirth by parent support. Higher levels of parent support from other adults would be linked with less exposure to early sexual risk for all children, but particularly for children of adolescent mothers, while lower levels of parent support would be linked with increased exposure to sexual risk. Subsequently, parent support from other adults may be a key variable in terms of delaying onset of sexual risk for children, especially for children of adolescent mothers. This conceptual link has been partially supported by empirical and conceptual work elsewhere with related but different child outcomes (e.g., risk-taking behaviors) among African American samples (Osofsky et al., 1993; Stevens, 1988).

Researchers have also theoretically linked the presence or absence of male caregivers in African American homes and neighborhoods with adolescent problem behaviors (Mason et al., 1992) in general, and early sexual risk (Parfenoff et al., 1995) in particular, via limited parent support from other adults and less effective parental monitoring and supervision strategies. Male caregiver presence in the home is believed to
be related to increased parent support from other adults as well as increased parental supervision and monitoring strategies, thus reducing the possibility of experiencing early sexual risk. For example, Zimmerman and others (1995) examined the moderating effects of presence or absence of fathers or father-equivalents in African American families upon parent support from other adults to predict child outcomes. Based on their findings, they suggested that more healthy child outcomes among African American children were, in part, effected by the presence and involvement (physical or emotional) of male caregivers inside and outside the home.

In sum, the direct and interactive links between demographic variables and parent and peer predictors are largely theoretical and exploratory at this juncture. No study has yet provided empirical support for the above mentioned links as predictors of early sexual risk (i.e., sexual possibility situations). However, greater evidence and more advanced theoretical models exist for how parent and peer factors, alone and in tandem, would predict sexual risk before onset of first intercourse. Only recently has theoretical work (i.e., Parfenoff et al., 1995) in model building on predictors of early sexual risk among urban African American youth added the possible role of demographic factors as directly and indirectly linked to sexual possibility situations. This addition has been based upon conceptual and empirical work elsewhere that has found demographic factors to be related to other risk-taking outcomes among African American youth. While much of this support and theorizing has been within the context of early sexual intercourse, the empirical results and logic behind these models were extended to early risk before sexual behavior occurs. Thus, this study is the first known test of a model of early sexual risk, as
defined by sexual possibility situations, among urban poor African American preadolescents.

Hypotheses

In light of the above discussion, the following hypotheses were explored:

1. Demographic variables (i.e., maternal age at first childbirth, presence or absence of biological or non-biological male caregiver in the home, and child’s gender) were explored as predictors of constructs, support for parental supervision and friendship characteristics.

2. Demographic variables (i.e., maternal age at first childbirth, presence or absence of biological or non-biological male caregiver in the home, and child’s gender) were also explored as direct predictors of sexual possibility situations (i.e., early sexual risk).

3. Support for parental supervision and friendship characteristics were explored as direct predictors of sexual possibility situations. It was believed that increased parent supervision and monitoring and increased parent support from other adults would predict delayed timing of experiences in sexual possibility situations. Likewise, increased positive friendship qualities and decreased peer pressure would predict delayed timing of experiences in sexual possibility situations.

The interrelationship between constructs, support for parental supervision and friendship characteristics, was also explored as predictive of sexual possibility situations. It was believed that this would be additive or interactive. Both hypotheses were explored to determine which one best fit the data and proposed conceptual model.
Additive: The presence of only one of the predictors, either increased support for parental supervision or positive friendship characteristics, would be needed to predict delayed timing of experiences in sexual possibility situations. The presence of both predictors would even further delay the timing of sexual possibility situations. Thus, only main effects, not interaction effects, would be significant.

Interactive: The presence of both predictors, increased support for parental supervision and positive friendship characteristics, is needed to predict delayed timing of experiences in sexual possibility situations. Thus, significant interaction effects would be present.

4. Demographic variables (i.e., maternal age at first childbirth, presence or absence of biological or non-biological male caregiver in the home, and child’s gender) and support for parental supervision (i.e., parent supervision and parent support from other adults) were explored as predictors of sexual possibility situations.

5. Demographic variables (i.e., maternal age at first childbirth, presence or absence of biological or non-biological male caregiver in the home, and child’s gender) and friendship characteristics (i.e., positive friendship quality and peer pressure) were explored as predictors of sexual possibility situations.

6. The following three variables were also explored as possible predictors of sexual possibility situations: a) biological versus non-biological caregiver residing with the child; b) child's birth order; and c) child's academic achievement.

From a developmental perspective, a general model of early sexual risk among African American youth (e.g., 4th and 5th graders) living in economically-disadvantaged
settings was tested. It is theorized that the timing of sexual possibility situations will be predicted, singly and collectively, by demographic (i.e., maternal age at first childbirth, status of a male caregiver in the home, and child's gender), parent (i.e., support for parental supervision), and peer (i.e., friendship characteristics) factors. This model is partially based on Paikoff's (1995; Parfenoff et al., 1995) model of early sexual development among urban poor African American preadolescents and their primary caregivers. It is believed that the results of this study will inform primary and secondary prevention efforts aimed at stemming the transmission and infection of HIV among urban poor African American youth.
CHAPTER III

METHODOLOGY

From a developmental perspective, this study examined a model of early heterosexual risk among urban African American preadolescents (CHAMP; Paikoff, 1993). Data were collected from 315 single-parent African American families residing in Chicago neighborhoods with high unemployment and welfare dependency. The focus of this study was on identifying the predictors of the timing of sexual possibility situations.

Participants

Participants were 315 African American 4th and 5th graders (females=176; males=139) and their mothers (caregiver or guardian) living in inner-city neighborhoods with a high incidence of poverty and HIV infection. Seven families were not included in the current study for three reasons: 1) two families were unknowingly interviewed twice; 2) four families failed to complete the full interviews (e.g., family left early without completing all interviews, or child refused to be interviewed) so only partial information was available; and 3) one family’s information (interviews with mother) was lost by a research assistant. Therefore, the final sample consisted of 308 families (families with female children = 173; families with male children = 135; mean child’s age = 10.92; SD = .93). Because families were largely single-parent, and parent, caregiver, or guardian was usually female (female caregiver = 304; male caregiver = 5; mean age = 34.24; SD =
6.55), "mother" will be used as an inclusive term throughout the rest of this study. Furthermore, "mothers" were predominantly birth parents (n = 275/89%).

As can be seen in Table 1, the majority of the sample is poor (e.g., 66% total income under $10,000); unemployed (63% have not worked in the past year); and a little over half of the mothers have not completed high school (54%). Fifty-one percent of the families live in government subsidized housing. And on average, mothers reported having lived in their current residence for 7.09 years (SD = 7.49).

As mentioned in the above review, African American children from female-headed families living in poverty in the inner cities have been disproportionately infected by HIV. Moreover, these children and their families have been largely overlooked when it comes to understanding the determiners or predictors of early sexual debut and HIV-associated sexual risk behavior. To address these issues, as well as to inform prevention efforts from a developmental perspective, this population was targeted for investigation.

Sample Recruitment

Participants were recruited through the Chicago Public Schools. Four to six schools with predominantly African American students in neighborhoods that have high HIV infection rates and welfare dependency (e.g., located on or near Chicago housing projects) were contacted and informed about the project. Once school administrators and local school councils were in agreement, research assistants began visiting 4th and 5th grade classrooms on a weekly basis. Forms were distributed to students which provided brief information on the project and requested their mother's permission to be contacted. Regardless of parental response, all students were given a small prize for returning these
forms. If the mother indicated willingness to be contacted, a research assistant either telephoned or visited the family's home. During this initial contact, the project was explained fully to the mother and, if willing, an appointment was scheduled for the mother and child to be interviewed at the Institute for Juvenile Research on the University of Illinois-Chicago campus.

Design and Procedure

As part of a larger longitudinal study, families first participated in a series of semi-structured interaction tasks that were videotaped for later transcription and coding. Then two research assistants interviewed the mother and child separately (see Table 2). Mothers were interviewed privately regarding demographics and support for supervision (i.e., parent supervision and monitoring and parent support from other adults). Likewise, preadolescents were interviewed privately about parent supervision and monitoring. Most assessments used in the project had previously been used with urban and ethnically diverse populations; where standard questionnaires were used, they were adapted for interview format (e.g., items were read aloud to mothers and children, and they were provided with copies of interview items and rating scales to assist in making their ratings). These interviews generally lasted between 3 to 4 hours; families were reimbursed $90.00 for participation ($75.00) and traveling costs ($15.00).

Additional interviews with preadolescents were conducted at their schools in order to ensure privacy given the sensitive nature of the data collected at that time (i.e., heterosocial and heterosexual possibility situations and activity). Thus, children were interviewed regarding friendship characteristics (i.e., positive friendship quality and peer
pressure) and exposure to sexual possibility situations. This interview lasted between 1 to 2 hours, dependent upon exposure to and involvement in sexual possibility situations. Participants were paid $25.00 for completing this additional interview.

One issue of concern to researchers, community liaisons, and human rights committees was the amount and form of payment to children for this additional interview. Ethically, researchers wanted to provide reasonable compensation to the children for their additional time, but in a manner that was noncoercive and sensitive to the social context within which these children lived. Various reimbursement amounts and forms of payment were considered (e.g., cash or redeemable coupons at local food or entertainment establishments). Based primarily upon recommendations from community consultants, it was decided to directly compensate children with cash for their time and participation, thus allowing children greater choice, flexibility, and self determination. Therefore, at the conclusion of the family interview, a research assistant scheduled a school interview with the child, and discussed with both the mother and the child how they wanted to coordinate payment disbursement.

A second ethical issue involved privacy. Given the sensitive nature of some of the questions asked, as well as issues in dealing with urban, economically disadvantaged minority populations, it was important to emphasize confidentiality and voluntary aspects of the research process. Throughout the interview process, mothers and children were reminded that interview completion was private and voluntary, that they did not have to answer questions they did not wish to, and that they could stop the process at any time without consequence.
Interviewer Selection and Training

An ethnically diverse team of research assistants who were at least post-baccalaureate graduates with either previous professional involvement or academic interest and training with this population were recruited. Whenever possible, interviewers from communities similar to those where the project was being conducted were recruited. Generally, at least one African American interviewer was involved with each family interview.

Research assistants participated in 25 hours of training prior to data collection. Interviewer training was conducted by project investigators, R.L. Paikoff and G.N. Holmbeck, with input from collaborators. Training covered: (1) familiarization with the data protocol; (2) information on interviewing techniques; (3) practice interviews with staff and IJR clinic families; (4) protocol for addressing Human Subjects and informed consent issues; and (5) strategies for ensuring consistency across administrations. Project investigators conducted random checks on data collection to ensure that protocol was being followed consistently.

Measures

Family Demographics

The following demographic variables were used in current analyses: (1) mother’s age at first birth (whether or not the mother had her first child before or after age 19); (2) absence or presence of a biological or non-biological male caregiver in the home; (3) caregiver status (whether caregiver was biological parent or not); (4) child gender (male or female); and (5) child’s birthorder (whether child was oldest, middle, youngest,
or only child). (Note: A measure on child’s academic achievement was not available to the researchers; therefore, this demographic variable was not included in the analyses.)

Support for Parental Supervision

Parent Supervision and Monitoring

This structured interview (Gorman-Smith, personal communication, March 1995) was adapted from the Pittsburgh Youth Study (Loeber, Strouthamer-Loeber, Costello, & Farrington, 1986) and was in part based on items from the Family Environment Scale (Moos & Moos, 1986) and the Family Assessment Measure (Skinner, Steinhauer, & Santa-Barbara, 1983). In a study with 500 inner-city African American young adolescent males, measures were given to both adolescents and their mothers. Applying confirmatory factor analysis to these results, Gorman-Smith, Tolan, Zelli, and Huesmann (in press) found that the results were consistent with those from Loeber and colleagues (1986). In all, five subscales were identified: (1) extent of involvement; (2) positive parenting; (3) supervision and rules; (4) discipline effectiveness; and (5) discipline readiness.

This adapted version (i.e., Gorman-Smith et al., in press) was used in the current study with both mothers and children. Mothers were asked 42 items indexing all five subscales; on the other hand, children were asked 30 items specific to the first three subscales. For example, the following items represent the various subscales on the measure for mothers: Subscale 1: Extent of involvement- “Does (child) help with family fun activities?” or “When was the last time that you discussed with (child) plans for the coming day?”; Subscale 2: Positive parenting- “In the past 12 months, when (child) did
something you liked or approved of, how often did you...give a wink or a smile?...Say something nice about it, praise or give approval?"; Subscale 3: Supervision and rules- "Does (child) have a set time to be home on school nights?"; Subscale 4: Discipline effectiveness- "Is the discipline you use effective for your (child)? Does it work?"; and Subscale 5: Discipline readiness- "Do you feel you must be careful not to upset (child)?"

All responses were measured on a 5-point Likert scale, and were scored in the positive direction.

For children, scale reliabilities (i.e., scales 1-3) ranged from .60 to .70. Additionally, scales were highly correlated, ranging from $r = .43$ to $.51$ ($p < .001$). For mothers, scale reliabilities (i.e., scales 1-5) ranged from .61 to .76. Parent scales were low to moderately correlated, ranging from $r = .10$ (ns) to $.49$ ($p < .001$). For the purposes of this study, an overall index of support for parental supervision and monitoring was necessary. Given the general internal consistency of each scale and moderate correlations, an overall composite was generated by collapsing across all scales and combining mother and child responses. Scale reliability was .85 for this composite measure of parenting supervision and monitoring.

Parent Support from Other Adults

Mothers were asked about the roles and responsibilities of all adults in the household, using an adaptation of the Parenting Practices Interview from the Woodlawn Study (Kellam, Branch, Agrawal, & Ensminger, 1975; Pearson, Hunter, Ensminger, & Kellam, 1990). According to Ensminger (personal communication, September 1995), psychometric work (e.g., scale development, reliability and validity) on this measure has
been minimal. Social support literature has suggested two general types of parenting support, support for general parenting tasks and support for managing challenging behavior of child. In this study, parenting support from other adults was based on this demarcation.

Mothers were asked a series of 9 items total about: a) parenting tasks (e.g., "Is there anyone inside or outside of the home who usually helps set rules for (child) - tell child what s/he must do and can’t do?"); and b) challenging behaviors of the child (e.g., "Is there anyone inside or outside of the home who usually helps punish (child) when s/he misbehaves?"). Responses were coded in the positive direction for available parent support from other adults (i.e., yes=1; no=0). Scores were separately tabulated for each subscale. Subscale reliabilities were .82 (parenting tasks) and .64 (challenging behavior). Because these two subscales were highly correlated with each other (r = .67, p < .001), they were merged into one scale, thus providing an overall index of parent support from other adults. Higher scores reflected greater levels of this measure. The scale reliability for this composite scale was .84.

Friendship Characteristics

Positive Friendship Quality

Urban African American children were interviewed about their perceptions of friendship support. They were asked in detail about two close friendships, one same and one opposite-gender friend, who "you know the best." This structured interview was adapted from Berndt and Perry’s (1986) measure of friendship support. Berndt and Perry’s (1986) measure was originally validated with a group of predominantly
Caucasian, middle-class children/adolescents (second, fourth, and eighth-grade students) who were asked about their same-sex best friend only. Based upon previous work assessing children’s perceptions of their friendships (Berndt, 1982), Berndt and Perry (1986) developed a set of items to examine children’s perceptions of negative and positive friendship features in existing close friendships. The authors scored children’s responses along dimensions of play/association, prosocial behavior, intimacy, loyalty/faithfulness, self-esteem/attachment, and conflicts.

The current adapted measure deviated from the original in two ways. First, children were asked about both same-sex and opposite-sex friends instead of only same gender. Although gender segregated groups are still the norm at pre-adolescence (Maccoby, 1988), there is some evidence that more cross-gender socialization occurs more frequently in African American peer groups (Westney et al., 1983); thus data on friendships with both genders was collected. And second, items from only four of the six identified features of friendship support were utilized: intimacy, conflicts, loyalty/faithfulness, and self-esteem/attachment (40 items total).

Similar to the original measure (Berndt & Perry, 1986), children were asked to first identify one same- and one other-gender “best” friend. About half of the children (49%) identified another 5th grader as their same-sex “best” friend; while only 38% did so for their opposite-sex “best” friend. In fact, 20 children (7%) stated that they did not have a “best” friend of the opposite-sex. Additionally, 80% of same-sex “best” friends attended the same school as the children, whereas, only 63% of opposite-sex “best” friends attended the same school.
A series of 20 items were first asked about their same-sex “best” friend. Items were designed as follows. First children responded to a closed-ended (i.e., yes-no) question tapping various features of friendships (e.g., loyalty/faithfulness, “If you were picking partners at school, would you and (name) try to pick each other?”). If yes, children responded to a Likert rating (0- Never to 4- All of the time) on “how often” this occurred (e.g., “How often do you and (name) try to pick each other at school?”). Finally, all children were asked to articulate their reasons behind their responses to the initial closed-ended question (e.g., “Why do you and (name) try to pick each other at school?”). The second 20 items were similar in content and form to the first 20 questions, but they were specific to childrens’ opposite-sex “best” friends.

After consultation with R. Paikoff and G. Holmbeck, it was decided that for the purposes of this study, positive, negative, and neutral friendship characteristics were of primary interest. Instead of Berndt and Perry’s (1986) six specific features of friendship support (e.g., play/association and prosocial behavior), the literature (Brown et al., 1995) suggested that general friendship features (i.e., positive or negative) were likely related to early sexual risk. This seemed intuitively evident: friendships characterized by positive or negative features would be less or more likely, respectively, to engage in risk-taking behavior.

In the current analyses, an overall composite score for positive friendship quality was generated in three steps. First, an overall score based upon closed-ended responses (e.g., yes-no responses to various items reflecting friendship features such as loyalty/faithfulness) was tabulated across all items and combined for both same- and
other-gender "best" friends. All items from these four friendship support features (i.e., intimacy, conflicts, loyalty/faithfulness, and self-esteem/attachment) were scored in the positive direction to indicate greater levels of positive friendship quality. Internal consistency was .83 for closed-ended responses.

Second, an overall score based upon open-ended responses (e.g., childrens' reasons behind their responses to closed-ended questions) was tabulated after these responses were coded into positive, neutral, or negative categories. Coding of open-ended responses was completed by three research assistants and is described fully in Appendix C. In sum, kappa coefficients for interrater agreement ranged from .90 - .94 between Coders 1 and 2, and between Coders 2 and 3. These three nominal categories were then converted into a continuous measure of “positive” friendship quality. That is, positive features were scored as “1,” neutral features were scored as “0,” and negative features were scored as “-1.” Then, these new scores were added across all items, again, for both same- and other-gender “best” friends, resulting in a composite index of positive friendship quality based upon open-ended responses. Internal consistency was .82 for these items.

Finally, to achieve an overall index of positive friendship quality, both closed-ended and open-ended composite scores were converted into standard scores and were added to yield one overall index of positive friendship quality. Positive and higher numbers reflected greater levels of positive friendship quality.

Peer Pressure

developed this measure to tap the degree to which preadolescents feel pressured by their friends to maintain these friendships by engaging in risk-taking behavior. Items were asked separately for same and opposite-sex peer friendships, and were ordered from least innocuous (e.g., feeling pressured to make fun of another friend) to more serious negative peer influences (e.g., feeling pressured to drink alcohol, use drugs, and share drug-using needles).

Items were designed as follows. Initially, children were asked whether or not they would rather keep or break off a friendship in face of peer pressure to engage in something that the child did not wish to engage in [e.g., “A (girl or male) friend wanted you to make fun of another friend of yours together but you didn’t really want to. Would you rather keep the friendship and make fun of your friend, or would you rather break off the friendship and not make fun of your friend?”]. Second, children were asked how likely it was that this event would occur (e.g., “How likely is that your (girl or male) friend would want you to make fun of another friend along with her/him?”). Responses were coded on a Likert scale: 1-Not at all likely; 2-A little bit likely; 3-Pretty likely; and 4-Very likely--already has.

