

EXAMINING THE RELATIONSHIPS AMONG
SEXUAL RISK BEHAVIORS, SPIRITUALITY, AND
PSYCHOLOGICAL WELL-BEING IN AFRICAN AMERICAN ADOLESCENTS

by

LAKEISHA SHONTA GANTT

(Under the Direction of Rosemary E. Phelps)

ABSTRACT

African American adolescents are engaging in sexual risk behaviors at an alarming rate. This study sought to explore the relationships among sexual risk behaviors, spirituality, and psychological well-being. A battery of instruments was administered, including a Demographic Form, the Youth Risk Behavior Surveillance System 2009-*Modified*, the Spirituality Scale, the Intrinsic/Extrinsic Religiosity Scale, and the Happiness Measures (termed the Emotions Questionnaire for this study). Sexual risk behaviors was operationally defined by whether an adolescent had engaged in sexual intercourse. Spirituality was operationally defined by scores on the Spirituality Scale. Psychological well-being was operationally defined by scores on the Happiness Measures. The sample consisted of 87 adolescents who self-identified as African American between the ages of 10 and 18. Research questions guiding the study were: Is there a relationship among sexual risk behaviors, spirituality, and psychological well-being; and is spirituality a predictor of sexual risk behaviors? T-tests, Pearson Product-Moment Correlations, and binary logistic regressions were used to analyze the data.

Results indicated that there is a significant relationship between sexual risk behaviors and spirituality. There was a statistically significant difference in the mean spirituality scores of participants who had engaged in sexual intercourse ($M = 73.13$) and those who had not ($M = 81.46$). Binary logistic regressions for the Spirituality Scale ($R^2 = 46.1$) and the Intrinsic/Extrinsic Religiosity Scale ($R^2 = 36.7$) indicated that spirituality accounted for the variability observed in the dependent variable. Significant relationships were not found between sexual risk behaviors and psychological well-being or psychological well-being and happiness. Directions for future research, limitations, and implications for practice are discussed.

INDEX WORDS: Sexual risk behaviors, Spirituality, Religion, Psychological well-being, Happiness, African Americans, Adolescents

EXAMINING THE RELATIONSHIPS AMONG
SEXUAL RISK BEHAVIORS, SPIRITUALITY, AND
PSYCHOLOGICAL WELL-BEING IN AFRICAN AMERICAN ADOLESCENTS

by

LAKEISHA SHONTA GANTT

B.A., Mercer University, 2000

M.Ed., University of Georgia, 2003

A Dissertation Submitted to the Graduate Faculty of The University of Georgia in Partial
Fulfillment of the Requirements for the Degree

DOCTOR OF PHILOSOPHY

ATHENS, GEORGIA

2010

© May 2010

LaKeisha Shonta Gantt

All Rights Reserved

EXAMINING THE RELATIONSHIPS AMONG
SEXUAL RISK BEHAVIORS, SPIRITUALITY, AND
PSYCHOLOGICAL WELL-BEING IN AFRICAN AMERICAN ADOLESCENTS

by

LAKEISHA SHONTA GANTT

Major Professor: Rosemary E. Phelps

Committee: Brian Glaser
Pamela Paisley
Alan Stewart

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
May 2010

DEDICATION

I would like to dedicate this work to the African American community, adolescents, parents, churches, and others that are truly committed to serving and improving our African American community and world.

ACKNOWLEDGEMENTS

Thank you God. Thank you for your unmerited favor that has followed me throughout my life. There is absolutely no way I could have completed this journey without you. I am more convinced now of your presence, your grace, and the power of your Holy Spirit. I know that in the spiritual grand scheme of things a Ph.D. is not the most important thing. While I am in this world, help me to use what the world has deemed important in a way that glorifies You.

Thank you family. Julius, your sacrifice has not gone unnoticed. Thank you for your encouragement and support at all times. You are the epitome of a Godly husband. Chandler, Zaili, and Ian, thanks for sharing me with so many other people. Ma and Brandy, this is yours – you know that I could not have accomplished this without your support. Papa and Mama Gantt, Auntie Jean, Auntie and Suer, thank you for all of the help you have provided. Thank you for your endless support, countless prayers, and ongoing encouragement. Teara, thank you so much for your help. Daddy, Uncles Charles, Mel, and Lee – thank you for your encouraging words. This accomplishment is not my own, but belongs to my family. Granny, you continue to inspire me more than you will ever know. Your strength, diligence and hard work are commendable. I do not take it for granted that I am allowed to attend the University, much less earn a Ph.D. It is because of women like you, who were never allowed to attend universities, that I have been able to realize my dreams – thank you.

