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[TITLE:] UNDERSTANDING AFRICAN AMERICAN YOUTH HIV KNOWLEDGE: EXPLORING THE ROLE OF RACIAL SOCIALIZATION AND FAMILY COMMUNICATION ABOUT “HARD TO TALK ABOUT TOPICS”

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OBJECTIVES: This presentation will summarize the results of a study examining influences on urban African American youth HIV knowledge. The influence of family level factors (e.g. family communication, parental AIDS knowledge and myths regarding HIV transmission, along with family composition and family income) are examined. In addition, this study explores the influence of racial socialization parenting practices, specifically the influence of religious/spiritual coping, extended family caring, cultural pride reinforcement and racial awareness teaching on youth HIV knowledge.

METHODS: The current study is a secondary data analysis from baseline data collected as part of the KAARE (Knowledge about the African American Research Experience) and CHAMP (Chicago HIV prevention and Adolescent Mental Health Project) Family Program Study. One hundred percent of caregivers and youth were African-American. Ninety-two percent of adult caregivers were female. The typical caregiver was single (77%; n = 77), unemployed (58%; n = 80), and received public assistance (71%; n = 99) with the average annual family income reported between \$5,000-\$9,000. Eighty percent of caregivers (n = 110) had a high school/GED level of education, with 20% (n = 28) of caregivers having an education level beyond high school (i.e., trade school, community college, graduate school). Children ranged from 9-15 years (M = 11.8; SD = 1.22) of age. Sixty percent (n = 70) of youth were female. Standardized measures were used to assess the following constructs: 1) child and family demographics characteristics); family communication; parent knowledge of HIV/AIDS prevention; parent cultural beliefs about HIV/AIDS & myths; racial socialization; child's knowledge of HIV/AIDS.

RESULTS: Multivariate analyses revealed a significant association between youth HIV knowledge and being reared in a single parent home. Further, in every model, controlling

for all types of racial socialization processes, family communication was significantly associated with youth HIV knowledge.

CONCLUSIONS: It appears important that family communication around sensitive topics such as HIV and AIDS be reinforced in order to ensure adequate youth HIV knowledge. However, it also appears that the racially socializing context within which a child is reared plays an important role in understanding youth HIV knowledge. Implications are drawn regarding the development of culturally and contextually specific HIV prevention programming for African American youth and their families.

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