Next, participants were asked about the likelihood of whether their friends would let them change their minds about engaging in the specific behavior if they had decided to go along with them but then changed their minds [e.g., “Say you decided to go along with your friend but then you changed your mind. How likely is it that your (girl or male) friend would let you change your mind about making fun of another friend?”]. Responses to this questions were also coded on the same Likert scale described above. And finally,
children were asked if this particular situation has ever happened to them [e.g., “Has this ever happened to you - your (girl or male) friend asks you to make fun of another friend but you didn’t really want to?”]. Children responded yes or no to this last question.

In order to tabulate across all items to generate an overall index for this measure, all 2-point responses were converted into a 1-4 Likert rating so that all items were on the same scale. Higher scores reflected greater levels of peer pressure and a greater willingness to put oneself at risk in order to maintain friendships. Upon preliminary examination of item responses, there was little variability on the first part of each question (i.e., whether children would be willing to put themselves at risk in order to keep their friendships, or whether they would rather break off their friendships and avoid risk). That is, children predominantly responded that they would rather break off their friendships than engage in any risk-taking behaviors. Because of this, these responses were not included in the current analyses. The remaining items (i.e., for each risk-taking scenario: the likelihood that children experience this pressure; the likelihood that they are pressured to not change their minds; and whether this scenario has actually occurred) were totaled for an index of peer pressure. Internal consistency was .94 for this composite score.

**Sexual Possibility Situations**

Experiencing sexual possibility situations were assessed via child interview. Based on the progression from heterosocial to heterosexual activities (see Dunphy, 1963; Westney et al., 1983), a series of items indexing sexual possibility were assessed.

Initial items assessed whether the child had ever spent time in mixed sex
groupings (e.g., “Do you ever spend time with a group of boys and girls outside of school?”); if no such groupings had been experienced, the interview was discontinued. When the child had spent free time in mixed sex groupings, a series of questions regarding the nature of activities that took place in these situations were asked. This was to gain descriptive information about how time was spent in these mixed sex groupings. For example, children were asked, “Do your spend time with those boys and girls a) Outside playing games, running around, doing errands, etc?; or b) Inside a public place such as an after-school program, church activities, etc?” Next, children were asked whether these times were supervised or monitored by adults. If the child had never spent time in mixed sex groupings without adults, the interview was discontinued.

If the child had spent time in mixed sex groupings without adults, an additional series of questions was asked regarding whether unsupervised time had ever occurred in a relatively private place (e.g., “You said that sometimes when you are with your friends, there are no grown-ups around. Are you ever together with boys and girls, without any grown-ups: c) Inside a private place such as somebody’s home or apartment, an apartment building that’s empty, or someplace else no one is likely to find you?; f) How about in a private room in your house, when a grown-up is only checking in on you from time to time?”). If such unsupervised private time had occurred, the child was considered as having experienced a sexual possibility situation(s) - where no such possibility occurred, the interview was discontinued.

In this study, the outcome variable, sexual possibility situations, was defined dichotomously: experience or no experience in situations with mixed-sex peers in
unmonitored, relatively private settings. Admittedly, this definition was broad based and simplistic. As a result, this measure was highly sensitive to any such experiences, from innocuous, asexual situations where children played games together to more risky, sexualized situations where children participated in some level of sexual activity. It was believed that having a highly sensitive, broad-based outcome measure of early sexual risk would help to identify children who, early on, were in situations where sexual risk taking could occur, even if it was not sexualized in any manner. However, it was also recognized that this dichotomous outcome index could obscure identification of significant and salient predictors of actual early sexual risk.

Alternatively, this outcome measure could have been operationalized differently to provide a more specific measure of early sexual risk. For example, a continuous frequency measure of sexual possibility situations could have allowed investigation of a range of early risk situations. Or, an ordinal multidimensional outcome index including multiple levels of sexual risk could have been used to examine what predictors are related to what types or levels of early sexual risk. Thus, sexual possibility situations could have been more narrowly defined, providing greater specificity. But because the consequences for early sexual risk (e.g., developmentally being “off-time”) among urban African American preadolescents are great (e.g., earlier risk leads to a greater likelihood for later risk and problem outcomes), and because there is a paucity of research in this area among this population, a more sensitive versus specific measure was chosen.

Data Analytic Strategy

Prior to any psychometric work or statistical analyses, all items were screened for
missing data or outliers. Next, examination of frequency distributions and bivariate-correlations were conducted as a check on assumptions of normality, linearity, homoscedasticity, and multicollinearity. Then, individual subscale reliabilities for measures of parent supervision and monitoring, parent support from other adults, positive friendship qualities, and peer pressure were examined. Alpha levels were strong and ranged from .60 to .83. Composite scores for each measure were then generated by collapsing across subscales. Internal consistency levels increased as a result, ranging from .84 to .94.

To investigate the hypotheses, multiple regression and logistic regression analyses were conducted. First, stepwise multiple regressions, with forward selection, were employed to determine incremental, statistical relevance of demographic predictors (maternal age at first childbirth, absence of a biological or non-biological male caregiver in the home, and child’s gender) upon the constructs, support for parental supervision (parent supervision/monitoring and parent support from other adults) and friendship characteristics (positive friendship qualities and peer pressure). Hierarchical-stepwise logistic regressions, with forward selection, were employed to control for pubertal status and timing and to determine statistical relevance of all predictors (i.e., demographic variables, support for parental supervision, and friendship characteristics) upon prediction of early sexual risk, that is, membership in sexual possibility situations (i.e., child has or has not been in sexual possibility situations). See Table 3 for summary of data analytic strategy.

Given the above analytic strategy, three general issues require further explanation:
(1) deletion of three miscellaneous demographic variables from all analyses; (2) use of control variables, pubertal status and timing, in logistic regression procedures; and (3) use of stepwise techniques in both multiple regression and logistic regression procedures.

Three miscellaneous demographic variables (i.e., child’s academic achievement, child’s birth order, and caregiver status) to be explored in this study were not included in any of the analyses for two main reasons. First, as noted elsewhere, researchers did not have access to child’s academic achievement scores or grades. Therefore, this variable was not included in the present study.

And second, due to missing information on child’s birth order, approximately 40 cases would have been automatically rejected from analyses if child’s birth order was included. In the sample, there were only 34 mothers who were not the child’s birth parent (2/.6% - foster parents; 21/6.8% - grandparents; 10/3.2% aunts; and 1/.3% other guardian). Because data on child’s birth order was not asked of non-biological caregivers, this information was missing. Additionally, there were 6 random cases also missing information on child’s birth order. Given that all of these 40 cases would have been eliminated from analyses, caregiver status would also have been rejected. That is, 34 of these 40 cases represented families with non-biological caregivers. If these cases were rejected from analyses due to missing information on child’s birth order, then the variable, caregiver status, would also have been rejected because the remaining cases would have all been families with birth parents (i.e., constant variable). In sum, while these demographic factors were offered as possible predictors to be explored, they were not included.
Second, logistic regressions were hierarchical to account for effects of child’s pubertal status and timing. Preliminary analyses of this data set by another investigator revealed significant effects for child’s pubertal status and timing upon prediction of membership into sexual possibility situations (L. Sagrestano, personal communication, March 1996). In other words, pubertal status was linked to early sexual risk: early maturing girls and boys were more likely to be in sexual possibility situations. Therefore, to eliminate bias in the current results, these variables were controlled.

And third, stepwise procedures were used because this research was largely exploratory, which follows recommended strategies for investigating such research (Agresti & Finlay, 1986; Hosmer & Lemishow). Critics of stepwise techniques correctly note that this procedure tends to capitalize on random variation in the data; therefore, results tend to be idiosyncratic and applicable to only the sample in which they were obtained. However, proponents counter that these procedures are acceptable when the phenomenon has been under-studied and when practical prediction of group membership is central (Menard, 1995).

In this study, a model of early sexual risk among urban poor African American preadolescents was constructed and tested. These efforts are at the forefront of conceptual and empirical work in this area. Given the rising concerns of HIV infection in urban African American communities, particularly among teenagers in areas of poverty and prevalent drug use, prediction and testing of early risk factors is practically important to better inform intervention and prevention efforts. Consequently, stepwise procedures are both logical and practical at this juncture of theory construction and testing.
CHAPTER IV

RESULTS

Results will be organized and presented according to each hypothesis tested. As explained in the previous chapter, stepwise multiple regression analyses were conducted to test how well demographic variables predicted continuous measures of support for parental supervision and friendship characteristics. And stepwise logistic regression analyses were employed to test how well demographic, parent, and peer factors, singly and interactively, predicted membership in sexual possibility situations, a dichotomous outcome variable.

While the final sample consisted of 308 families, not all families provided complete information and therefore were not included in relevant analyses. For example, 12 non-biological caregivers (e.g., grandmothers or aunts) were unable to remember the child's mother's date of birth. Therefore, maternal age at first childbirth was not available for these families. Additionally, eight school interviews with children (information on friendship characteristics and early sexual risk) were not completed because four families had moved, or four children had failed to keep their appointments, despite repeated efforts to reschedule. Additionally, missing data appeared randomly scattered over other predictors (either due to the respondent’s unwillingness to answer the question or to interviewer error) and led to these cases being rejected from some analyses. Given the
above, sample sizes for each of the analyses varied slightly.

Hypothesis 1: Demographic Factors as Predictors of Support for Parental Supervision and Friendship Characteristics

Statistical regression analyses, with forward selection, were conducted to examine the first hypothesis. That is, demographic factors, maternal age at first childbirth, absence of a biological or non-biological male caregiver in the home, and child’s gender were explored as predictors of the constructs, support for parental supervision and friendship characteristics. Separate analyses were conducted for each of the two constructs.

For each analysis, entry of individual predictors was statistically determined. Results, such as the multiple correlation coefficient (R), change in the multiple correlation squared (R²-cha), the unstandardized regression coefficient (B), the standardized regression coefficient (β), and the F ratio (F-cha) for incremental contribution of each predictor at each step are presented in table format. In the text, the following analyses were also examined at each step: variable added; amount of unique, incremental variance (i.e., R²-cha); and significance of contribution (i.e., F-cha).

Support for parental supervision predicted by demographic variables

Parent supervision and monitoring

None of the demographic predictors were significantly associated with parent supervision and monitoring (see Table 4). In order of entry, child’s gender, (R² = .01; F = 3.40 (1,293), p > .05), absence of a biological or non-biological male caregiver in the home (R²-cha = .001; F-cha = 0.25 (2,292), p > .05), and maternal age at first childbirth (R²-cha = .00; F-cha = 0.12 (3,291), p > .05) were not significant. In sum, demographic
predictors were not significantly related to parent supervision and monitoring.

Parent support from other adults

Results are presented in Table 5. In this analysis, R was significantly different from zero only at the first step. Absence of a biological or non-biological male caregiver in the home \( (R^2 = .03; F = 8.57 (1,293), p < .001) \) was entered at step 1. The standardized regression coefficient \( (\beta = -0.17) \) indicated that presence of a male caregiver in the home, regardless of biological status, was predictive of greater parent supervision and monitoring. While this predictor, out of the other two demographic factors, was most highly correlated with parent support from other adults, it accounted for little variance (i.e., 3%) in the criterion. At step 2, maternal age at first childbirth \( (R^2\text{-cha} = .002; F\text{-cha} = 0.59 (2,292), p > .10) \), and child's gender \( (R^2\text{-cha} = .00; F\text{-cha} = 0.003 (3,291), p > .50) \) were not significant. In sum, parent support from other adults was significantly higher when a male caregiver was present in the home.

Friendship characteristics predicted by demographic variables

Positive friendship quality

None of the demographic predictors were significantly different from zero at any of the steps (see Table 6). In order of entry, child’s gender \( (R^2 = .004; F = 1.17 (1,283), p > .10) \), maternal age at first childbirth \( (R^2\text{-cha} = .004; F\text{-cha} = 1.16 (2,282), p > .10) \), and absence of a biological or non-biological male caregiver in the home \( (R^2\text{-cha} = .003; F\text{-cha} = 0.73 (3,281), p > .10) \) were not significant. Consequently, demographic predictors were not related to positive friendship quality.
Peer pressure

Results for this measure resemble that for parent support from other adults. As noted in Table 7, R was significantly different from zero only at the first step. Absence of a biological or non-biological male caregiver in the home ($R^2 = .02; F = 5.76 (1,286), p < .05$) was entered and was significant. The standardized regression coefficient ($\beta = .14$) indicated that absence of a male caregiver in the home was positively related to greater levels of peer pressure. Similar to above, while this predictor was the most highly correlated one with peer pressure out of the other two, it accounted for little variance (i.e., 2%) in the criterion. At step 2, child’s gender ($R^2$-cha = .01; $F$-cha = 2.20 (2,285), $p > .10$), and maternal age at first childbirth ($R^2$-cha = .00; $F$-cha = 0.20 (3,284), $p > .50$) were not significant. In sum, peer pressure was higher when a male caregiver was absent from the home.

Hypothesis 2: Demographic Factors as Predictors of Early Sexual Risk

Hierarchical-stepwise logistic regressions (forward selection) were conducted to assess prediction of early sexual risk, that is membership in sexual possibility situations (i.e., child has or has not been in sexual possibility situations) based upon demographic variables. To control for child’s pubertal status and timing, these predictors were entered first. At step 1, child’s age was entered. At steps 2 and 3, with forward selection, linear and curvilinear composite scores of pubertal status and timing, respectively, were entered. [Note: In all logistic regressions, only pubertal status was significantly predictive of early sexual risk. Although these results are documented in each table for each analysis, they
Once pubertal status and timing were controlled, demographic predictors were entered with forward selection. There was improvement in model fit (discrimination among membership in sexual possibility situations) on the basis of only one of the demographic variables, absence of a biological or non-biological male caregiver in the home, $\chi^2$- improvement ($6, N = 285$) = 6.13, $p < .05$. Table 8 presents the results for goodness of fit ($\chi^2$- improvement) at each step.

Examination of the odds ratio, $\text{Exp}(B) = 1.51$, indicate that, after controlling for the effects of pubertal status and timing, the odds for a child being in a sexual possibility situation increase 51% when a male caregiver, biological or non-biological, is not in the home. Table 9 presents results for each predictor at each step including logistic regression coefficients ($B$), standard errors (S.E.), Wald statistics (Wald), the degrees of freedom associated with each variable (df), and the odds ratio [$\text{Exp}(B)$]. [Note: For the following logistic regression analyses, table results will be similarly presented.]

Hypothesis 3: Support for Parental Supervision and Friendship Characteristics as Predictors of Early Sexual Risk

Similar to the above analytical strategy, a hierarchical-stepwise logistic regression (forward selection) was employed to assess prediction of membership in sexual possibility situations (i.e., child has or has not been in sexual possibility situations). Predictors, support for parental supervision (i.e., parent supervision and monitoring and parent support from other adults) and friendship characteristics (i.e., positive friendship quality and peer pressure) were entered after pubertal status and timing had been
controlled (see above analysis for order of entry). Next, main effects for each of the four measures were entered with forward selection. Then, interaction effects were entered, also with forward selection.

After controlling for pubertal status and timing, there was improvement in model fit (discrimination among membership in sexual possibility situations) on the basis of two of the friendship predictors: peer pressure \( \chi^2 \)- improvement \( (6, N = 294) = 20.99, p < .001 \), and positive friendship quality \( \chi^2 \)- improvement \( (7, N = 294) = 5.87, p < .05 \).

Table 10 presents the results for goodness of fit \( \chi^2 \)- improvement at each step.

The odds ratio for peer pressure was \( \text{Exp}(B) = 1.03 \), and for positive friendship quality, \( \text{Exp}(B) = 1.19 \). Thus, after controlling for the effects of pubertal status and timing, the odds for a child being in a sexual possibility situation increase 3% for a corresponding one-unit increase in peer pressure, and 19% for a corresponding one-unit increase in positive friendship quality. Table 11 presents full logistic regression results for each predictor at each step.

Hypothesis 4: Demographic Factors and Support for Parental Supervision as Predictors of Early Sexual Risk

Hierarchical-stepwise logistic regression (forward selection) analysis was used to examine prediction of early sexual risk by main effects for and interaction effects between demographic variables and support for parental supervision, after controlling for pubertal status and timing effects. There was improvement in model fit (discrimination among membership in sexual possibility situations) on the basis of only one main effect and one interaction effect. At step 6, the demographic variable, absence of a biological or
non-biological male caregiver in the home \[\chi^2\text{- improvement (6, } N = 285) = 6.12, p < .05\] was significant. Additionally, at step 11, there was improvement in model fit on the basis of one interaction effect, maternal age at first childbirth by parent support from other adults \[\chi^2\text{- improvement (11, } N = 285) = 4.22, p < .05\]. Table 12 presents goodness of fit results for each step.

The odds ratio for absence of a biological or non-biological caregiver in the home was \(\text{Exp}(B) = 1.51\). Thus, after controlling for the effects of pubertal status and timing, the odds for a child being in a sexual possibility situation increase 51% when a male caregiver, biological or non-biological, is not in the home. Table 13 presents full logistic regression results for each predictor at each step.

As noted, an interaction effect was found at step 11 between maternal age at first childbirth by parent support from other adults. To examine the significant interaction effect, means of parent support from other adults were compared among four groups created by crossing maternal age at first childbirth (i.e., adolescent versus adult mothers) and membership in sexual possibility situations (i.e., “at risk” or “not at risk” groups). Results revealed that adolescent mothers of “at risk” (i.e., exposure to early sexual risk) children reported lower levels of parent support from other adults \((n = 59; M = 6.34; SD = 2.92)\) than adolescent mothers of “not at risk” (i.e., no exposure to early sexual risk) children \((n = 116; M = 7.01; SD = 2.37)\). The opposite was true for children of adult mothers. That is, adult mothers of “at risk” children reported higher levels of parent support from other adults \((n = 30; M = 7.67; SD = 1.75)\) than adult mothers of “not at risk” children \((n = 86; M = 6.83; SD = 2.57)\). See Figure 2 for results.
Hypothesis 5: Demographic Factors and Friendship Characteristics as Predictors of Early Sexual Risk

Hierarchical-stepwise logistic regression (forward selection) analysis was used to examine prediction of early sexual risk by main effects for and interaction effects between demographic variables and friendship characteristics. After controlling for pubertal status and timing, there was improvement in model fit (discrimination among membership in sexual possibility situations) on the basis of two main effects and one interaction effect. Main effects for friendship predictors, peer pressure [$\chi^2$- improvement (6, $N = 282$) = 20.06, $p < .001$], and positive friendship quality [$\chi^2$- improvement (7, $N = 282$) = 5.71, $p < .05$] were significant. An interaction effect between maternal age at first childbirth and positive friendship quality [$\chi^2$- improvement (11, $N = 282$) = 5.39, $p < .05$] was also significant. Table 14 presents the results for goodness of fit at each step.

The odds ratio for peer pressure was $\text{Exp}(B) = 1.03$, and for positive friendship quality, $\text{Exp}(B) = 1.19$. Thus, after controlling for the effects of pubertal status and timing, the odds for a child being in a sexual possibility situation increase 3% for a corresponding one-unit increase in peer pressure, and 19% for a corresponding one-unit increase in positive friendship quality. Table 15 presents full logistic regression results for each predictor at each step.

As noted, an interaction effect was found at step 11 between maternal age at first childbirth by positive friendship quality. Again, To examine the significant interaction effect, means of positive friendship quality were compared among four groups created by crossing maternal age at first childbirth (i.e., adolescent versus adult mothers) and
membership in sexual possibility situations (i.e., “at risk” or “not at risk” groups). Results revealed that “at risk” children (i.e., exposure to early sexual risk) of adult mothers reported higher levels of positive friendship quality (n = 30; M = .42; SD = 1.78) than “not at risk” children (i.e., no exposure to early sexual risk) of adult mothers (n = 86; M = -.36; SD = 2.01). For children of adolescent mothers, however, there were no differences in positive friendship quality between “at risk” (n = 59; M = .08; SD = 2.0) and “not at risk” (n = 116; M = .09; SD = 1.8) children. See Figure 3 for results.

Hypothesis 6: Other Demographic Factors as Predictors of Early Sexual Risk

As noted elsewhere, miscellaneous variables could not be analyzed in this study for two general reasons. First, a measure for child’s academic achievement (e.g., grade-point-average or standardized achievement scores) was not available to the researchers. And second, inclusion of the other two variables, caregiver status (i.e., biological versus non-biological caregiver) and child’s birth order (i.e., oldest, middle, and youngest), would have substantially decreased the sample size (i.e., 40 cases) in analyses due to missing data. For a more detailed explanation, see “Data Analytic Strategy” in Chapter 3.