Thank you Chestnut Grove Baptist Church (Pastor Lattimore) and Timothy Baptist Church (Elder Thomas). Thank you Athens community. You have opened your homes and your hearts and have provided support at critical times throughout this journey. Thank you to my close friends, Tenisha Adams and Alicia Harris, who have been very important during this journey (the tears, downfalls, joys) and provided your prayers and support.

Thank you, Dr. Phelps, Dr. Glaser, Dr. Paisley, and Dr. Stewart for steering me along this path and providing the expertise and support I needed to complete the degree. Thank you Dr. Campbell for your support. Charlie Mathies thank you for your expertise and patience. Thank you Jill Kleinke for helping me tremendously – you are such a wonderful person. Thank you Jill Barber, Toti, and Mack for the impression you made on my personal life and professional growth.

Others who have provided support and encouragement throughout this journey (many times unknown to them) or somehow made it possible for me to achieve this include Juanita and Ralph Long, Jr; The Flint Family, Latrice Howard, Betty Pittman, and Elizabeth and Frank Platt, Jr. Thank you God.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	v
LIST OF TABLES	ix
CHAPTER	
1 INTRODUCTION	1
Statement of the Problem.....	6
Significance of the Study	7
Statement of Purpose	7
Research Questions.....	8
Definitions.....	8
Assumptions.....	10
Limitations	10
Summary	10
2 REVIEW OF RELATED RESEARCH.....	12
Sexual Risk Behaviors Among African American Adolescents.....	12
Spirituality and Well-being in African Americans	16
Religion and Spirituality	19
Spirituality and Adolescents	21
3 METHODOLOGY	26
Description of Sample.....	26

	Recruitment of Participants.....	26
	Instruments.....	28
4	RESULTS	33
	Demographic Data	33
	Preliminary Statistical Analysis.....	35
	Quantitative Findings.....	39
5	CONCLUSIONS.....	52
	Summary	52
	Conclusions and Discussions.....	53
	Implications.....	63
	Recommendations for Future Research.....	64
	REFERENCES	66
	APPENDICES	
A	Parent Informational Letter.....	73
B	Parental Permission Form	75
C	Minor Assent Form	78
D	Demographic Form	80
E	Youth Risk Behavior Survey System 2009- <i>Modified</i>	82
F	Debriefing Form	85

LIST OF TABLES

	Page
Table 4.1: Descriptive Statistics of Age, Grade, and Lunch Status	33
Table 4.2: Descriptive Statistics for the Spirituality Scale and Happiness Measures	35
Table 4.3: Descriptive Statistics for Sexual Risk Questions on YRBSS-09- <i>M</i>	36
Table 4.4: Differences Across Sexual Risk Questions	38
Table 4.5 <i>a</i> : Differences in Total Spirituality Means by Sexual Risk	40
Table 4.5 <i>b</i> : Differences in Happiness Means by Sexual Risk	40
Table 4.6: Correlation Coefficients Between Spirituality and Happiness	41
Table 4.7: Spirituality Variables for the Binary Logistic Regression.....	42
Table 4.8: Classification Table (SS Regression)	44
Table 4.9: Model Summary of R^2 (SS).....	44
Table 4.10: Binary Logistic Equation for Sexual Risk and Spirituality	46
Table 4.11: Intrinsic/Extrinsic Variables for the Binary Logistic Regression.....	47
Table 4.12: Classification Table (I/ER Regression)	48
Table 4.13: Model Summary of R^2 (I/ER).....	49
Table 4.14: Binary Logistic Equation for Sexual Risk and I/E Religiosity	50

CHAPTER 1

INTRODUCTION

Watching television, reading the latest news, or simply observing African American communities bring to awareness a disheartening fact: African American adolescents are in trouble and are suffering as a result of risk behaviors, especially sexual risk behaviors. African American adolescents are experiencing dire consequences when engaging in sexual risk behaviors. For instance, the prevalence of sexually transmitted diseases (e.g., Chlamydia and Gonorrhea) is higher for African American female adolescents than their Caucasian peers (Milhausen, 2008). One of the most potentially deadly consequences being experienced by both African American male and female adolescents engaging in sexual risk behaviors is Acquired Immune Deficiency Syndrome (AIDS). According to the Centers for Disease Control (2009), African American adolescents make up most new AIDS cases. In 34 states in 2007, although African American adolescents comprised only 17% of adolescents, they accounted for 73% of new AIDS cases (CDC, 2009). The rate at which African Americans over the age of 19 are contracting AIDS is comparable. African Americans make up roughly 13% of the U.S. population, but in 2005 they accounted for almost half of diagnosed AIDS cases (CDC, 2009). In comparison to their peers, African Americans are being infected with AIDS at a higher rate. A recent update indicated that African American adolescents' infection rate was 10 times that of their White peers and 3 times that of their Hispanic peers (CDC, 2009). These numbers not

only highlight the danger that African Americans are in; they also indicate a need for increased programs and interventions targeting African American adolescents.