Post-Hoc Analysis: Peer Pressure as a Mediator Between Absence of a Male Caregiver and Early Sexual Risk

Results from model testing suggested that peer pressure may possibly mediate the relationship between absence of a male caregiver and early sexual risk. This post-hoc hypothesis was based upon the following findings. Absence of a male caregiver was significantly associated with sexual possibility situations when only demographic factors
were tested. This demographic predictor was also significantly associated with peer pressure. In turn, peer pressure was significantly associated with early sexual risk when parent and peer predictors were tested together. And finally, when demographic and peer factors were tested together as predictors of early sexual risk, peer pressure entered prior to absence of a male caregiver and remained significantly associated with sexual possibility situations; however, the significance of absence of a male caregiver was reduced upon its entry.

Based upon these findings, it was hypothesized that peer pressure might mediate the relationship between absence of a male caregiver and sexual possibility situations. To test this mediational effect, the following analyses were conducted. A multiple regression analyses was conducted to examine the effect of absence of a male caregiver upon peer pressure. Separate logistic regression analyses for peer pressure and absence of a male caregiver, as predictors of sexual possibility situations, were completed. Finally, a hierarchical logistic regression analysis was used to control for peer pressure and to examine the effects for absence of a male caregiver upon early sexual risk. If a mediated relationship existed, it was expected that the first two separate analyses would both reveal significant predictive effects for each variable. The third analysis, however, would reveal no significant effects for absence of a male caregiver upon sexual possibility situations after controlling for peer pressure (i.e., the assumed mediator).

The results did not support this hypothesized mediated relationship. In fact, absence of a male caregiver as a single predictor of early sexual risk (i.e., without any control variables entered) was not significantly associated with sexual possibility
situations (see Table 16). To verify this finding, the relationship between absence of a male caregiver and sexual possibility situations was re-examined via a chi-square analysis. Results were not significant [Pearson $\chi^2 = 3.22 (1, 297)$, $p > .05$]. Thus, in absence of control variables for pubertal status and timing, the significant association between absence of a male caregiver and early sexual risk was eliminated. This might indicate a suppressor variable is removing from absence of a male caregiver irrelevant variance to sexual possibility situations, thus increasing the association between absence of a male caregiver and early sexual risk. While this requires further exploration, it is clear that peer pressure does not operate as a mediator variable between absence of a male caregiver and sexual possibility situations.
CHAPTER V
DISCUSSION

This research explored the links between demographic, parent, and peer factors as predictors of early sexual risk among a sample of urban poor African American 4th and 5th graders living in areas with high rates of HIV. The aim of this study was twofold: to develop and test a general model of early sexual risk in order to generate initial theory construction of risk-taking behaviors for African American youth at this age; and to identify the predictors of early sexual risk in order to inform primary and secondary prevention efforts. Based upon relevant literature from various fields of inquiry (e.g., AIDS/HIV and adolescents, particularly African American adolescents; normative sexual development; and African American families), specific demographic factors, parent factors, and peer contextual factors were examined. A model for early sexual risk, before sexual intercourse occurs, was offered and explored.

First, demographic factors were explored as predictors of constructs, support for parent supervision and friendship characteristics. Main effects were found for only absence of a biological or non-biological male caregiver in the home upon parent support from other adults and peer pressure. Absence of a male caregiver in the home was associated with decreased levels of parent support from other adults, and increased levels of peer pressure. Next, early sexual risk, as operationalized by sexual possibility
situations, was explored. Several main and interaction effects were evident. Greater levels of peer pressure and positive friendship quality were predictive of exposure to sexual possibility situations.

Membership in sexual possibility situations was also predicted by interaction effects: maternal age at first childbirth by parent support from other adults, and maternal age at first childbirth by positive friendship quality. Consistent with the proposed model, avoidance of sexual possibility situations was demonstrated for children of adolescent mothers who reported greater levels of parent support, as compared to counterparts in sexual possibility situations whose adolescent mothers reported less parent support. Unexpectedly, however, the opposite was true for children of adult mothers. That is, avoidance of sexual possibility situations was demonstrated for children of adult mothers who reported less parent support, as compared to counterparts in sexual possibility situations whose adult mothers reported greater levels of parent support.

And finally, interaction findings for maternal age at first childbirth by positive friendship quality were partly expected and unexpected as well. In the direction of anticipated findings, children of adult mothers who reported membership in sexual possibility situations also reported greater levels of positive friendship quality. The converse was true for children of adult mothers who avoided sexual possibility situations. And unexpectedly, there were no differences in reported positive friendship quality among children of adolescent mothers.

Significant results are discussed for demographic factors, friendship characteristics, and interactive effects, respectively. The proposed theoretical model is
reviewed in the context of these findings. Next, limitations of this study are noted, and future considerations for theory building and testing are discussed. And finally, implications for prevention and intervention strategies to reduce HIV risk among urban African American youth are offered.

Review of Findings

Demographic Factors

Significant findings were not demonstrated for child’s gender and maternal age at first childbirth. On the other hand, main effects for absence of a biological or non-biological male caregiver in the home was separately predictive of (1) decreased parent support from other adults, and (2) increased peer pressure. Contrary to initial findings, post-hoc analyses revealed that absence of a male caregiver in the home was not significantly associated with membership in sexual possibility situations. Mixed results will be explored in greater detail below. In review, the proposed model of early sexual risk among urban African American preadolescents predicted that absence of a male caregiver in the home was directly linked to support for parental supervision, friendship characteristics, and early sexual risk. Furthermore, indirect links to early sexual risk, via interactive associations with support for parental supervision and friendship characteristics, were also proposed. In light of findings, only partial support for this predictor was realized.

First, in comparison to mothers living without male companions, counterparts living with spouses or significant others reported greater levels of parent support from other adults across multiple parenting transactions. The research literature on social
support has generally focused upon the effects of support upon maternal and child well-being (Taylor & Roberts, 1995). Often, social or kinship support, particularly for economically-disadvantaged African American mothers raising their families in urban poor settings, has been found to facilitate mothers' parenting practices (e.g., Kellam, Ensminger, & Turner, 1977; Taylor, Casten, & Flickinger, 1993). While there is descriptive evidence on the constitutional makeup of such social or kinship support networks (e.g., primarily extended family members), little is known about how the presence or absence of African American men (e.g., birth parent, relative, or non-relative) affects mother-reported parent support from other adults (i.e., support received from all possible participants including male caregivers). This study clearly demonstrated that African American mothers who had male counterparts living with them reported greater levels of parent support for raising their children in these urban poor environments.

The relative impact of this predictive link, however, may be minimal. Absence of a biological or non-biological male caregiver in the home predicted only 3% of the residual variance in parent support from other adults. Additionally, it is unclear whether this amount is, in fact, primarily attributable to the absence of a male caregiver in the home. Analytical results were statistically, not theoretically, derived. Therefore, as the first predictor entered (the most highly correlated variable with the criterion) into the regression equation, it automatically received shared variance with other identified demographic and parent predictors. Moreover, statistically-derived results are subject to chance variation and are specific to the sample set under investigation. Therefore, these results are cautiously accepted as initial support for the role of male caregiver status in
the home upon parent support from other adults. At the same time, future studies with separate samples are required to validate these findings and to build a stronger case for theoretical, empirical, and practical relevance of male caregiver status in the home.

Despite this minimal link to parent support, the presence or absence of a male caregiver in the home did not differentially impact reported levels of parent supervision and monitoring. Much of the social support literature has failed to investigate the specific impact of this family structure construct upon parents’ supervision and monitoring strategies. Intuitively, the positive impact of present, involved male caregivers in the home would seem to suggest that these families are then better equipped to monitor the time and space of their children. Instead, however, it may be that the supportive benefits of a male caregiver in the home are realized for the mother (e.g., feeling supported) but are not translated into more effective supervision and monitoring strategies for the child. Or it may be that additional support from present male caregivers will translate into greater supervision and monitoring strategies when the male caregiver is the biological father of the child. Unfortunately, this last hypothesis could not be examined in this study because the nature of the relationships of present male caregivers to children was unknown. These explanations are cautiously offered and require greater conceptual and empirical development.

The significant associative link between absence of a male caregiver and peer pressure is a new finding in this area. Researchers working with economically-disadvantaged mothers and their families have generally not focused upon the unique contribution of this family structure construct upon child-reported peer pressure. Instead,
investigators have focused primarily upon other protective or buffering effects (e.g., parent support for mother) of support in general, including other social or kinship participants (e.g., grandparents) in addition to present and involved male caregivers (Taylor & Roberts, 1995). Additionally, no research to date has examined the direct effect of absent male caregivers upon early sexual risk outcomes for children. This study tested both of these relationships. As noted, main effects only were found for absence of a male caregiver upon peer pressure and early sexual risk. Both will be explored below.

Absence of a biological or non-biological male caregiver in the home was positively associated with increased levels of reported peer pressure. That is, peer pressure was reported to be greater by those children who did not have a male caregiver present in their home when compared with children who did. As noted, this is a new finding in the research related to peer pressure and adolescent problem behaviors in inner-city African American youth. Again, however, the relative impact of this finding is questionable given the minimal amount of variance (i.e., 2%) accounted for in the criterion. Thus, while a significant relationship was found, it was not substantially robust.

At first, there was mixed evidence for main effects of absence of a male caregiver in the home (after controlling for pubertal status and timing) upon membership in sexual possibility situations (i.e., early sexual risk). That is, significant main effects for absence of a male caregiver in the home upon early sexual risk were evident in two of the three analyses (i.e., hierarchical-stepwise logistic regression with forward selection) it was entered into. After controlling for effects of pubertal status and timing, absence of a male caregiver in the home, alone and in tandem with support for parental supervision
variables, was the most highly correlated predictor of early sexual risk and was entered on the first step in both cases. However, when absence of a male caregiver was analyzed with friendship characteristic measures (order of entry statistically determined), it entered after peer pressure and positive friendship quality and was no longer significantly associated with sexual possibility situations. That is, absence of a male caregiver in the home only approached \( p = .06 \) but did not reach significance at the .05 level.

Based on these initial findings, it was reasoned that peer pressure may mediate the relationship between absence of a male caregiver and early sexual risk. This was based on the following initial results. First, absence of a male caregiver was independently and significantly linked to both peer pressure and early sexual risk. Peer pressure was also independently and significantly linked with early sexual risk. But when peer pressure was controlled for, the significance of absence of a male caregiver upon sexual possibility situations was lost. In addition to this seemingly empirical support for a mediated effect, partial theoretical support was also evident.

While results are not completely uniform, there is a wealth of findings linking peer pressure to various behavior problems among all adolescents, including sexual risk (e.g., Berndt & Keefe, 1995; Billy & Udry, 1985; Brown et al., 1986; Dishion, Capaldi, Spracklen, & Li, 1995; Feldman, Rosenthal, Brown, & Canning, 1995; Jessor & Jessor, 1977; Udry & Billy, 1987). Moreover, a recent but growing literature on absence of male caregivers in the homes of African American youth has also linked this factor with negative behavioral outcomes, again, including sexual risk (Mason et al., 1992; Taylor et al., 1990; Zimmerman et al., 1995). For instance, Mason and colleagues (1992)
investigated the influence of available and involved African American male caregivers upon multiple child/adolescent behavior outcomes. Significant effects were found in the direction of less frequent child/adolescent problem behaviors when a father or father-equivalent was present and available.

Considering these two areas of research together with initial findings, not only were significant associations between absence of a male caregiver in the home with increased peer pressure and exposure to early sexual risk sensible, but a hypothesized mediational relationship also seemed plausible. It seemed reasonable to expect that when a male caregiver is not present or available in the home of an African American child living in an urban poor setting, there would be an increased risk for this child to be impacted by greater levels of peer pressure. In turn, increased peer pressure would lead to a greater likelihood that the child would find him or herself in situations of early sexual risk (i.e., sexual possibility situations).

Post-hoc analyses, unfortunately, did not support this hypothesized mediated relationship. In fact, the level of significance of absence of a male caregiver upon early sexual risk increased when analyzed alone (i.e., without any control variables). It may be that the initial significant findings were a result of suppressor effects. However, this hypothesis requires further exploration. In general, the findings for absence of a male caregiver in the home were in opposition to the conceptual and empirical work of Mason and others (1992), who tied this predictor in urban African American families to child and adolescent problem behaviors. Therefore, further work must be undertaken to fully understand what interrelationships exist between absence of a male caregiver and other
predictors, and the impact of these interrelationships upon sexual possibility situations.

Instead of a mediational link with peer pressure, this study hypothesized that presence or absence of adult male caregivers in the homes of African American families moderated support for parental supervision to predict early sexual risk (Parfenoff et al., 1995). That is, exposure or non exposure to sexual possibility situations is predicted by the interaction between support for parental supervision by status of a male caregiver in the home. For example, absent male caregivers in the home leads to decreased levels of parent support, which hampers a mother’s ability to effectively supervise and monitor her child, thus resulting in increased opportunities for early sexual risk (i.e., sexual possibility situations). Conversely, male caregivers living with their families are more likely to provide greater support to their female companions, which includes supervising and monitoring the time and space of children. As a result, these children are more closely monitored and watched, hence leading to decreased risk for early sexual possibility situations as well as early sexual debut. It was believed that the trajectory for early sexual risk would be delayed by the presence of a male caregiver in the home or hastened by the absence of a father-equivalent. Again, unfortunately, this hypothesized link was also not realized in the current study. Instead, absence of a male caregiver in the home, after controlling for pubertal status and timing, was only directly linked to early sexual risk.

In sum, in opposition to Mason et al.’s (1992) work, plus Paikoff’s [1995; Parfenoff et al., 1995] conceptual model, this study does not support the theoretical links between presence or absence of male caregivers in the home and early sexual risk among young urban African American adolescents. Absent male caregivers was associated with
less parent support from other adults and increased levels of child-reported peer pressure only. Membership in sexual possibility situations was not reliably predicted by status of male caregiver in the home.

Friendship Characteristics

Peer pressure

Peer influences were found to significantly predict membership in sexual possibility situations for urban poor African American preadolescents. Similar to other measures of peer pressure (e.g., Brown & Clasen, 1985), this index primarily tapped explicit negative peer pressure, that is, recognized pressure by peers to engage in various risk-taking behaviors, including sexual risk. Preadolescents who experienced greater levels of negative peer influences (e.g., skipping school, drinking alcohol, using drugs) were more likely to report having been in sexual possibility situations. What is unique about this study is that these contextual factors were linked with early sexual risk (as defined by sexual possibility situations), even before sexual behavior has occurred. In general, this research supports previous work connecting negative peer influences to risk-taking behaviors. More specifically, it also extends this research by tying together this peer-risk link to earlier stages of normative sexual development among urban African American children.

There is a rich but complicated history of studies and theories about the effects of adolescent peer influences upon adolescent sexual behavior (Feldman et al., 1995). Indexes of peer pressure generally correlate positively with dares and challenges to engage in sexual activity (Lewis & Lewis, 1984), and with peers’ level of sexual
involvement (Billy & Udry, 1985). Hofferth and Hayes (1987) cautioned, however, that adolescents may inflate estimates of both their own and their peers’ sexual activities when providing simultaneous reports of both.

Evidence on whether there are ethnic differences in experienced peer pressure by diverse adolescent groups has been mixed. For example, Billy and Udry (1985) found that Caucasian adolescents were more influenced by their peers to engage in sexual intercourse than their African American counterparts, whereas Mason and others (1995) did not find such differences. While a comparison to other ethnic groups was not possible in the current research, peer influences among impoverished urban African American youth were significantly present for prediction of early sexual risk.

Although it is commonly assumed that peer influences are generally unvarying, unidirectional (Epstein, 1983; Kandel, 1979), negative, and undermining the health and safety of adolescents, Brown, Dolcini, and Leventhal (1995) disagreed offering their own assessment. Interviewing predominantly white adolescents, these authors argued that peer pressures might be positive, including pressures to avoid sexual involvement, to remain involved in school or one’s family, and to not use alcohol or drugs. Based on his research, Brown and colleagues (1995) recommended simultaneously indexing and examining both positive and negative peer influences to tease apart the impact upon adolescent outcome behaviors. It would be interesting to examine if this distinction generalizes to urban African American preadolescents as well as to other ethnic and economic minority groups. Thus, future investigations of early sexual risk among urban African American youth should measure peer pressure in terms of both positive and negative pressures to
determine generalizability and applicability to early sexual risk in this population.

Positive friendship quality

Main effects for the predictive ability of positive friendship quality into at-risk and not-at-risk sexual possibility groups was evident, as well as was interactive effects between this predictor and maternal age at first childbirth. Because both effects were demonstrated, only interactive effects will be discussed. See below for discussion.

Interactive Factors

Membership in sexual possibility situations was predicted by interaction effects: maternal age at first childbirth by parent support from other adults, and maternal age at first childbirth by positive friendship quality. As noted earlier, results were partly supportive of theorized relationships and partly counterintuitive. In the direction of support for hypothesized findings, maternal age at first childbirth by parent support from other adults, when entered as an interaction term, added significantly to the prediction of sexual risk. Expectedly, higher levels of parent support from other adults was linked with no exposure to early sexual risk (i.e., “not at risk”) for children of adolescent mothers, while lower levels of parent support was linked with exposure to sexual risk (i.e., “at risk”). Thus, for adolescent mothers of preadolescent children, parenting support from other adults may be a key variable in terms of delaying onset of sexual risk. This finding converges with empirical and conceptual work elsewhere (Osofsky et al., 1993; Stevens, 1988).

Contrary to a wealth of empirical evidence supporting the protective role of social support against negative child outcomes in impoverished single-parent African American
families (e.g., Kellam et al., 1982; Taylor et al., 1993), the pattern for children of adult mothers was reversed. That is, children of adult mothers reported being in sexual possibility situations (i.e., "at risk") when higher levels of parent support from other adults was available, whereas counterparts reported not experiencing sexual possibility situations (i.e., "not at risk") when lower levels of parent support was available to the adult mother. Thus, unexpectedly, greater levels of parent support for adult mothers in this community were linked with negative child outcomes for early sexual risk.

Upon examination of this counterintuitive finding, there seems to be a small group (n=30) of mothers and their children whose responses were in the opposite direction of what was predicted. In fact, this unexpected finding could largely be an artifact of a subsample composed of extreme responders. That is, among this small subsample of "at risk" children of adult mothers (n=30), these mothers may have reported substantially greater levels of parent support from other adults, and their children more often reported being in sexual possibility situations. Therefore, this counterintuitive finding may be more related to these idiosyncratic results based upon a small subsample of extreme responders than with actual group differences.

This unexpected finding might also partly reflect inadequate measuring of parent support from other adults in the current study. The measure of parent support asked mothers about the availability or non-availability of largely instrumental (or pragmatic) support with a brief index of emotional (or cathartic) support. However, this measure did not include assessment of the quality or satisfaction with this support. As covered below, available support does not automatically translate into effective and useful support for the
mother. For instance, having an available neighbor, who is equally or more stressed, watch one’s child or help set rules and monitor the child’s whereabouts does not necessarily mean quality, health-protective intervention.

Alternatively, there could be several other explanations for this counterintuitive finding: why adult mothers of “at risk” children reported higher levels of parent support. For example, there may be differences in the amount and type of parent support received from other adults based upon whether the mother was an adolescent or an adult. Because of this, there also may have been differences in childrens’ friendship experiences, which may have impacted their reported perceptions of friendship qualities. This will be explored in greater detail below.

In Jarrett’s (1995) review of qualitative, ethnographic studies of African American families living in the context of poverty, she found that healthy, “socially-mobile” families had support networks living outside of their immediate surroundings. These outside links offered more effective, stable, resource-rich support and opportunities. Adolescent mothers, in particular, were the beneficiaries of such targeted, focused intervention. For example, Jarrett (1995) found that family members (especially mothers of pregnant adolescent daughters) and community members often mobilized support to help adolescent mothers and their newborns. This occurred largely with conditions attached: young mothers must complete their education, defer further pregnancies, and begin working toward financial independence. Thus, adolescent mothers and their newborns were provided support with no reciprocal conditions. They were not expected to help other mothers by providing them parent support, but to only help themselves.
Jarrett (1995) commented that it seemed these adolescent mothers received parent support from other adults that was concentrated, orchestrated, and effective.

Given this, what happens to adult mothers? Are these mothers viewed as less vulnerable and more responsible, capable of taking care of themselves as well as helping others in need? It may be that the same amount and type of orchestrated, effective parent support from other adults that is organized for adolescent mothers, is not organized for adult ones. It may be that these adult mothers are left to their own devices, which might translate into turning to others in similar conditions for help and resources (Belle, 1984).

Belle (1984) noted that social support in poor communities is reciprocal or bidirectional. Thus, support received also means support given to others who may have equal, or possibly greater, needs and limited resources. Belle (1984) suggested that for some poor women, the strain and distress of receiving and then giving social support to others can diminish the effectiveness of the help they themselves received ("costs of caring"). Therefore, while parent support from other adults is available, it is not necessarily helpful. In the absence of family or community-wide mobilized support for adult mothers, they and their families may be more vulnerable.

Adult mothers in these settings face difficult challenges in protecting the safety and enhancing the well-being of their children, notwithstanding their own safety and well-being. Support provided by like individuals in similar settings may create a context of stress and may be relatively ineffective. It may be similar to two drowning people both clutching and holding onto each other for safety and buoyancy, unfortunately, the situation becomes worse and both will sink. While this is a dramatic metaphor, it may
partly capture what Belle (1984) observed and described, as well as what these adult mothers in this sample experience. However, in absence of empirical support for such reasoning, these explanations are speculative at best and require further investigation.

Alternatively, Coyne, Ellard, and Smith (1990) suggested that those mothers who receive the most social or kinship support are those who are most distressed and in need of it. From this viewpoint, then, greater levels of parent support from other adults for adult mothers reflect greater levels of maternal distress and maladjustment. Thus, even though greater levels of support might be available, it is moderated by maternal well-being which is more proximally related to child outcomes for early sexual risk. Or it is also possible that these unexpected findings reflect specific survival, health-enhancing tactics employed by a subsample of single-parent African American adult mothers whose children avoided early sexual risk. If, as Jarrett (1995) suggested, urban African American extended families and communities marshall support for adolescent mothers, while, as I suggested, adult mothers are left to their own devices, some adult mothers may find other means to protect their children.

For example, Jarrett (1995) observed that some families helped to protect their children from the negative effects and risks of growing up in poverty by erecting physical and symbolic barriers to exposure to the larger community within which they resided. These physical barriers (i.e., restricted community interactions) may also have translated into lower levels of parent support from other adults (e.g., help from adults outside of one’s home). This then may partly explain why some children of adult mothers avoided being in sexual possibility situations, despite decreased levels of parent support. These
adult mothers and their families were more self-reliant and self-contained, therefore, limiting opportunities for exposure to early sexual risk. Again, this explanation is purely speculative and is not based upon current data; therefore, it should receive further conceptual and empirical attention.

In addition to physical barriers reported by “socially-mobile” families in Jarrett’s (1995) review of ethnographic studies, a prominent symbolic barrier was also evident in these families whose community interactions were restricted. That is, these mothers also instilled a sense that their children and their families were different from others in their communities. To maintain a sense of differentness and separateness, Jarrett (1995) noted that these mothers continually pointed out to their children others in their communities whose lifestyles were different or negative, and therefore not to be emulated or admired. Instead, mothers continually reinforced to their children that because they were different from others, they were in fact “special.”

Speculatively, this sense of “specialness” could have been expressed in childrens’ views of their friendships as evidenced by the maternal age at first childbirth by positive friendship quality interaction. In review, for children of adult mothers only, lower levels of positive friendship quality were associated with no risk, while greater levels of positive friendship quality were associated with early sexual risk. Although not supported by current data, adult mothers of “not at risk” children may have erected both physical and symbolic barriers around their children for safety and protection. As a result, these children might have viewed themselves as special or unique, and they might have viewed their friendships, even their closest friends, less positively and possibly more negatively.
Therefore, it would follow that these children would be at less risk for early sexual possibility situations because they avoid or have less physical, emotional, and psychological contact with others in their communities, particularly with friends who are left alone in relatively private places.

Alternatively, in a longitudinal study of predictors of sexual risk among Caucasian adolescent males, Feldman and colleagues (1995) found that males who were popular in the 6th grade were more likely to report greater sexual experiences in the 10th grade. These authors reasoned that popular boys had greater access to social gatherings and dating opportunities where sexual risk was possible. While this finding was based on a white sample and measures of popularity were indexed by peer nominations, it could be extended to the current findings.

Consistent with anticipated findings, greater levels of positive friendship qualities could suggest greater levels of sociability and popularity with one’s peers. Because “at risk” children of adult mothers reported the highest level of positive friendship qualities, above and beyond levels reported by all other children, they may have been the most sociable and popular. As a result, these more social and popular students may have had greater opportunities to exposure to sexual possibility situations, that is, with mixed-sex peer groupings where there was no adult supervision.

Additionally, the finding for maternal age at first childbirth by positive friendship quality could relate to child’s birth order status and opportunities for sexual possibility situations. While not verifiable in this study, if children of adult mothers were generally the youngest in their families, whereas, children of adolescent mothers were generally the
oldest, then the context of these families might have been significantly different. [Note: Because data was missing on child’s birth order for 40 cases, the breakdown of birth order status for children of adolescent versus adult mothers was not available.] Adult mothers may have likely already weathered normative sexual development processes with their older children. They may have been less sensitized to sexual possibility situations because they trusted that their preadolescent had not yet reached this point. They might also have regularly enlisted their older children to supervise and monitor the whereabouts of their younger children (i.e., “chaperon”: Jarrett, 1995). Because “chaperons” below the age of 18 were not considered adult supervisors in this study, these children might have been exposed more often to situations defined as early sexual risk. Furthermore, having older siblings might also likely increase exposure to mixed-sex peer groupings. These younger children may want to spend time with their older siblings and siblings’ friends, situations more likely to be defined in this study as early sexual risk.

While maternal age at first childbirth moderated the relationship between positive friendship quality and early sexual risk for children of adult mothers, the same relationship was not demonstrated for children of adolescent mothers. Unexpectedly, there were no differences in positive friendship quality for “at risk” and “not at risk” children of these mothers. This finding is counterintuitive given the conceptual and empirical of others (Brown et al., 1995; Feldman et al., 1995; Zimmerman et al., 1995) who have suggested that more popular and socially-involved children might view their friendships more positively and, at the same time, place themselves at greater risk earlier than counterparts who have less positive and less well developed friendships.
In sum, these findings were partly expected (e.g., adolescent mothers of children who avoided being in sexual possibility situations reported greater levels of parent support than counterparts whose children experienced early sexual risk; and children of adult mothers who were in sexual possibility situations reported greater levels of positive friendship quality than counterparts who avoided early sexual risk), and partly in the opposite direction from that predicted (e.g., adult mothers of children who experienced early sexual risk reported greater levels of parent support than counterparts whose children avoided being in sexual possibility situations; and no significant differences in positive friendship quality for “at risk” and “not at risk” children of adolescent mothers). Given the theoretical and empirical works of Belle (1984), Jarrett (1995), and Feldman and colleagues (1995), some useful alternative explanations were offered. Nevertheless, these are cautiously tendered for consideration and for further intensive theoretical and empirical scrutiny.

**Evaluation of Model of Early Sexual Risk in Context of Findings**

The purpose of this study was to test a general model of early sexual risk among urban poor African American preadolescents. Early sexual risk was defined by sexual possibility situations: when mixed-sex peers are in private, relatively unsupervised settings where opportunities to engage in sexual activities exist (Paikoff, 1995). It was theorized that the timing of sexual possibility situations would be predicted, singly and interactively, by demographic (i.e., maternal age at first childbirth, status of a biological or non-biological male caregiver in the home, and child’s gender), parent (i.e., support for parental supervision), and peer (i.e., friendship characteristics) factors.
In general, the proposed model was only minimally supported. Absence of a male caregiver in the home was predictive of increased parent support from other adults and increased peer pressure. A key predictor of early sexual risk among African American preadolescents in economically-disadvantaged settings was peer pressure.

Membership in sexual possibility situations was also predicted by interaction effects: maternal age at first childbirth by parent support from other adults, and maternal age at first childbirth by positive friendship quality. Consistent with the proposed model, avoidance of sexual possibility situations was demonstrated for children of adolescent mothers who reported greater levels of parent support, as compared to counterparts whose adolescent mothers reported less parent support. Unexpectedly, however, the converse was true for children of adult mothers who avoided sexual possibility situations. That is, adult mothers of “at risk” children reported greater levels of parent support from other adults, while counterparts of “not at risk” children reported less levels of parent support from other adults. And finally, partly consistent and inconsistent with the proposed model was the interaction finding between maternal age at first childbirth by positive friendship quality. For children of adult mothers only, positive friendship quality was positively associated with being in sexual possibility situations; however, there was no significant associative link for children of adolescent mothers.

In review, some of the key hypothesized predictors of early sexual risk, support for parental supervision and friendship characteristics, were not fully supported by the data. These constructs, alone (except the noted influence of peer pressure above) and in tandem, were not predictive of early sexual risk. This occurred despite a rich history of
theoretical and empirical evidence pointing to the ecology of parent and peer factors as primary predictors of early adolescent risk-taking behaviors.

Lack of significant findings for key constructs may be due measurement difficulties, or they may reflect a failed attempt to identify and test the most relevant predictors of sexual possibility situations. Both possibilities are reviewed in greater detail in the section to follow. Briefly, it may be that measures were not adequately sensitized for use with urban poor African American families. Therefore, while these factors are indeed important, measurement tools may not have been appropriately calibrated to discern where the associative links exist. Or it may be that these factors, despite theoretical and empirical support for their centrality in predicting early problem behaviors during this critical transition stage, may not be relevant for this sample of African American families living in the context of poverty.

In conclusion, the overall absence of data support for these key constructs, in addition to counterintuitive findings for other tests of the model, suggests that the proposed model for explaining early sexual risk among urban poor African American preadolescents remains wanting. Continued theory building and testing is necessary in order to achieve noted goals.

Limitations of Study and Recommendations for Theory Construction and Testing

In absence of prospective analysis, the cross-sectional design of this study is limiting. Directions of associations and causal inferences cannot be established. Because data from two points has not been gathered, any inferences about "predictions" of early
sexual risk are necessarily correlational, and any discussion about specific directions of influence cannot be made with confidence. Therefore, to advance theory construction of developmentally-sensitive models of early sexual risk specific to urban poor African American youth requires longitudinal analyses, as undertaken by R. Paikoff and G. Holmbeck in the CHAMP project (Paikoff, 1993). This research will greatly enhance understanding of developmental trajectories of normative and risk-taking sexual behavior in this population. It will also better inform primary and secondary HIV prevention efforts with African American youth and their families. Thus, developmental, high-risk studies such as the CHAMP project are undisputably central to advancement of knowledge of risk predictors in early sexual risk and possible points of prevention and intervention.

Another limitation is that the proposed model did not fully capture the predictors of early sexual risk among these African American 4th and 5th graders. Only a few main and interaction effects were demonstrated, with minimal variance accounted for. The key predictors derived from relevant literatures were largely not significantly associated with sexual possibility situations defined as early sexual risk. It may be that the measures in the current study were not appropriately sensitive for this population (see below), or, it may be that other relevant variables and constructs were erroneously eliminated from exploration.

For example, person variables such as child’s emotional, psychological, and personality functioning (e.g., problem solving strategies, affective stability, impulse control, self-esteem, extraversion-introversion, academic achievement) were not
examined in this study. It was believed that these individual predictors were more proximally related to early sexual risk as defined by first sexual intercourse and more distally related to sexual possibility situations. However, it may be that this reasoning was in error. A more complete person-context model of early sexual risk might include both these individual predictors as well as social and contextual variables examined in this study. This might provide a more valid assessment of early sexual risk given that person-related factors might be more directly involved in predicting the timing of early sexual risk situations, or might interact with contextual variables to predict sexual possibility situations. Therefore, future theoretical and empirical exploration of the most robust predictors (individual, familial, and contextual) of early sexual risk is necessary. This will be largely available with prospective data gathered in wave 2 in the CHAMP project.

Alternatively, some of the measures utilized in this study may not have been appropriately sensitive to capture present demographic, parent, and peer influences. Effort was made to include only those measures that were of strong psychometric quality and relevant for use with urban poor African American families. Because there has been a paucity of research with this population, measures with both of these qualities were difficult to find. When measures with strong psychometric properties and validated with African American youth were not available, focus groups with African American families (i.e., both mothers and their children) living in similar situations were conducted. These families reviewed existing measures and their feedback was incorporated into designing adapted instruments. While this possibly served to create relevant measures for this
population, it might also have diminished the psychometric quality of these tools. The most apparent examples include use of Berndt and Perry’s (1986) measure of friendship features, and Paikoff and Holmbeck’s index of peer pressure (originally designed to also tap conformity dispositions, also known as relationship maintenance). Reliability and validity data were not available for these measures given this was the first time these measures had been used with this population. Limitations of each measure beginning with demographic (i.e., status of a male caregiver in the home), parent, and peer factors will be reviewed.

The demographic construct, absence of a male caregiver in the home, did not address the nature of the relationship of this male caregiver to the child, what role he played in the home, what the nature of his interactions within the home were like, and how his presence affected other parent and peer predictors. Future investigations should address whether the male caregiver in the home is, for example, the biological parent, step-parent, mothers’ significant other, other relative, or non-relative, and how this affects both mother and child outcomes. Moreover, as Mason and colleagues suggested (1992), positive child outcomes can be effected by present, active, and involved male caregivers not living with the child. Subsequently, examination of the impact of this factor upon mother and child outcomes must necessarily also index the influence of male caregivers living outside of the home.

And understanding what it means to have an involved male caregiver inside or outside the home is also necessary in order to better understand how this demographic factor might impact other individual, parent, and peer variables. For example, how does
the presence of a male caregiver inside or outside of the home affect parent support from other adults, parent supervision and monitoring, peer pressure, and positive friendship quality. Elucidating these underlying mechanisms will help one to better understand and predict early sexual risk situations and behavior.

As mentioned elsewhere, the adapted parent support from other adults measure did not include an index of support satisfaction and quality. Thus, while quantity of parent support from other adults across various parenting tasks was assessed, it did not capture the quality or type of support given. As Jarrett (1995) noted, African American mothers, particularly those who become mothers as teenagers, often receive familial, kinship, and community support that is effective and well orchestrated. Thus, future investigations should tap mothers’ perceptions of the quality of support they receive, and their satisfaction with this support.

Furthermore, as Belle (1984) suggested, there might be “costs to caring,” which should also be examined in any future measures of parent support from other adults. Thus indexing to what degree mothers feel obligated to provide support in return, and to what degree they feel they are able to benefit from and to capitalize upon provided support should be examined. And finally, the rich interplay between support and various predictor variables (e.g., absence of a male caregiver, maternal age at first childbirth) should also receive further conceptual and empirical attention.

The composite index of parent supervision and monitoring (mother and child responses on all subscales were combined) may have clouded possible associative links between specific subscales and early sexual risk. For example, membership in sexual
possibility situations could be more significantly associated with the subscale, extent of involvement (i.e., to what degree the mother knows the whereabouts of her child both inside and outside of the home), but less associated with the subscale, positive parenting (i.e., the degree to which the mother provides the child positive emotional, behavioral, and psychological feedback). Thus, in future studies of early sexual risk, investigators should examine the links between the outcome measure (e.g., sexual possibility situations) and these separate subscales.

The positive friendship quality measure did not include both positive and negative features as separate friendship indices as recommended by Brown and others (1995). Instead, it was a composite measure combining primarily positive qualities. Thus, early sexual risk could be impacted by differing degrees of both positive and negative friendship qualities. Furthermore, Berndt and Keefe (1995) recommended appraising friendship features with the child’s three best friends in mind versus via a single best girl or boy friend. Future investigations, therefore, should broaden this to a few close friends without losing focus upon those friendships that are the most intimate.

Similarly, the peer pressure measure did not assess both positive and negative pressures, as recommended by Brown and others (1995). As these authors and others have noted (Brown et al., 1995; Dishion et al., 1995; Holmbeck et al., 1995), peer influences can be health-enhancing or health-compromising. Thus, in terms of understanding peer pressure upon early sexual risk situations and behavior, both constructs should be examined. Furthermore, this measure of peer pressure was originally developed to assess relationship maintenance (i.e., conformity dispositions), that is, the
degree to which children were willing to put themselves at risk to maintain their friendships. Future studies should also attempt to tap this construct in order to understand not only the pressures children face during this critical transition period, but also the degree to which they have or are willing to compromise their health and safety as a result.

The outcome variable, sexual possibility situations, was a dichotomous variable and was defined solely by researchers. A dichotomous outcome has its limitations. Foremost, the range or variability of the outcome measure is substantially limited: probability of classifying a case into one or the other category based upon the independent predictor variables. Thus, predicting early sexual risk, as defined by experiencing or not experiencing sexual possibility situations, may have provided a limited range from which pertinent predictor variables could be identified. Alternatively, a continuous measure, for example, a frequency count of the number of sexual possibility situations the child has experienced, could have provided a broader range of variance for which tested predictors could have "explained."

Sexual possibility situations were also defined by researchers and not by the children. Thus, it is unclear whether children, in fact, appraised these situations as "risky," or if these situations were potentially sexualized in any manner. Furthermore, it would be interesting to examine whether mothers identified these situations as risky, and to help educate them around why researcher-defined sexual possibility situations might provide opportunities for risk-taking behaviors. In future studies, therefore, surveying the degree to which children and mothers perceive these situations as risks for sexual involvement would complement and inform understanding of risk predictors.
Finally, while a great deal of effort was put into recruiting hard-to-reach families, it is difficult to determine if a complete representation of African American families living in poverty was reached. This is based upon two observations unsupported by empirical evidence. First, it seemed many families chose not to respond to the initial inquiry for involvement in this project (i.e., not all children returned their initial flyer with their parents’ permission to be contacted). And second, many families initially expressed interest in taking part in the project but later failed to keep their scheduled appointment(s). Therefore, critical information on these families was not available. It is possible that these families differed, in some respects, to the families included in this study on measures of family structure, demographics, parent, child, and peer outcomes. Future investigations should continue to attempt to reach all possible families, while taking note of any available information regarding participating and non-participating families for appropriate analyses and inferences.

Implications for Primary and Secondary Prevention Efforts

The findings clearly point to the impact of absent male caregivers in the homes of African American families upon mother (i.e., parent support from other adults) and child outcomes (i.e., peer pressure). The family structure, for most urban poor African Americans, is female-headed, single-parent families (Jarrett, 1995; Mason et al., 1992). In this study, when males were absent in these African American homes, mothers reported less parent support from other adults, and children reported greater levels of explicit peer pressure and experiences in sexual possibility situations. Conversely, when males were present in these African American families, mothers reported more parent support, and
children reported less levels of explicit peer pressure and no involvement in early sexual risk situations. Thus, the potential benefits of involvement from male caregivers in inner-city African American homes is substantial.

Contextual or demographic factors, such as absence of male caregivers in the home, are not easily "intervenable." One cannot directly effect the presence and involvement of men in the homes of these families. At the same time, this study does provide evidence for the links between this family structure construct and negative outcomes. This finding in combination with Mason and colleagues (1992) findings for the positive effects of male involvement, even if residing outside of the home, support interventions targeted at increasing male participation in the lives of African American mothers and their children. At the very least, this finding supports others (e.g., organizers of the "Million Man March," Washington DC, March 1996) who have called for African American men to be involved with both their families-of-procreation as well as with other families in their communities in need of such support. Involvement of men, regardless of whether they are biological parents or not, could have positive effects for both African American mothers and their children living in inner-cities.

Early intervention programs designed to decrease sexual risk could target families in which the presence of male caregiving or guidance is lacking. Assistance could be given to these families to help identify alternative avenues for securing male involvement, such as from relatives (e.g., grandfathers, uncles, older cousins) living nearby, church members, or other community organizations. Moreover, families with present and active male caregivers, inside or outside of the home, would likely feel
encouraged and supported for already having this structure in place.

Although data support encouraging and involving men in these African American families, any intervention in this arena must be approached respectfully and sensitively. The context surrounding lack of male presence and involvement in urban poor African American families is complex and complicated. Remedies are not simple and straightforward. Furthermore, women in these communities have long shouldered the burden of raising their families, and they may feel criticized or angered by any hint that they are less effective or adequate parents without “a man around the house.”

On the other hand, many within urban African American communities, including these single-parent mothers raising their children, have noted the heavy toll played by absent, uninvolved African American men upon their families and communities. Therefore, interventions aimed at increasing the presence and involvement of African American men in their families-of-procreation, other families, or the community in general, should be handled in a respectful and dignified manner.

Other means for enhancing healthy adolescent outcomes were supported by the interaction effect of maternal age at first childbirth by parent support from other adults. Results demonstrated that adolescent mothers of “not at risk” children reported increased levels of parent support from other adults as compared to counterpart mothers of “at risk” children. Therefore, intervention programs should focus upon marshaling effective, satisfying support for adolescent mothers who lack such support.

This might include identifying those adolescent mothers in need of additional parent support from others, and helping these mothers to secure this support by involving
others in their kinship or social support networks, their neighborhoods, or their community organizations. This might be a delicate situation as well because these mothers might not necessarily feel as if they need help, or they might feel that what help they have is adequate. Sensitivity to this is paramount. It might be beneficial to help these mothers to see the positive links between parent support and actual child outcomes (i.e., health-enhancing outcomes), and to capitalize upon their commitment to overall healthy outcomes for their children.

Additionally, intervention programs should be appropriately sensitized to diverse family structures and involvement of multiple persons in the lives of African American families (Jarrett, 1995). Non-biological caregivers should be treated like birth parents, granted equal respect and assigned equal prominence in the lives of their children. These non-biological caregivers should be consulted in any matters concerning the health and safety of their children. Intervention programs should utilize visual aid materials that reflect family structure diversity (e.g., single mother and child; grandparent and child). Furthermore, individuals apart of a mothers support network should be invited to participate in intervention programs, in order to enhance effective parent support and to further reduce the likelihood of negative child outcomes.

But given that increased parent support for adult mothers was linked with increased early sexual risk for their children, increased levels of parent support from other adults should not be considered a boon for everyone. First, as noted above, this interaction needs to be better understood. Therefore, before intervention programs are firmly in place, this finding needs to be re-examined to determine if this effect holds true
with other samples, and to explore the underlying mechanisms for such an interaction.

If this finding holds true, intervention programs should help adult mothers to understand why increased support might be counterproductive in their situations. The role of reciprocity in parent support from other adults and the associated "costs of caring" might be one explanation. Similarly, notions of conventional wisdom, such as "more is not necessarily better" and "it's the quality not quantity that counts," might both apply to available levels of parent support. Intervention programs should help these adult mothers to define what effective, quality, stable support for them and their children might mean, what form it would take, and how it would operate. This would help program leaders to then assist these mothers in mobilizing this type of help and putting it into place. More resourceful adult mothers could also help less resourceful mothers. Jarrett (1995) noted that some mothers, particularly the more resourceful ones, might be less willing to associate with and to help less resourceful mothers and their families. Therefore, she recommended capitalizing on the fact that all mothers, regardless of their resourcefulness, are all committed to the health, safety, and well-being of their children and their community. With this approach, Jarrett (1995) reasoned, mothers would be better intune with their own and others needs, therefore better able to effect change, and better able to communicate their needs to those positioned to help.

And lastly, age-related differences in friendship structures and influences need to be considered when creating and implementing culturally-specific and developmentally appropriate early sexual risk prevention programs (Trebourx & Busch-Rosnagel, 1995). This study supports findings elsewhere (Brown et al., 1986; Dishion et al., 1995) of the
power of peer influences. During this critical transition period between late childhood and early adolescence, peer forces are likely to impact engagement in health-compromising behaviors (Brown et al., 1995). Therefore, strategies that prevent early exposure to negative peer influences and equip preadolescents to establish relationship configurations that encourage health-enhancing behaviors are crucial.

Much of the research and interventions to date have taken a two-prong approach to short-circuit negative peer forces. First, mothers are assisted to better supervise and manage the time and space of her children, and second, children are assisted to resist and avoid peer pressure. This study did not support implementing the former intervention: greater levels of parent supervision and monitoring among African American inner city mothers was not significantly associated with avoidance of sexual possibility situations among their preadolescents. Nonetheless, it still seems productive to encourage mothers and families to better manage, or to be better equipped to manage, the time and space of their preadolescents during this critical transition period.

Where interventions might receive greater attention and focus as a result of support from the results this study, is the second strategy: helping preadolescents to better manage the pressures they experience in their peer relational matrix. Much of the focus to date has been upon informing preadolescents that all peer pressure is “bad,” and therefore should be resisted or avoided. Yet Brown and others (1995) distinguished between negative and positive peer pressure, the latter likely encouraging and supporting adolescents toward health-enhancing behaviors. Therefore, Brown and colleagues (1995) recommended that prevention and intervention programs take into consideration that peer
pressure is not uniformly negative.

If all effort is placed upon “resisting or avoiding” peer influences, then a potentially strong and healthy support network for avoiding early exposure to sexual risk would be undermined or lost. Therefore, interventions should not uniformly stress rejection of peer pressure, but to help preadolescents to learn to make the distinction between positive and negative peer influences. Interventions targeted to help preadolescents to capitalize upon positive peer pressures, or to create those peer support structures that encourage healthy development, could be introduced. Additionally, formerly useful strategies to resist or to avoid negative peer forces, or to learn to steer from certain negative peer groups, could be maintained.

And finally, Brown and colleagues (1995) found that the impact of peer influences changed over time. Such age-related differences in susceptibility to peer pressure must be considered in any early intervention program. For example, in a largely White sample of early to late adolescents, Brown and others (1985) found that peer pressures, particularly negative ones, were strong during early adolescence, peaked about age 14, and then began to decline throughout later adolescence. This study supports these findings in terms of demonstrating evident peer influences for early adolescent exposure to sexual possibility situations. Therefore, intervention and prevention programs with young adolescent African American youth living in urban poor environments should include concentrated efforts to help these preadolescents to better manage all forms and manifestations of peer pressure.

In closing, results have implications for intervention programs aimed at delaying
the onset of early sexual risk among urban African American preadolescents.

Involvement of male caregivers in the lives of African American youth and their families could have valuable effects for both mothers and children. Adolescent mothers would also likely benefit from parent support from other adults, which would likely decrease children's opportunities for experiencing early sexual risk. And finally, developmentally specific strategies to help children to identify and to harness positive peer influences toward health-enhancing behaviors could be implemented. At the same time, children could also be assisted in learning to recognize negative peer forces and to short-circuit involvement in health-compromising activities. In all, informed and effective intervention strategies are needed to assist older African American children transitioning into early adolescence to avoid beginning to engage in activities that will compromise their health.

In terms of early sexual risk, and possible risk for HIV among this population, the need for these intervention efforts are unquestionably clear.
### Table 1

**General Demographic Information for Total Sample (N=308)**

<table>
<thead>
<tr>
<th>Demographic Information</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregivers:</strong></td>
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<td></td>
</tr>
<tr>
<td>Females</td>
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<td>98</td>
</tr>
<tr>
<td>Males</td>
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<td>02</td>
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<tr>
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<tr>
<td>Non-biological</td>
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<td>11</td>
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<tr>
<td><strong>Children:</strong></td>
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<td></td>
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<td>under 5,000</td>
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<tr>
<td>15,000-20,000</td>
<td>027</td>
<td>09</td>
</tr>
<tr>
<td>19,000 over</td>
<td>039</td>
<td>12</td>
</tr>
<tr>
<td><strong>Maternal Age at First Childbirth:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent mother (&lt; 19)</td>
<td>180</td>
<td>59</td>
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<tr>
<td>Adult mother (&gt;19)</td>
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<td>38</td>
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<tr>
<td><strong>Male Caregiver Present at Home:</strong></td>
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<td></td>
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<tr>
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<td>24</td>
</tr>
<tr>
<td>No male present</td>
<td>233</td>
<td>76</td>
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<tr>
<td><strong>Child’s Birth Order</strong></td>
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<td></td>
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<tr>
<td>Oldest</td>
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<td>25</td>
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<tr>
<td>Middle</td>
<td>100</td>
<td>33</td>
</tr>
<tr>
<td>Youngest</td>
<td>092</td>
<td>30</td>
</tr>
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Table 2

**Construct Measures in Data Collection**

<table>
<thead>
<tr>
<th>Construct</th>
<th>Measure</th>
<th>Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for Parental Supervision</td>
<td>Parent Supervision &amp; Monitoring</td>
<td>Mother &amp; Child</td>
</tr>
<tr>
<td></td>
<td>(Gorman-Smith et al., in press)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent Support from Other Adults</td>
<td>Mother</td>
</tr>
<tr>
<td></td>
<td>(Kellam et al., 1975)</td>
<td></td>
</tr>
<tr>
<td>Friendship Characteristics</td>
<td>Positive Friendship Quality</td>
<td>Child</td>
</tr>
<tr>
<td></td>
<td>(Berndt &amp; Perry, 1986)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer Pressure</td>
<td>Child</td>
</tr>
<tr>
<td></td>
<td>(Paikoff &amp; Holmbeck, 1994)</td>
<td></td>
</tr>
<tr>
<td>Early Sexual Risk</td>
<td>Sexual Possibility Situations</td>
<td>Child</td>
</tr>
<tr>
<td></td>
<td>(Paikoff, 1995)</td>
<td></td>
</tr>
</tbody>
</table>
### Table 3

Data Analytic Strategy by Research Hypothesis

<table>
<thead>
<tr>
<th>Predictors &amp; Criterion</th>
<th>Analytic Procedure</th>
<th>Criterion Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hypothesis 1:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demos - Support for Parent Supv</td>
<td>Multiple Regression</td>
<td>Parent Supv &amp; Monitoring Parent Support from Adults</td>
</tr>
<tr>
<td>Demos - Friendship Characteristics</td>
<td>Multiple Regression</td>
<td>Positive Friendship Quality Peer Pressure</td>
</tr>
<tr>
<td><strong>Hypothesis 2:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demos - Early Sexual Risk</td>
<td>Logistic Regression</td>
<td>Sexual Possibility Situations</td>
</tr>
<tr>
<td><strong>Hypothesis 3:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for Parent Supv &amp; Friendship Logistic Regression Characteristics → Early Sexual Risk</td>
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<td>Sexual Possibility Situations</td>
</tr>
<tr>
<td><strong>Hypothesis 4:</strong></td>
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</tr>
<tr>
<td>Demos &amp; Support for Parent Supv → Early Sexual Risk</td>
<td>Logistic Regression</td>
<td>Sexual Possibility Situations</td>
</tr>
<tr>
<td><strong>Hypothesis 5:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demos &amp; Friendship Characteristics → Early Sexual Risk</td>
<td>Logistic Regression</td>
<td>Sexual Possibility Situations</td>
</tr>
</tbody>
</table>

*Note.* "-" = Predicts; Demos = Demographic Factors; Supv = Supervision
Table 4

Statistical (Forward) Regression Analysis of Demographic Variables on Parent Supervision and Monitoring (N=294)

<table>
<thead>
<tr>
<th>Step</th>
<th>R</th>
<th>R^2-cha</th>
<th>B</th>
<th>( \beta )</th>
<th>F-cha</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child gender</td>
<td>.11</td>
<td>.01</td>
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<td>.11</td>
<td>3.40</td>
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<td>2. Male caregiver</td>
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<td>.00</td>
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<td>0.25</td>
<td></td>
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<tr>
<td>3. Maternal age</td>
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<td>.00</td>
<td>-0.94</td>
<td>-.02</td>
<td>0.12</td>
<td></td>
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</tbody>
</table>

Note. Male caregiver = Absence or presence of a male caregiver in the home; Maternal age = Maternal age at first childbirth
Table 5

Statistical (Forward) Regression Analysis of Demographic Variables on Parent Support from Other Adults (N=294)

<table>
<thead>
<tr>
<th>Step</th>
<th>R</th>
<th>R²-cha</th>
<th>B</th>
<th>β</th>
<th>F-cha</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male caregiver</td>
<td>.17</td>
<td>.03</td>
<td>-0.98</td>
<td>-.17</td>
<td>8.57*</td>
<td>A&gt;P</td>
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<tr>
<td>2. Maternal age</td>
<td>.17</td>
<td>.00</td>
<td>-0.22</td>
<td>-.04</td>
<td>0.59</td>
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</tr>
<tr>
<td>3. Child gender</td>
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<td>.00</td>
<td>0.17</td>
<td>.00</td>
<td>0.00</td>
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</tr>
</tbody>
</table>

Note. Male caregiver = Absence or presence of a male caregiver in the home; Maternal age = Maternal age at first childbirth; A = Absence of a male caregiver in the home; P = Presence of a male caregiver in the home. *p < .01
Table 6

Statistical (Forward) Regression Analysis of Demographic Variables on Positive Friendship Quality (N=284)

<table>
<thead>
<tr>
<th>Step</th>
<th>R</th>
<th>R²-cha</th>
<th>B</th>
<th>β</th>
<th>F-cha</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child gender</td>
<td>.06</td>
<td>.00</td>
<td>-0.25</td>
<td>-.06</td>
<td>1.17</td>
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</tr>
<tr>
<td>2. Maternal age</td>
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<td>.00</td>
<td>0.25</td>
<td>.06</td>
<td>1.16</td>
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</tr>
<tr>
<td>3. Male caregiver</td>
<td>.10</td>
<td>.00</td>
<td>0.23</td>
<td>.05</td>
<td>0.73</td>
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</tr>
</tbody>
</table>

Note. Male caregiver = Absence or presence of a male caregiver in the home; Maternal age = Maternal age at first childbirth
Table 7

Statistical (Forward) Regression Analysis of Demographic Variables on Peer Pressure

(N=287)

<table>
<thead>
<tr>
<th>Step</th>
<th>R</th>
<th>R²-cha</th>
<th>B</th>
<th>β</th>
<th>F-cha</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Child gender</td>
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<td>3.85</td>
<td>.09</td>
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<tr>
<td>3. Maternal age</td>
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<td>.00</td>
<td>1.18</td>
<td>.03</td>
<td>0.20</td>
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</tr>
</tbody>
</table>

Note. Male caregiver = Absence or presence of a male caregiver in the home; Maternal age = Maternal age at first childbirth; A = Absence of a male caregiver in the home; P = Presence of a male caregiver in the home. *p < .05
Table 8

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Demographic Variables on Early Sexual Risk: Goodness of Fit and Overall Classification Rates (N=285)

<table>
<thead>
<tr>
<th>Step</th>
<th>Control Variables</th>
<th>Model $\chi^2$</th>
<th>Improvement $\chi^2$</th>
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<tbody>
<tr>
<td>1.</td>
<td>Child age</td>
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<td>1.17</td>
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<tr>
<td>2.</td>
<td>Pubertal status-linear</td>
<td>4.11</td>
<td>4.11*</td>
</tr>
<tr>
<td>3.</td>
<td>Pubertal timing-linear</td>
<td>5.47</td>
<td>1.36</td>
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<tr>
<td>4.</td>
<td>Pubertal status-squared</td>
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<td>0.54</td>
</tr>
<tr>
<td>5.</td>
<td>Pubertal timing-squared</td>
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<td>0.07</td>
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<td>Predictor Variables</td>
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<td>6.</td>
<td>Male caregiver</td>
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<td>6.13*</td>
</tr>
<tr>
<td>7.</td>
<td>Maternal age</td>
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<tr>
<td>8.</td>
<td>Child gender</td>
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</tbody>
</table>

Note. Male caregiver = Absence or presence of a male caregiver in the home; Maternal age = Maternal age at first childbirth. *p < .05.
Table 9

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Demographic Variables on Early Sexual Risk (N=285)

<table>
<thead>
<tr>
<th>Step</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>Exp(B)</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Variables:</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Child age</td>
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<td>.17</td>
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Note. B = Logistic regression coefficient; Wald = Wald Statistic; Exp(B) = Odds ratio; Male caregiver = Absence or presence of a male caregiver in the home; Maternal age = Maternal age at first childbirth. *p < .05.
Table 10

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Support for Parental Supervision by Friendship Characteristics on Early Sexual Risk: Goodness of Fit and Overall Classification Rates (N=294)

<table>
<thead>
<tr>
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<td><strong>Predictor Variables:</strong></td>
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Note. Pos friend = Positive friendship quality; P-supv/mon = Parent supervision and monitoring; P-support = Parent support from other adults. *p < .05; **p < .01.
<table>
<thead>
<tr>
<th>Step</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>Exp(B)</th>
<th>Finding</th>
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<td>.01</td>
<td>19.81</td>
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<td>1.03**</td>
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<tr>
<td>7. Pos friend</td>
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<td>Increase</td>
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<td>.01</td>
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<td>9. P-support</td>
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<td>0.99</td>
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</tr>
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<td>.00</td>
<td>0.00</td>
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<td>0.99</td>
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</tr>
</tbody>
</table>

Note. B = Logistic regression coefficient; Wald = Wald Statistic; Exp(B) = Odds ratio; Pos friend = Positive friendship quality; P-supv/mon = Parent supervision and monitoring; P-support = Parent support from other adults. *p < .05; **p < .01.
Table 12

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Demographics by Support for Parental Supervision: Goodness of Fit and Overall Classification Rates (N=285)

<table>
<thead>
<tr>
<th>Step</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Control Variables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Child age</td>
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<td>1.17</td>
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<tr>
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<td>0.54</td>
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<td>5. Pubertal timing-squared</td>
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<td>0.07</td>
</tr>
<tr>
<td>Predictor Variables:</td>
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<td></td>
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<tr>
<td>6. M-cgiver</td>
<td>6.13</td>
<td>6.13*</td>
</tr>
<tr>
<td>7. Mom age</td>
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<td>2.23</td>
</tr>
<tr>
<td>8. P-supv/mon</td>
<td>10.32</td>
<td>1.96</td>
</tr>
<tr>
<td>9. P-support</td>
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<td>12. M-cgiver*P-supv/mon</td>
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<td>13. C-gender*P-supv/mon</td>
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<td>15. M-cgiver*P-support</td>
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Note. M-cgiver = Absence or presence of a male caregiver in the home; Mom age = Maternal age at first childbirth; C-gender = Child’s gender; P-supv/mon = Parent supervision and monitoring; P-support = Parent support from other adults. *p < .05.
### Table 13

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Demographics by Support for Parental Supervision on Early Sexual Risk (N=285)

<table>
<thead>
<tr>
<th>Step</th>
<th>Control Variables:</th>
<th>Predictor Variables:</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>Exp(B)</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td>B</td>
<td>SE</td>
<td>Wald</td>
<td>df</td>
<td></td>
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<td>.17</td>
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<td>1</td>
<td>1.19</td>
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<td>2. Pubertal status-linear</td>
<td>7. Mom age</td>
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<td>.04</td>
<td>4.11</td>
<td>1</td>
<td>1.08*</td>
<td>Increase</td>
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<tr>
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<tr>
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<td>14. Mom age*P-supv/mon</td>
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<td>.01</td>
<td>0.27</td>
<td>1</td>
<td>0.99</td>
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<td>15. M-cgiver*P-support</td>
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<td>1</td>
<td>0.96</td>
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<tr>
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<td>16. C-gender*P-support</td>
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<td>.06</td>
<td>0.03</td>
<td>1</td>
<td>1.01</td>
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</tr>
</tbody>
</table>

Note. B = Logistic regression coefficient; Wald = Wald Statistic; Exp(B) = Odds ratio; M-cgiver = Absence or presence of a male caregiver in the home; Mom age = Maternal age at first childbirth; C-gender = Child's gender; P-supv/mon = Parent supervision and monitoring; P-support = Parent support from other adults; A = Absent; P = Present. *p < .05.
Table 14

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Demographics by Friendship Characteristics: Goodness of Fit and Overall Classification Rates (N=282)

<table>
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<tr>
<th>Step</th>
<th>Model $\chi^2$</th>
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</thead>
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</table>

Note. M-cgiver = Absence or presence of a male caregiver in the home; Mom age = Maternal age at first childbirth; C-gender = Child’s gender; Pos friend = Positive Friendship Quality. *p < .05.
Table 15

Hierarchical-Stepwise (Forward) Logistic Regression Analysis of Demographics by Friendship Characteristics on Early Sexual Risk (N=282)

<table>
<thead>
<tr>
<th>Step</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>Exp(B)</th>
<th>Finding</th>
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<td>1.03*</td>
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<td>1.39</td>
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<td>.04</td>
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<td>.96</td>
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<td>.01</td>
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<td>0.99</td>
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<tr>
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<td>.01</td>
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<td>0.99</td>
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<td>14. C-gender*Pos friend</td>
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<td>.01</td>
<td>.01</td>
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<td>1.00</td>
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</table>

Note. B = Logistic regression coefficient; Wald = Wald Statistic; Exp(B) = Odds ratio; M-cgiver = Absence or presence of a male caregiver in the home; Mom age = Maternal age at first childbirth; C-gender = Child’s gender; Pos friend = Positive Friendship Quality; *p < .05
Table 16

Logistic Regression Analyses of Peer Pressure as a Mediator Between Absence of a Male Caregiver and Early Sexual Risk (N=308)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model $\chi^2$</th>
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<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Peer pressure</td>
<td>21.64*</td>
<td>.03</td>
<td>.01</td>
<td>20.39</td>
<td>1</td>
<td>1.03</td>
</tr>
<tr>
<td>2. M-cgiver</td>
<td>3.36</td>
<td>.28</td>
<td>.16</td>
<td>3.17</td>
<td>1</td>
<td>1.32</td>
</tr>
<tr>
<td>3. a) Peer Pressure</td>
<td>20.15*</td>
<td>.03</td>
<td>.01</td>
<td>19.08</td>
<td>1</td>
<td>1.03</td>
</tr>
<tr>
<td>b) M-cgiver</td>
<td>1.55 (Imp $\chi^2$)</td>
<td>.20</td>
<td>.16</td>
<td>1.50</td>
<td>1</td>
<td>1.22</td>
</tr>
</tbody>
</table>

Note. B = Logistic regression coefficient; Wald = Wald Statistic; Exp(B) = Odds ratio; Imp $\chi^2$ = Improvement $\chi^2$; M-cgiver = Absence or presence of a male caregiver in the home. *$p < .05$. 
APPENDIX B

ILLUSTRATIONS
Figure Caption

Figure 1. Model of early sexual risk among urban African American preadolescents.

Figure 2. Relationship between maternal age at first childbirth by parent support from other adults as predictors of early sexual risk.

Figure 3. Relationship between maternal age at first childbirth by positive friendship quality as predictors of early sexual risk.
Figure 1. Model of early sexual risk among urban African American preadolescents.
Figure 2. Relationship between maternal age at first childbirth by parent support from other adults as predictors of early sexual risk.
Figure 3. Relationship between maternal age at first childbirth by positive friendship quality as predictors of early sexual risk.
APPENDIX C

PARENT MEASURES
Parent Demographic Information

1. Respondent’s gender: 
   1= Female  
   2= Male

2. Caregiver’s status: 
   1= Birth parent  
   2= Foster parent  
   3= Grandparent  
   4= Aunt or uncle  
   5= Other relative  
   6= Other guardian

3. Respondent’s date of birth: __ __ __

4. Marital status: 
   1= Single  
   2= Married or domestic partnership  
   3= Divorced  
   4= Separated  
   5= Widowed

5. Child’s date of birth: __ __ __

6. Did you give birth to any other children before you gave birth to (child)? Y N

7. Have you given birth to any other children since you gave birth to (child)? Y N

8. What is your religious preference? 
   1= Protestant  
   2= Catholic  
   3= Muslim  
   4= Other

9. Is your residence now: 
   1= House or apartment you rent  
   2= House or apartment your parents rent  
   3= House or apartment your grandparents rent  
   4= House you own  
   5= Apartment you own
10. Who presently live with you in your household?

11. How long have you lived in your current home? ___ months ___ years

12. Did you graduate from high school or get a GED? Y N

13. In the past year, not counting jobs around the house, have you worked for pay? Y N

14. If yes, what type of job was it? 1= Professional
2= Administrative support - clerical
3= Service - private household or childcare
4= Service except household
5= Manufacturing - assembling
6= Transportation
7= Sales occupation
8= Social service

15. From all sources of income you may have, including jobs, public assistance, money from relatives, etc., what category best fits your total income, before taxes, for the most recent complete year? If uncertain, what is your best guess?

   1= Under $5000
   2= $5000 to $9999
   3= $10,000 to $14,999
   4= $15,000 to $19,999
   5= $20,000 to $24,999
   6= $25,000 to $29,999
   7= $30,000 to $34,999
   8= $35,000 and over

16. Using this scale, how are you doing in terms of friends?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Not So Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>
Parent Support from Other Adults

I'm interested in knowing who helps out with _____(child). Does anyone else live in your household who helps?

CHECK: # OF PEOPLE IN HOUSEHOLD WHO HELP ________.
[INTERVIEWER: check later with demographics questionnaire.]

Is there anyone inside or outside of the home who usually:

1. Set rules for (child) - tell child what s/he must do and can't do? Yes No

2. Help punish (child) when she misbehaves? Yes No

Parents often need someone to talk with about raising children or to help out with the day to day chores. Is there anyone inside or outside of the home you can talk with about what to do:

3. When (child) has a problem at school? Yes No

4. When (child) has trouble getting along with other kids? Yes No

Is there anyone inside or outside of the home who can help with:

5. Taking care of (child) in a pinch? Yes No

6. Staying home with (child) when s/he is ill? Yes No

7. Taking (child) places s/he needs to be? Yes No

8. Taking care of (child) when you are ill? Yes No

9. Going to school when (child) has a problem? Yes No
Parent Supervision and Monitoring

THESE QUESTIONS HAVE TO DO WITH THE KINDS OF THINGS THAT YOU AND ____ MAY HAVE TALKED ABOUT, OR HAVE DONE TOGETHER IN THE PAST YEAR. CHOOSE THE BEST ANSWER.

1. **When was the last time that you discussed with _________ [child] her/his plans for the coming day?**
   
   1. Don't know
   2. More than 1 month ago
   3. Within last month
   4. Within the last week
   5. Yesterday/Today

2. **In the past 12 months, about how often have you discussed with _________ [child] plans for the coming day?**
   
   1. Don't know
   2. Less than once a month
   3. At least once a month
   4. At least once a week
   5. Almost every day

3. **When was the last time you talked with _________ [child] about what s/he had actually done during the day?**
   
   1. Don't know
   2. More than 1 month ago
   3. Within last month
   4. Within the last week
   5. Yesterday/Today

4. **In the past 12 months, about how often have you talked with _________ [child] about what s/he had actually done during the day?**
   
   1. Don't know
   2. Less than once a month
   3. At least once a month
   4. At least once a week
   5. Almost every day
5. Does ________ [child] have a set time to be home on school nights?
   0. No set time
   1. Sometimes set time
   2. Always set time

6. Does ________ [child] have a set time to be home on weekend nights?
   0. No set time
   1. Sometimes set time
   2. Always set time

7. Does ________ [child] help with family fun activities?
   1. Hardly ever
   2. Sometimes
   3. Often

8. Does ________ [child] like to get involved in such family activities?
   1. Hardly ever
   2. Sometimes
   3. Often

9. How often do you have time to listen to ________ [child] when s/he wants to talk to you?
   1. Hardly ever
   2. Sometimes
   3. Often

10. Do you and ________ [child] do things together at home?
    1. Hardly ever
    2. Sometimes
    3. Often

11. Does ________ [child] go with members of the family to movies, sports events, or other outings?
    1. Hardly ever
    2. Sometimes
    3. Often
12. How often do you have a friendly talk with ________ [child]?
   1. Hardly ever
   2. Sometimes
   3. Often

13. Does ________ [child] help you with chores, errands and/or other work?
   1. Hardly ever
   2. Sometimes
   3. Often

14. Do you talk with ________ [child] about how s/he is doing in school?
   1. Hardly ever
   2. Sometimes
   3. Often

15. If ________ [child] did not come home by the time that was set, would you know?
   1. No or very unlikely
   2. Probably
   3. Certainly

16. When ________ [child] is out, do you know what time s/he will be home?
   1. No or very unlikely
   2. Probably
   3. Certainly

17. Is it important to you to know what ________ [child] is doing when he is outside of the home?
   1. Not important
   2. Somewhat important
   3. Very important
THE FOLLOWING QUESTIONS ASK ABOUT WHERE _________ [CHILD] IS WHEN S/HE IS NOT IN SCHOOL.

[INTERVIEWER: For the next 3 questions, allow for open-ended response, then probe as necessary and code to one of the following categories.]

18. Where does _________ [child] usually go after school?
   1. Don't know
   2. Unsupervised, somewhere else
   3. Home, unsupervised
   4. Somewhere else, supervised
   5. Home supervised

19. Where is s/he usually in the evening?
   1. Don't know
   2. Unsupervised, somewhere else
   3. Home, unsupervised
   4. Somewhere else, supervised
   5. Home supervised

20. Where is s/he usually on weekends?
   1. Don't know
   2. Unsupervised, somewhere else
   3. Home, unsupervised
   4. Somewhere else, supervised
   5. Home supervised

21. Use your next sheet to guide you in answering the next few questions. If you or another adult are not at home, does _________ [child] leave you a note or call you to let you know where s/he is going?
   1. Almost never
   2. Sometimes
   3. Almost always
22. Do you know who [child's] companions or friends s/he's with when s/he is not at home?
   1. Almost never
   2. Sometimes
   3. Almost always

23. When you are not at home, does [child] know how to get in touch with you?
   1. Almost never
   2. Sometimes
   3. Almost always

24. When you and [child] are both at home, do you know what s/he is doing?
   1. Almost never
   2. Sometimes
   3. Almost always

IN THE PAST 12 MONTHS, WHEN [CHILD] DID SOMETHING THAT YOU LIKED OR APPROVED OF, HOW OFTEN DID YOU . . .

25. Give her/him a wink or a smile?
   1. Almost never
   2. Sometimes
   3. Almost always

26. Say something nice about it; praise or give approval?
   1. Almost never
   2. Sometimes
   3. Almost always

27. Give her/him a hug, pat on the back, or a kiss for it?
   1. Almost never
   2. Sometimes
   3. Almost always
28. Give her/him some reward for it, like a present, extra money, or something special to eat?

1. Almost never
2. Sometimes
3. Almost always

29. Give her/him a special privilege such as staying up late, or doing some special activity?

1. Almost never
2. Sometimes
3. Almost always

30. Do something special together, such as going to the movies, to a game, playing a game, or going somewhere?

1. Almost never
2. Sometimes
3. Almost always

31. Is the discipline you use effective for your daughter/son? Does it work?

1. Not really
2. Half of the time
3. Usually

32. If your child is punished, does the punishment work?

1. Not really
2. Half of the time
3. Usually

33. If you punish _________ [child], does her/his behavior get worse?

1. Almost never
2. Sometimes
3. Often
34. Do you hesitate to enforce the rules with __________ [child] because you fear s/he might then harm someone in your household?

1. Almost never
2. Sometimes
3. Often

35. Do you feel that you must be careful not to upset __________ [child]?

1. Almost never
2. Sometimes
3. Often

36. Do you feel that other family members must be careful not to upset __________ [child]?

1. Almost never
2. Sometimes
3. Often

37. Do you feel that it is more trouble than it is worth to ask __________ [child] to help you?

1. Almost never
2. Sometimes
3. Often

38. Do you think that __________ [child] will take it out on other children if you try to make her/him obey you?

1. Almost never
2. Sometimes
3. Often

39. When you are by yourself, do you have much difficulty controlling __________ [child]?

1. Almost never
2. Sometimes
3. Often
40. When other adults are present, do you have much difficulty controlling _________ [child]?
   1. Almost never
   2. Sometimes
   3. Often

41. Do you leave _________ [child] alone because of her/his moodiness?
   1. Almost never
   2. Sometimes
   3. Often

42. Do you think that _________ [child] will try to get back at you if you try to make her/him obey you?
   1. Almost never
   2. Sometimes
   3. Often
Pubertal Maturation for Male Children

The following questions ask about your son's physical development. As we have said before, your answers are private - your son, his teachers, and his friends can't see them. Also remember that you do not have to answer these questions if you do not wish to.

Using the numbers on your next booklet page, please tell me which one best describes your son's PRESENT physical state. First, would you say your son's body hair has not started growing, has barely started, has definitely started, or does the growth seem complete?

<table>
<thead>
<tr>
<th></th>
<th>NOT</th>
<th>YES</th>
<th>YES</th>
<th>ALREADY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STARTED</td>
<td>BARELY</td>
<td>DEFINITELY</td>
<td>PAST (OR FINISHED)</td>
</tr>
<tr>
<td>1. Body Hair (underarm, leg, pubic)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Skin changes (pimples, acne)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Facial Hair</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Voice Change (deepening)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Growth spurt (Most kids at about your son's age go through a time when they grow a lot very quickly, for example, one clothes size bigger in a six month period. Has your son started this growth spurt?)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Body shape (has your son's body changed shape, for example, shoulders broadened, muscles enlarged?)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
7. Does your son's physical development seem to be earlier or later than most of the other boys his age?

1. Much earlier
2. Somewhat earlier
3. About the same.
4. Somewhat later
5. Much later

8. How do you think he feels about that?

1. Very unhappy
2. Somewhat unhappy
3. Neither happy nor unhappy
4. Somewhat happy
5. Very happy

9. Using these two sets of pictures, can you tell me which ones best describe your son? [Show Tanner pictures - male]
**Pubertal Maturation for Female Children**

The following questions ask about your daughter's physical development. As we have said before, your answers are private - your daughter, her teachers, and her friends can't see them. Also remember that you do not have to answer these questions if you do not wish to.

Using the numbers on your next booklet page, please tell me which one best describes your daughter's PRESENT physical state. First, would you say your daughter's body hair has not started growing, has barely started, has definitely started, or does the growth seem complete?

<table>
<thead>
<tr>
<th></th>
<th>NOT STARTED</th>
<th>YES BARELY</th>
<th>YES DEFINITELY</th>
<th>ALREADY PAST (OR FINISHED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Body Hair (underarm, leg, pubic)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Skin changes (pimples, acne)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Breast growth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Growth spurt (Most kids at about your daughter's age go through a time when they grow a lot very quickly, for example, one clothes size bigger in a six month period. Has your daughter started this growth spurt?)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Body shape (has your daughter's body changed shape, for example, chest widened, body become more curvy?)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
6. Menarche (Has she begun to menstruate?)
   YES  NO
   Date of 1st period: ____/____/____

7. How did she feel when she first discovered it?
   1. Very unhappy
   2. Somewhat unhappy
   3. Neither happy nor unhappy
   4. Somewhat happy
   5. Very happy

8. Does your daughter's physical development seem to be earlier or later than most of the other girls her age?
   1. Much earlier
   2. Somewhat earlier
   3. About the same.
   4. Somewhat later
   5. Much later

9. How do you think she feels about that?
   1. Very unhappy
   2. Somewhat unhappy
   3. Neither happy nor unhappy
   4. Somewhat happy
   5. Very happy

10. Using these two sets of pictures, can you tell me which ones best describe your daughter? [Show Tanner pictures - female]
APPENDIX D

CHILD MEASURE
Parent Supervision and Monitoring

THESE QUESTIONS HAVE TO DO WITH THE KINDS OF THINGS THAT YOU AND YOUR FAMILY MAY HAVE TALKED ABOUT, OR HAVE DONE TOGETHER IN THE PAST YEAR.

1. When was the last time that you talked with your mom/primary caregiver about what you were going to do for the coming day?
   1. Don't know
   2. More than 1 month ago
   3. Within last month
   4. Within the last week
   5. Yesterday/Today

2. How often does your mom/primary caregiver talk to you about what you were going to do for the coming day?
   1. Don't know
   2. Less than once a month
   3. At least once a month
   4. At least once a week
   5. Almost every day

3. When was the last time that you talked with your mom/primary caregiver about what you had actually done during the day?
   1. Don't know
   2. More than 1 month ago
   3. Within last month
   4. Within the last week
   5. Yesterday/Today
4. In the past 12 months, about how often has your mom/primary caregiver talked with you about what you had actually done during the day?

1. Don't know
2. Less than once a month
3. At least once a month
4. At least once a week
5. Almost every day

5. Do you have a set time to be home on school nights?

0. No set time
1. Sometimes set time
2. Always set time

6. Do you have a set time to be home on weekend nights?

0. No set time
1. Sometimes set time
2. Always set time

7. Do you help with family fun activities?

1. Hardly ever
2. Sometimes
3. Often

8. Do you like to get involved in such family activities?

1. Hardly ever
2. Sometimes
3. Often

9. How often does your mom/primary caregiver have time to listen to you when you wants to talk?

1. Hardly ever
2. Sometimes
3. Often
10. How often do you and your mom/primary caregiver do things together at home?
   1. Hardly ever
   2. Sometimes
   3. Often

11. How often do you go with members of the family to movies, sports events, or other outings?
   1. Hardly ever
   2. Sometimes
   3. Often

12. How often do you have a friendly talk with your mom/primary caregiver?
   1. Hardly ever
   2. Sometimes
   3. Often

13. How often do you help you with chores, errands and/or other work?
   1. Hardly ever
   2. Sometimes
   3. Often

14. How often does your mom/primary caregiver talk with you about how you are doing in school?
   1. Hardly ever
   2. Sometimes
   3. Often

15. If you did not come home by the time that was set, would your mom/primary caregiver know?
   1. No or very unlikely
   2. Probably
   3. Certainly
16. When you are out, does your mom/primary caregiver know what time you will be home?

1. No or very unlikely
2. Probably
3. Certainly

17. Do you feel it is important for your mom/primary caregiver to know what you are doing outside of the home?

1. Not important
2. Somewhat important
3. Very important

THE FOLLOWING QUESTIONS ASK ABOUT WHERE YOU ARE WHEN YOU ARE NOT IN SCHOOL.

[Interviewer: For the next 3 questions, allow for open-ended response, then probe as necessary and code to one of the following categories.]

18. Where does you usually go right after school?

1. Don't know
2. Unsupervised, somewhere else
3. Home, unsupervised
4. Somewhere else, supervised
5. Home supervised

19. Where do you usually go in the evening?

1. Don't know
2. Unsupervised, somewhere else
3. Home, unsupervised
4. Somewhere else, supervised
5. Home supervised
20. Where do you usually go on weekends?
   1. Don't know
   2. Unsupervised, somewhere else
   3. Home, unsupervised
   4. Somewhere else, supervised
   5. Home supervised

21. If your mom/primary caregiver is not at home, how do you leave a note or call you to let her know where you are going?
   1. Almost never
   2. Sometimes
   3. Almost always

22. How often does your mom/primary caregiver know who you are with when you are not at home?
   1. Almost never
   2. Sometimes
   3. Almost always

23. When your mom/primary caregiver is not at home, how often do you know how to get in touch with her?
   1. Almost never
   2. Sometimes
   3. Almost always

24. When you and your mom are both at home, how often does she know what you are doing?
   1. Almost never
   2. Sometimes
   3. Almost always
WHEN YOU HAVE DONE SOMETHING THAT YOUR MOM/PRIMARY CAREGIVER LIKES, HOW OFTEN DOES SHE . . .

25. Give you a wink or a smile?
   1. Almost never
   2. Sometimes
   3. Almost always

26. Say something nice about it; praise you?
   1. Almost never
   2. Sometimes
   3. Almost always

27. Give you a hug, pat on the back, or a kiss for it?
   1. Almost never
   2. Sometimes
   3. Almost always

28. Give you some reward for it, like a present, extra money, or something special to eat?
   1. Almost never
   2. Sometimes
   3. Almost always

29. Give you a special privilege such as staying up late, or doing some special activity?
   1. Almost never
   2. Sometimes
   3. Almost always

30. Do something special together with you, such as going to the movies, to a game, playing a game, or going somewhere?
   1. Almost never
   2. Sometimes
   3. Almost always
Positive Friendship Quality

These next questions ask about your friends. First, I'd like you to give me the name of your best friend who is a girl (for females)/ boy (for males).

<table>
<thead>
<tr>
<th>Girl/Boy Friend's Name</th>
<th>What grade is this friend in?</th>
<th>Does this friend go to your school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Y  N</td>
</tr>
</tbody>
</table>

Next I'd like you to tell me the name of your best friend who is a boy (for females)/ girl (for males).

<table>
<thead>
<tr>
<th>Boy/Girl Friend's Name</th>
<th>What grade is this friend in?</th>
<th>Does this friend go to your school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
<td>Y  N</td>
</tr>
</tbody>
</table>

Now, I'm going to ask you some questions about each of these friends, starting with [FRIEND 1].

1. If you felt sad or upset, would ____________ try to cheer you up?
   
   Yes  How often would s/he try to cheer you up...? 1 2 3 4 5  How would s/he try to cheer you up?
   
   No   Why wouldn't s/he try to cheer you up?

2. If you were picking partners at school, would you and ____________ try to pick each other?
   
   Yes  How often would you and s/he try to pick each other...? 1 2 3 4 5  Why would you and s/he try to pick each other...
   
   No   Why wouldn't you and s/he try to pick each other...?
3. Do you ever feel like it's hard to get along with ____________?
   
   Yes How often do you feel like it's hard to get along with...? 1 2 3 4 5
   Why do you feel it's hard to get along with...?
   
   No Why is it easy to get along with ____________?

4. If you told ____________ a secret, could you trust not to tell anyone else?
   
   Yes How often do you trust her/him? 1 2 3 4 5 Why do you trust her/him?
   
   No Why don't you trust her/him not to tell anyone else?

5. If other kids were teasing you, would ____________ tell them to stop it?
   
   Yes How often would s/he tell them to stop it? 1 2 3 4 5 Why would she
   tell them to stop it?
   
   No Why wouldn't s/he tell them to stop it?

6. If you did something silly or dumb, would ____________ tease you about it?
   
   Yes How often would s/he tease you? 1 2 3 4 5 Why would she tease
   you?
   
   No Why wouldn't s/he tease you?

7. If ____________ had to move away, would you miss her/him?
   
   Yes How much would you miss her/him? 1 2 3 4 5 What kinds of things
   would you miss about her/him?
   
   No Why wouldn't you miss her/him?

8. Does ____________ know a lot about what you like and how you feel about
   things?
   
   Yes How much does s/he know about you? 1 2 3 4 5 What kinds of things
   does s/he know about you?
   
   No Why?
9. Does _________ ever ignore you or make fun of you when you're around other kids?

   Yes  How often does s/he ignore you or make fun of you?  1  2  3  4  5  Why does she ignore you or make fun of you?

   No   Why doesn't s/he ignore you or make fun of you?

10. When you do a good job at something, does _________ tell you that you did a good job?

    Yes  How often does s/he tell you that you did a good job?  1  2  3  4  5  Why does s/he tell you that you did a good job?

    No   Why doesn't s/he tell you that you did a good job?

11. If you and _________ were arguing about something, would s/he listen to your side?

    Yes  How often does s/he listen to you?  1  2  3  4  5  Why would s/he listen to you?

    No   Why wouldn't s/he listen to you?

12. When you have a problem at home or at school, do you talk to _________ about it?

    Yes  How often do you talk about problems with...?  1  2  3  4  5  Why do you talk about problems with...?

    No   Why don't you talk with her/him about problems?

13. Does _________ ever decide to do something with another friend instead of you?

    Yes  How often does s/he do something with another friend?  1  2  3  4  5  Why does s/he do something with another friend?

    No   Why does s/he choose you all the time?
14. Do you ever get into fights or arguments with ____________?

Yes  How often do you get into fights with...? 1 2 3 4 5  Why do you get into fights?

No   Why don't you get into fights with...?

15. Would ____________ stick up for you if you got into a fight or argument with other kids?

Yes  How often would _____ stick up for you? 1 2 3 4 5  Why would _____ stick up for you?

No   Why wouldn't _____ stick up for you?

16. Would you tell _____________ things that you wouldn't tell anyone else?

Yes  How often do you tell _____ things that you wouldn't tell others? 1 2 3 4 5  Why do you tell _____ things that you wouldn't tell others?

No   Why wouldn't you tell _____ things that you wouldn't tell others?

17. Does ____________ ever annoy you or bug you?

Yes  How often does s/he bug you? 1 2 3 4 5  Why does she bug you?

No   Why doesn't s/he bug you?

18. Do you like _____________ more than you like any other kids?

Yes  Why do you like _____ more than you like the other kids?

No   How many other kids do you like more? 1 2 3 4 5  Why do you like them more?

19. If you said you were sorry after you had a fight with _____________, would s/he stay mad at you?

Yes  How often would s/he stay mad at you? 1 2 3 4 5  Why would s/he stay mad at you?

No   Why wouldn't s/he stay mad at you?
20. Can you imagine ever not being friends with __________?

   IF YES:
   What would have to happen for you not to be friends anymore?

   Is there anything s/he could do to make you not want to be friends anymore?

   IF NO:
   Why do you think you will always be friends with _____?

[INTERVIEWER: BEGIN GIRL'S/ BOY'S OTHER-SEX FRIEND QUESTIONS].

Now, I'm going to ask you some questions about the other friend you mentioned who is a boy [FRIEND 2].

21. If you felt sad or upset, would ____________ try to cheer you up?

   Yes  How often would s/he try to cheer you up...?  1  2  3  4  5  How would s/he try to cheer you up?

   No   Why wouldn't s/he try to cheer you up?

22. If you were picking partners at school, would you and ____________ try to pick each other?

   Yes  How often would you and s/he try to pick each other...?  1  2  3  4  5  Why would you and s/he try to pick each other...?

   No   Why wouldn't you and s/he try to pick each other...?

23. Do you ever feel like it's hard to get along with ____________?

   Yes  How often do you feel like it's hard to get along with...?  1  2  3  4  5  Why do you feel it's hard to get along with...?

   No   Why is it easy to get along with ____________?
24. If you told ____________ a secret, could you trust not to tell anyone else?
   Yes  How often do you trust her/him?  1 2 3 4 5  Why do you trust her/him?
   No   Why don't you trust her/him not to tell anyone else?

25. If other kids were teasing you, would ____________ tell them to stop it?
   Yes  How often would s/he tell them to stop it?  1 2 3 4 5  Why would s/he tell them to stop it?
   No   Why wouldn't s/he tell them to stop it?

26. If you did something silly or dumb, would ____________ tease you about it?
   Yes  How often would s/he tease you?  1 2 3 4 5  Why would s/he tease you?
   No   Why wouldn't s/he tease you?

27. If ____________ had to move away, would you miss her/him?
   Yes  How much would you miss her/him?  1 2 3 4 5  What kinds of things would you miss about her/him?
   No   Why wouldn't you miss her/him?

28. Does ____________ know a lot about what you like and how you feel about things?
   Yes  How much does s/he know about you?  1 2 3 4 5  What kinds of things does s/he know about you?
   No   Why?

29. Does ____________ ever ignore you or make fun of you when you're around other kids?
   Yes  How often does s/he ignore you or make fun of you?  1 2 3 4 5  Why does she ignore you or make fun of you?
   No   Why doesn't s/he ignore you or make fun of you?
30. When you do a good job at something, does ___________ tell you that you did a good job?

Yes  How often does s/he tell you that you did a good job?  1 2 3 4 5  Why does s/he tell you that you did a good job?

No  Why doesn't s/he tell you that you did a good job?

31. If you and _____________ were arguing about something, would s/he listen to your side?

Yes  How often does s/he listen to you?  1 2 3 4 5  Why would s/he listen to you?

No  Why wouldn't s/he listen to you?

32. When you have a problem at home or at school, do you talk to _____________ about it?

Yes  How often do you talk about problems with...?  1 2 3 4 5  Why do you talk about problems with...?

No  Why don't you talk with her/him about problems?

33. Does _____________ ever decide to do something with another friend instead of you?

Yes  How often does s/he do something with another friend?  1 2 3 4 5  Why does s/he do something with another friend?

No  Why does s/he choose you all the time?

34. Do you ever get into fights or arguments with _____________?

Yes  How often do you get into fights with...?  1 2 3 4 5  Why do you get into fights?

No  Why don't you get into fights with...?
35. Would ____________ stick up for you if you got into a fight or argument with other kids?
   
   Yes  How often would _____ stick up for you?  1 2 3 4 5  Why would _____ stick up for you?
   
   No  Why wouldn't _____ stick up for you?

36. Would you tell ____________ things that you wouldn't tell anyone else?
   
   Yes  How often do you tell _____ things that you wouldn't tell others?  
       1 2 3 4 5  Why do you tell _____ things that you wouldn't tell others?
   
   No  Why wouldn't you tell _____ things that you wouldn't tell others?

37. Does ____________ ever annoy you or bug you?
   
   Yes  How often does s/he bug you?  1 2 3 4 5  Why does she bug you?
   
   No  Why doesn't s/he bug you?

38. Do you like ____________ more than you like any other kids?
   
   Yes  Why do you like _____ more than you like the other kids?
   
   No  How many other kids do you like more?  1 2 3 4 5  Why do you like them more?

39. If you said you were sorry after you had a fight with ____________, would s/he stay mad at you?
   
   Yes  How often would s/he stay mad at you?  1 2 3 4 5  Why would s/he stay mad at you?
   
   No  Why wouldn't s/he stay mad at you?
40. Can you imagine ever not being friends with __________?

IF YES:
What would have to happen for you not to be friends anymore?

Is there anything s/he could do to make you not want to be friends anymore?
IF NO:
Why do you think you will always be friends with ______?
Peer Pressure

Now I'd like to ask you some questions about how you feel in certain situations with your friends.

Some kids would rather do something they didn't really want to do than break off a friendship; other kids would rather break off a friendship than do something they didn't really want to do. Thinking first about your girl (for females)/male (for males) friends, how would you feel if:

[Interviewer: Begin same-sex friend questions]

1. A) A girl or male friend wanted you to make fun of another friend of yours together but you didn't really want to?
   
   ______ Rather keep the friendship and make fun  
   ______ Rather break off the friendship and not make fun

   B) How likely is it that your girl or male friend would want you to make fun of another friend along with her/him?
   
   1 Not at all likely  
   2 A little bit likely  
   3 Pretty likely  
   4 Very likely -- already has

   C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your girl or male friend would let you change your mind about making fun of another friend?
   
   1 Not at all likely  
   2 A little bit likely  
   3 Pretty likely  
   4 Very likely -- already has

   D) Has this ever happened to you - your girl or male friend asks you to make fun of another friend but you didn't really want to?

   YES    NO
2. A) A girl or male friend wanted you to skip class together but you didn't really want to?
   _____ Rather keep the friendship and skip class
   _____ Rather break off the friendship and not skip

B) How likely is it that your girl or male friend would want you to skip class?
   1 Not at all likely
   2 A little bit likely
   3 Pretty likely
   4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your girl or male friend would let you change your mind about skipping class?
   1 Not at all likely
   2 A little bit likely
   3 Pretty likely
   4 Very likely -- already has

D) Has this ever happened to you -- your girl or male friend wanted you to skip class but you didn't really want to?
   YES   NO

3. A) A girl or male friend wanted you to smoke cigarettes together but you didn't really want to?
   _____ Rather keep the friendship and smoke
   _____ Rather break off the friendship and not smoke

B) How likely is it that this girl or male friend would pressure you to smoke?
   1 Not at all likely
   2 A little bit likely
   3 Pretty likely
   4 Very likely -- already has
C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your girl or male friend would let you change your mind about smoking cigarettes?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you -- your girl or male friend wanted you to smoke cigarettes but you didn't really want to?

YES NO

4. A) A girl or male friend wanted you to drink beer or other alcohol together but you didn't really want to?

_____ Rather keep the friendship and drink
_____ Rather break off the friendship and not drink

B) How likely is it that this girl or male friend would pressure you to drink?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your girl or male friend would let you change your mind about drinking beer or other alcohol together?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you -- your girl or male friend wanted you to drink beer or other alcohol but you didn't really want to?

YES NO
5. A) A girl or male friend wanted you to smoke marijuana or reefer together but you didn't really want to?

_____ Rather keep the friendship and smoke
_____ Rather break off the friendship and not smoke

B) How likely is it that this girl or male friend would pressure you to smoke?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your girl or male friend would let you change your mind about smoking marijuana together?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you - your girl or male friend wanted you to smoke marijuana but you didn't really want to?

YES   NO

6. A) A girl or male friend wanted you to use cocaine or crack together but you didn't really want to?

_____ Rather keep the friendship and use
_____ Rather break off the friendship and not use

B) How likely is it that this girl or male friend would pressure you to use cocaine or crack?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has
C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your girl or male friend would let you change your mind about using cocaine or crack?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you - your girl or male friend wanted you to use cocaine or crack but you didn't really want to?

YES NO

7. A) A girl or male friend wanted you to share a needle when using drugs, but you didn't really want to?

_____ Rather keep the friendship and share
_____ Rather break off the friendship and not share

B) How likely is it that s/he would want you to share a needle?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind? How likely is it that your girl or male friend would let you change your mind about sharing a needle?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you -- your girl or male friend wanted you to share a needle, but you didn't really want to?

YES NO
[Interviewer: Begin other-sex friend questions]

Some kids would rather do something they didn't really want to do than break off a friendship; other kids would rather break off a friendship than do something they didn't really want to do. Thinking now about your boy (for females)/girl (for males) friends, how would you feel if:

8. A) A boy or girl friend wanted you to make fun of another friend of yours together but you didn't really want to?

[ ] Rather keep the friendship and make fun
[ ] Rather break off the friendship and not make fun

B) How likely is it that your boy or girl friend would want you to make fun of another friend together?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your boy or girl friend would let you change your mind about making fun of another friend?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you - your boy or girl friend asked you to make fun of another friend but you didn't really want to?

[ ] YES [ ] NO

9. A) A boy or girl friend wanted you to skip class together but you didn't really want to?

[ ] Rather keep the friendship and skip class
[ ] Rather break off the friendship and not skip
B) How likely is it that your boy or girl friend would want you to skip class?

   1  Not at all likely
   2  A little bit likely
   3  Pretty likely
   4  Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your boy or girl friend would let you change your mind about skipping class?

   1  Not at all likely
   2  A little bit likely
   3  Pretty likely
   4  Very likely -- already has

D) Has this ever happened to you -- your boy or girl friend wanted you to skip class but you didn't really want to?

   YES   NO

10. A) A boy or girl friend wanted you to smoke cigarettes together but you didn't really want to?

      _____ Rather keep the friendship and smoke
      _____ Rather break off the friendship and not smoke

B) How likely is it that this boy or girl friend would pressure you to smoke?

   1  Not at all likely
   2  A little bit likely
   3  Pretty likely
   4  Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your boy or girl friend would let you change your mind about smoking cigarettes?

   1  Not at all likely
   2  A little bit likely
   3  Pretty likely
   4  Very likely -- already has
D) Has this ever happened to you -- your boy or girl friend wanted you to smoke cigarettes but you didn't really want to?

YES  NO

11. A) A boy or girl friend wanted you to drink beer or other alcohol together but you didn't really want to?

____ Rather keep the friendship and drink
____ Rather break off the friendship and not drink

B) How likely is it that this boy or girl friend would pressure you to drink?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your boy or girl friend would let you change your mind about drinking beer or other alcohol together?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you -- your boy or girl friend wanted you to drink beer or other alcohol but you didn't really want to?

YES  NO

12. A) A boy or girl friend wanted you to smoke marijuana or reefer together but you didn't really want to?

____ Rather keep the friendship and smoke
____ Rather break off the friendship and not smoke
B) How likely is it that this boy or girl friend would pressure you to smoke?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your boy or girl friend would let you change your mind about smoking marijuana or reefer together?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

D) Has this ever happened to you - your boy or girl friend wanted you to smoke marijuana or reefer but you didn't really want to?

YES  NO

13. A) A boy or girl friend wanted you to use cocaine or crack together but you didn't really want to?

_____ Rather keep the friendship and use
_____ Rather break off the friendship and not use

B) How likely is it that this boy or girl friend would pressure you to use cocaine or crack?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind. How likely is it that your boy or girl friend would let you change your mind about using cocaine or crack?

1 Not at all likely
2 A little bit likely
3 Pretty likely
4 Very likely -- already has
D) Has this ever happened to you - your boy or girl friend wanted you to use cocaine or crack but you didn't really want to?

YES  NO

14. A) A boy or girl friend wanted you to share a needle when using drugs, but you didn't really want to?

_____ Rather keep the friendship and share
_____ Rather break off the friendship and not share

B) How likely is it that s/he would want you to share a needle?

1  Not at all likely
2  A little bit likely
3  Pretty likely
4  Very likely -- already has

C) Say you decided to go along with your friend but then you changed your mind? How likely is it that your boy or girl friend would let you change your mind about sharing a needle?

1  Not at all likely
2  A little bit likely
3  Pretty likely
4  Very likely -- already has

D) Has this ever happened to you -- your boy or girl friend wanted you to share a needle, but you didn't really want to?

YES  NO
Sexual Possibility Situations

INTERVIEWER: These next questions ask you about how you spend your free time. Okay? Please try to answer as honestly as you can; also keep in mind that everything we talk about is private: that means, between you and me. Your teachers, family, and friends won't hear about what we discuss (but you can tell them if you want). These interviews are stored under code numbers without your name. Finally, remember that if any of these questions make you uncomfortable, just tell me you don't want to answer; also we can stop this interview at any time with no bad consequences. Okay?

(Pause to clarify using probes: Am I going to tell your teachers what we talked about? How about your parents? Your friends? Can anybody see what we've talked about?) Then let's begin.

1. Do you ever spend time with a group of boys and girls outside of school?
   YES  NO

IF NO: Do you only spend time with girls/boys (same-sex) when you are not in school?

   Is there ever a boy/girl (other-sex) in the group (somebody's brother or cousin)?

[IF NO GO TO 12A]

2. Do you spend time with those boys and girls:

[INTERVIEWER: Ask all items below.]

   A. Outside (playing games, running around, doing errands, etc)?  Y  N
   B. Inside a public place (an after-school program, church activities, etc., stores, shops, or restaurants, a "Y", or Boys and Girls Club)?  Y  N
   C. Inside a private place (somebody's home or apartment, an apartment building that's empty, or someplace else no one is likely to find you)?  Y  N
   D. During the afternoon? (e.g. from the time school lets out to dark)?  Y  N
   E. During the evening? (e.g. after dark)?  Y  N
   F. How about in a private room in your house, when a grown up is only checking in on you from time to time?  Y  N
G. When there are no grown-ups around?  

[IF NO TO 2G]:

I. Do you always spend time with your friends and grown-ups together?  

J. Is there ever a time that you're with your friends and no grown-up is around (e.g. aunts or uncles, parents or grandparents or some other grown-ups who are looking after you?)

[IF "I" = Yes and "J" = no, GO to 12A]

[IF "J" = Yes]

3. You said that sometimes when you are with your friends, there are no grown-ups around. Are you ever together with boys and girls, without any grown-ups:

A. Outside (e.g., playing games, running around, doing errands, etc)?  

B. Inside a public place (e.g., an after-school program, church activities, etc., stores, shops, or restaurants, the "Y", Boys and Girls Club)?  

C. Inside a private place (e.g., somebody's home or apartment, an apartment building that's empty, or someplace else no one is likely to find you or check on you all the time)?

D. During the afternoon? (e.g. from the time school lets out to dark?)  

E. During the evening? (e.g., after dark)?

F. How about in a private room in your house, when a grown up is only checking in on you from time to time?

[INTERVIEWER NOTE: If answer to #3C or #3F is yes; Meets criteria for sexual possibility]

[IF NO TO #3C and #3F]:


[INTERVIEWER: Use the examples given -- E.G. -- As Necessary]

G. Are there always adults around (e.g. aunts or uncles, parents or grandparents or some other grown-ups who are looking after you?) when you and your friends are inside a private place (e.g., somebody's home or apartment, an apartment building that's empty, or someplace else no one is likely to find you?)  

Y  N

H. Is there ever a time when you and your friends are inside a private place (e.g., somebody's home or apartment, an apartment building that's empty, or someplace else no one is likely to find you?) and no grown-ups are around (e.g. aunts or uncles, parents or grandparents or other grown-ups who are looking after you?)  

Y  N

[IF "G" = Yes and "H" = No, GO to 12A]

[INTERVIEWER CHECK: Has child experienced sexual possibility situations?]

_____Yes  _____No
APPENDIX E

POSITIVE FRIENDSHIP QUALITY:

DEVELOPMENT OF CODING MANUAL
Positive Friendship Quality:

Development of Coding Manual and Interrater Agreement

Initially, Coders 1 and 2 reviewed Berndt's (1984) coding protocol for its applicability to urban African American preadolescents. Whereas Berndt's (1984) standardized sample consisted of middle-class Caucasian preadolescents, and these students were asked only about their best same-sex friend, students in the current project were urban African American preadolescents and were asked questions regarding both their best same-sex and other-sex friend.

Berndt's (1984) coding scheme included the following 11 categories: liking and friendship; prosocial/polite behavior; positive association; emotional support & understanding; absence or quick resolution of problems; trust; miscellaneous positive and irrelevant; absence of friendship or interaction; antagonistic/impolite behavior; lack of trust; importance of other relationships or obligations; miscellaneous negative and irrelevant; and no response [see Berndt (1984) for more details]. Ten protocols (5 girls, 5 boys) were selected at random and coded separately by the two Coders. The Coders then met to discuss each individual response and whether it could be coded into Berndt's (1984) scheme. Most of the responses could be coded using this scheme, however, a few could not. As a result, two new categories of friendship qualities were added: "family" (any response that is based upon the reasoning that the identified best friend is a family member or relative, e.g., "Because s/he is my sister/brother/cousin"), and "reciprocity" (any response that is based upon explicit reciprocal contingencies, e.g., "S/he doesn't tease me because I don't tease her/him").
With this updated coding scheme, ten more protocols (5 girls: subject numbers 17.5, 36, 117, 162, 211; 5 boys: subject numbers 22, 62.5, 118, 187, 219) were randomly selected from the remaining 190 completed questionnaires and were coded separately by each Coder. Exact interrater agreement on the 13 categories was 68%. The two Coders reviewed and discussed each individual response and assigned category. Where there was disagreement, the Coders were either able to agree on an existing category that best fit the response, or they created a new category to accurately capture the friendship quality being reported. Thus, six new categories were added: 1) “positive self statements” (any response that is based upon an identified positive quality of the respondent, not the friend, e.g., "Because I'm nice"); 2) “familiarity or convenience or lack of other choices” (any neutral response that is based upon familiarity, convenience, or access to the friend versus positive or negative qualities about the friend or friendship, e.g., "Because s/he lives right next door"); 3) “gender” (any response that points to the gender of the friend, e.g., "Because s/he is a girl/boy"); 4) “age” (any response that points to the age of the friend, e.g., "Because s/he is older/younger"); 5) “negative self statements” (any response that is based upon an identified negative quality of the respondent, not the friend, e.g., "Because I'm mean"); and 6) “irrelevant” (any response that is vague or does not answer the question, e.g., "I don't know"). This latter category replaced the heading for the preexisting category, "no response", which now was coded only for those questions left blank (i.e., missing data). Furthermore, three categories were renamed, that is, "irrelevant" was removed from both headings, "miscellaneous positive" and "miscellaneous negative", and "absence or quick resolution of problems" was changed to
"positive resolution to problems."

Additionally, each of the categories were assigned to one of the following three general friendship clusters (positive friendship qualities, negative friendship qualities, and neutral friendship qualities) by Coders 1 and 2, as well as by the project investigator (R. Paikoff). Exact agreement was achieved for each of these cluster assignments: 1) positive friendship qualities (liking and friendship; prosocial/polite behavior; positive association, emotional support/understanding; positive resolution to problems; trust, and miscellaneous positive); 2) negative friendship qualities (antagonistic/impolite behavior; lack of trust; importance of other relationships or obligations; and miscellaneous negative); and 3) neutral friendship qualities (positive self statements; familiarity or convenience or lack of other choices; gender; family; age; reciprocity; absence of interaction; negative self statements; irrelevant; and no response). At this point, interrater agreement, when examining whether the coder assigned a general positive, negative, or neutral friendship quality to it, was referred to as "general cluster interrater agreement," while interrater agreement for exact category matches was referred to as "exact interrater agreement."

Following these adjustments to the coding scheme, ten more protocols (5 girls: subject numbers 21, 71, 156, 214, 215; 5 boys: subject numbers 11.5, 68, 80, 106, 160) were randomly selected from the remaining 180 protocols. Again, Coders 1 and 2 coded these separately using the newly developed category scheme. Exact interrater agreement was 79% and general cluster interrater agreement was 92%. Interrater agreement for girl and boy protocols was also examined. For girl protocols, exact interrater agreement was
89% and general cluster interrater agreement was 97%. For boy protocols, exact interrater agreement was 69% and general cluster interrater agreement was 87%. Where there was disagreement, Coders were able to agree on the category that best fit the response.

Next, a third Coder was trained using the updated coding scheme. Coder 3 was then given ten random protocols (5 girls: subject numbers 11.5, 22, 68, 80, 219; 5 boys: subject numbers 36, 71, 117, 211, 215) from those already completed by Coders 1 and 2. Interrater agreement was not calculated but all three Coders together reviewed each of the responses and identified coded categories. After this, five protocols (3 girls: subject numbers 23, 75, 122; 2 boys: subject numbers 29, 86) were randomly selected from the remaining ones (170) that had not yet been coded. Exact interrater agreement was 71% and general cluster interrater agreement was 87%. Again, after reviewing each response and its coded category, where there was disagreement, Coders were able to agree on which category the response best fit into. Additionally, one category, "positive resolution to problems," was eliminated due to its overlap with two other categories. It was assimilated into these two categories, "prosocial/polite behavior" and "emotional support/understanding."

And finally, Coders 1, 2, and 3 coded five additional protocols (2 girls: subject numbers 2, 116; 3 boys: subject numbers 59, 90, 173) from the remaining ones (165) that had not yet been scored. Exact interrater agreement was 84% and general cluster interrater agreement was 94%. At this point, the Coders had achieved respectable interrater agreement for general clusters of friendship qualities (i.e., positive, negative, neutral) and the remaining protocols were coded.
Coders 1, 2, and 3 scored the next 165 protocols (Coder 1: protocols 1-122; Coder 2: protocols 123-158 plus 15 overlapping with Coder 1; and Coder 3: protocols 159-200 plus 15 overlapping with Coder 2). As a check on interrater agreement, Coders 1 and 2 each scored seven girl protocols (subject numbers 102, 108, 110, 112, 113, 115, 121) and eight boy protocols (subject numbers 103, 104, 105, 107, 109, 111, 114, 119). They achieved a kappa coefficient of .94 for general cluster interrater agreement. Likewise, as a check of interrater agreement between Coders 2 and 3, each scored 10 girl protocols (subject numbers 143, 144, 146, 147, 149, 149.5, 151, 151.5, 155, 158.5) and five boy protocols (subject numbers 150, 152, 154, 157, 158). They achieved a kappa coefficient of .92 for general cluster interrater agreement.

Six months later, following completion of subject interviews (N=315), Coders 1 and 2 again met with project investigator, R. Paikoff, to review coding scheme. Following this review, Coders met jointly to review and practice scoring five randomly selected completed protocols. Finally, Coder 1 scored protocols 201-315, while Coder 2, as a check on interrater agreement scored 15 protocols: six girl protocols (subject numbers 250, 253, 258, 259, 262, 264) and nine boy protocols (subject numbers 251, 252, 254, 255, 256, 257, 260, 261, 263). Coders achieved a kappa coefficient of .90.
Coding Procedures for Positive Friendship Quality

1. Code all selected questions for a single interview at the same time.

2. Code only the first clear response that a child makes. However, if the first response is "I don't know," but the child then proceeds to provide a clear, codable response, code the latter.

3. If the child's response is "I don't know," or an answer indicates that a child did not understand the question, or the answer given does not pertain to the question, code as Irrelevant. When the child fails to provide any response at all (i.e., answer is left blank), code as No Response.

4. Affirmative responses that don't fit the broad definition of any category are coded with Miscellaneous Positive; likewise for Miscellaneous Negative.

5. When reading and coding responses, first read the prompt given to the child right before the elicited response. Attempt to code the response within this limited context. If a codable category is not immediately apparent, then use the information provided by the context of the question and the full answer to make a judgment about which category to use, but do not make broad inferences about what a child meant. That is, you may try to combine the original question with the response to determine if the overall context helps to identify which category the response fits into; however, do not infer from the response a friendship quality that is not explicitly mentioned.

6. In cases where the answer is ambiguous, consider the child's rating in response to the close-ended questions when deciding between categories.

7. Reread the entire coding manual before each new session of coding.
Positive Friendship Quality: Coding Manual

01 LIKING AND FRIENDSHIP
Children like each other, know each other well, or consider themselves best friends.
"Because s/he is my best friend," "Because we're friends," "We like each other,"
"She likes me," "I know her really well,"
This category is distinguished from 09 in its emphasis upon some positive aspect or quality of the friendship versus familiarity, convenience, or lack of other choices.

02 PROSOCIAL/POLITE BEHAVIOR
A). Child has characteristics which make her/him a pleasant and cooperative playmate.
"S/he's nice," "I like the way she acts," "S/he doesn't make fun of you,"
In helping or sharing, "S/he knows if s/he didn't know something, I'd help her/him,"
"S/he'd share with me," "S/he complements me on it,"
"S/he wants me to know s/he's proud of me"

B). Child offers material aid or practical assistance.
"S/he'd give me some candy," "S/he wants to teach me how to play,"
"S/he shares his lunch with me so I won't starve," "S/he helps me do stuff"

C). Child is polite (s/he is cooperative and easy-going) fair (s/he behaves in a considerate, equitable manner) lovable or protective.
"S/he's easy to get along with, " "S/he's not pushy or mean,"
"S/he's not the kind to bug others," "Acts friendly,"
"S/he forgives people," "S/he don't get into fights," "S/he'd walk away,"
"S/he doesn't get mad easily," "S/he has a good temper,"
"S/he knows I'd pay her/him back," "S/he's not that kind (i.e., not mean),"
"S/he sticks up for me," "S/he wouldn't like to see me fighting"
Include characteristics of the friend that pertain to positive conflict resolution.

D). Also include under this response statements that indicate loyalty and harmony in peer networks.
"S/he will never let me down," "Because s/he is loyal,"
"S/he will always be there for me"

This category is distinguished from both 03 (Positive Association) and 04 (Emotional Support/Understanding). This category is focused on broad "positive, prosocial characteristics" of the friend while 03 is more narrowly
focused on "positive play association qualities," and 04 is more focused on "explicit emotional support and understanding."

03 POSITIVE ASSOCIATION
A). Child is a fun, exciting, or preferred companion. "S/he's fun," "I like talking to her/him," "We like to play the same games," "I'd miss running around/playing with her/him," "We have fun together"

B). Child is not boring: "S/he's funny," "S/he makes me laugh," "S/he tells jokes" Non-threatening teasing, e.g., "S/he'd just laugh" Use when the other is clearly laughing with the child rather than at her/him.

C). Child is someone who "goofs off" with you.
D). Child likes to do the same things. Include responses that indicate the child recognizes similarity with the other. "We're alike," "We have things in common"

E). This category refers to the children's enjoyment of their interaction (i.e., "We like to work or do things together") above and beyond the relationship being merely convenient (see 09). Also, don't confuse with 02 (child is a pleasant, cooperative playmate) and 04 (emotional support/understanding). Positive play association has a much narrower definition.

04 EMOTIONAL SUPPORT/UNDERSTANDING
Child shows explicit concern for child's feelings (and not just a desire to behave prosocially), or there is a perceived understanding. "S/he cares," "S/he doesn't like me having a hard time (emotional)," "S/he'd ask me to go somewhere to get my mind off my problem," "S/he helps me if I got hurt," "S/he'd talk to me about my problems," "S/he'd think I was right," "S/he understands," "Sometimes s/he do the same thing," "S/he comforts me," "S/he makes me feel good," "S/he knows I'm trying," "S/he helps me solve my problems" Includes mutual problem-solving. "We talk about problems together," "S/he listens in case s/he's wrong," "S/he listens so we can talk about it," "S/he knows best the things I like," "S/he knows what I like" (may identify specifics) Distinguish from 02 and 03 (see above). Additionally, 04 is also distinct from 05 in that 05 is used whenever the question involves some type of conflict resolution (see below).
06 TRUST
Child can be trusted not to tell secrets.
"S/he won't tell anyone," "I trust her/him," "I tried it and s/he didn't tell,"
Or child is dependable, e.g., "S/he is not a blabber-mouth"
Code if child responds affirmatively that her/his friend can be trusted but
her/his open-ended response does not directly state but implies that s/he trusts
her/his friend: e.g., "Because others would go back and tell what I told"

07 MISCELLANEOUS POSITIVE
Use for a positive answer that does not fit into any other category, an answer
that supports the quantitative answer in direction, e.g., "We don't fight"
Be careful to distinguish this category from 02, 03, and 04.

08 POSITIVE SELF STATEMENTS
Responses are based on positive statements about self (i.e., respondent), not the
identified friend, as reasons for why s/he feels, thinks, or behaves in a certain
way.
"Because I'm nice," "I’m just that way,"
"Because I don't do things like that," "Because I always do a good job,"
"Because I give her/him all the answers"
Distinguish this category from 13 (Reciprocity).

09 FAMILIARITY OR CONVENIENCE OR LACK OF OTHER CHOICES
Response indicates familiarity, convenience, or access.
"Because s/he lives right by me," "S/he lives right next door,"
"Because we’ve known each other for a long time"
This category is distinct from 01 (which emphasizes positive friendship qualities
characteristics) because it pertains to neutral liking, familiarity, or convenience.

10 GENDER
Response points to gender of the child, e.g., "Because s/he is a girl/boy"
Code this category (as opposed to 17) when child chooses other friends due to
reasons of gender: e.g., "Because I always be with girls and he always be with
other boys"

11 FAMILY
Response points to familial relationship.
"Because s/he is my sister, brother, cousin, etc."
"Because we’re family"
12 AGE
Response points to age (i.e., older or younger) of friend.
"Because s/he is older/younger"
Code this category (as opposed to 17) when child chooses other friends due to reasons of age: e.g., "Because s/he hangs with older/younger people"

13 RECIPROCITY
Child's behavior is reciprocal, (explicit contingencies, i.e., because).
"S/he doesn't tease me because I don't tease her/him,"
"S/he tells me I've done a good job because I tell her/him,"
"S/he comforts me because I comfort her/him"
Vary narrow distinct-type of answer.
Code reciprocity for both positive and negative responses if they fit this pattern. This category is not linked to the content of the response, only its structure. This category should be distinguished from positive self statements (08) that might imply reciprocity but are more specific to positive self characteristics.

14 ABSENCE OF INTERACTION
Lack of opportunity to interact with each other.
"We aren't around each other much," "S/he lives far away,"
"We're not in the same class," "I might be absent or sick that day,"
"Because s/he's doing other things and doesn't know"

15 A ANTAGONISTIC/IMPOLITE BEHAVIOR - FRIEND
A). Child behaves in aggressive or unfriendly ways.
"S/he teases to get attention," "S/he keeps things to her/himself," "Likes to tease me,"
"S/he's the kind of person who don't do favors," "S/he's not a sharing person,"
"She bugs/teases me"

B). Child is not a pleasing companion.
"S/he's an jerk"
"I don't like the way s/he acts," "S/he does things I don't want to,"
"S/he tries to get people in trouble," "Sometimes s/he makes me mad,"
Code only when response is clearly negative, if ambiguous, code irrelevant (20).

C). Child is not cooperative, not polite, not fair, and acts to prolong or exacerbate disagreements.
"S/he tries to take over," "S/he bothers me when I'm working,"
"S/he wouldn't believe me," "S/he'd say something of mine was hers/his,"
"S/he'd blame it on me," "S/he'd think I wasn't really sorry," "S/he'd stay mad at me"
D). Also includes the following.
"S/he's mean to me when we fight,"
Child is mean, unforgiving, selfish, or unwilling to share.
Code teasing (except for obvious joking) here as well as statements such as:
"S/he bugs me," Also "moody," and difference of opinions, i.e.,
"stubbornness"

E). Use for disharmony in overall peer network. Children object to aspects of others' peer interactions (include disharmony over friends of opposite sex) or to the peer network itself.
"S/he's hard to get along with when s/he's with her/his other friends,"
"Her/his friends pick on my friends,"
"S/he ignores me when s/he's with someone else," "S/he teases my friends"

F). Use for lack of emotional support or understanding. Friend shows lack of concern for this child's feelings.
"S/he doesn't care," "S/he's not a loving person," "S/he would laugh at me,"
Also could be that child anticipates a lack of concern for her/his feelings.
"I don't want her/him to think I was a dummy," "S/he'd laugh at me,"
"Because I'd never hear the end of it"
15 B ANTAGONISTIC/IMPOLITE BEHAVIOR - RESPONDENT
Negative qualities about the respondent contributing to negative friendship quality interaction, e.g., "I don't like her/him too much," "I get mad at her/him,"
"Because I lied to her/him," "Because I'll beat her/him up if she don't"
This category is distinguished from negative self statements (19) which directly identifies negative qualities or characteristics of the respondent (e.g., "Because I'm mean")

15 C ANTAGONISTIC/IMPOLITE BEHAVIOR - FRIENDSHIP
Active dislike of each other: "We don't like each other very much,"
"I don't know her/him very good," "We aren't friends," "We don't get along,"
"We don't talk to each other much"
Distinct from miscellaneous negative (18) which includes general disagreement but not active dislike.
Includes responses indicating a conscious decision not to interact.
"We're tired of one another," "I don't like to do stuff with her/him,"
"I'd be embarrassed to tell her/him"

16 LACK OF TRUST
Others can't be trusted because s/he discloses intimate information (secrets) to others.
"S/he'd tell everybody else," "S/he's got a big mouth," "I can't trust her/him"

17 IMPORTANCE OF OTHER RELATIONSHIPS OR OBLIGATIONS
A). Likes others better because child has known the other longer or better (look for qualitative rankings or comparison contrasts).
"I don't know her/him better or longer," "I'm closer to another person"

B). Child spends more time with others.
"I hang around them more," "They play with me more," "Plays with others"

C). Prefers other(s) company.
"They are kinder/nicer," "They don't bug me like s/he does,"
"They are more fun to be around"

D). Children prefer to ask others to help or share.
"I'd ask someone else," "S/he'd be with someone else," "I play with other friends"

E). Children share intimate knowledge with others.
"I like to talk to my teacher about it," "I have other friends to talk to"
F). Use this category when there is a direct comparison with another child, e.g., "S/he's my second best friend"

This category should be distinguished from responses based on gender (10), age (12), absence of interaction (14), and antagonistic/impolite behavior (15a, b, c).

18 A MISCELLANEOUS NEGATIVE
A). Inability to help or share.
"S/he's no smarter than I am," "S/he doesn't bring her stuff to school," "S/he might be busy"

B). Use for general disagreements that suggest minor negative peer interaction, e.g., "Sometimes we disagree"
Use for negative answers that don't fit into any other category, but which support the quantitative answer.

18 B) Unwillingness to disclose intimate information.
"I'd get in trouble with my parents"
"S/he never knows it (because) I don't tell her/him," "Because it might be personal,"
"I don't tell because it's none of her/his business, s/he can't do anything to help me"

Self reliance (independence).
"I take up for myself," "There's not much s/he can do for me," "I never ask her/him"

19 NEGATIVE SELF STATEMENTS
Any response that points to negative self qualities.
"Because I'm mean," "Because I'm bad," "Because I did something wrong"

20 IRRELEVANT
A response such as "I don't know," "That's just the way s/he is"
A response that simply restates the quantitative answer, "I just do"
Response isn't an explanation to the question asked (even though it may be long).
Examples of the question (those responses that indicate the child didn't accept the question as stated).

21 NO RESPONSE
Child does not answer question at all. Response is left blank.
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

6/24/96  
Director’s Signature