Adolescents engaging in sexual risk behaviors is also a problem at the state and local levels, with Georgia boasting one of the highest birth rates in the nation. Recent coverage on teenage pregnancy indicated that approximately 33% of females in Clarke County and surrounding counties within the Northeast Health District will have a baby before the age of 20 (Shearer, 2007). African American adolescents, however, are at even higher risk. According to Shearer (2007), “If the girl is black, she has a 38 percent chance of having a child before she's out of her teens, according to statistics compiled by the health district” (Introduction section, para. 1). Clarke County’s birth rate among teens is also higher than other counties in Georgia (Clarke County Health Department, 2003).

The occurrence of sexual risk behaviors has implications for engaging in other types of risk behaviors. Associated with sexual risk behaviors are behaviors such as drinking and drug use, in which adolescents are engaged in at a phenomenal rate (CDC, 2009). Using alcohol and other drugs increases the likelihood of adolescents engaging in sexual risk behaviors. In 2007, approximately 23% of adolescents reported drinking alcohol or using drugs before their most recent sexual intercourse experience (CDC, 2009). The connection between sexual risk behaviors and general risk behaviors leading to negative consequences has been documented.

Implications of sexual risk behaviors go beyond that of the teenager. According to data gathered by The National Campaign to Prevent Teen Pregnancy, infants born to teen mothers have a higher risk of being born prematurely, being underweight, and

having a higher risk of death (Shearer, 2007). Thus, the likelihood of infant health problems increases, perhaps having an additional impact on the financial and psychological well-being of the teenage mother, (teenage) parents, or their families. The implications of sexual risk behaviors also go beyond health. Among the numerous effects of teenage motherhood are barriers such as low achievement, lower likelihood of graduation, increased welfare use, and unstable employment (Coley & Chase-Lansdale, 1998).

Research on African American adolescents' risk behaviors and psychosocial variables indicates some influence on sexual risk behaviors. For example, research suggests that supportive friendships impact the relationship between stressful events and sexual risk taking among African American adolescents (Brady, Harper, Dolcini, & Pollack, 2009). Other factors such as individual characteristics (Ma et. al, 2008), family dynamics (Wills, Gerrard, Murry, & Brody, 2003), socio-economic status (Childs, Moneyham, & Felton, 2008), parenting and parent-child relationships (Paikoff, 1997) have also been examined in relation to African American risk behaviors. Decreased alcohol and other substance use have been associated with decreased sexual risk behaviors as well among adolescents in general (CDC, 2009).

The increased occurrence of sexual risk behaviors among African Americans and its impact has been sufficiently established in the literature. Yet, there remains a paucity of research exploring positive psychology constructs (e.g., spirituality, psychological well-being) and their relation to sexual risk behaviors among African American adolescents.

The study of spirituality as a research topic is slowly emerging. There is a small, yet growing, body of literature that highlights the influence of spirituality on health-related outcomes among adults (Cotton et al., 2006). Specifically, spirituality has been shown to have a positive impact on mental health (Davis, Kerr, & Robinson, 2003). Specifically, researchers examined spirituality and religion and their relation to anxiety. Results suggested that spiritual well-being was one of the best predictors of anxiety. Worthington (2001) also found that individuals use spirituality when coping with stressful life events or emotional struggles, indicating that spirituality and religion can be effective coping mechanisms.

The lack of research on positive psychology constructs (e.g., spirituality, psychological well-being) and their relation to sexual risk behaviors among African American adolescents impacts the quality and quantity of prevention and intervention efforts. For instance, a large number pregnancy prevention programs have not been effectively evaluated for evidence-based interventions known to impact pregnancy (St. Lawrence et al., 1995). This is also true for programs aimed at reducing sexual risk behaviors. Additionally, community agencies (e.g., churches, counseling programs) may serve a unique role in reducing teenage pregnancy and other sexual risk behaviors; however, because research has not sufficiently explored constructs such as spirituality and psychological well-being, little is known regarding their impact on these behaviors.

Spirituality and religion have often been used interchangeably. While research has indicated distinct differences between the two constructs, they are difficult in some ways to define independently of each other. It is important to note that neither spirituality nor religiosity among adolescents has been a research priority in psychology. Two

reviews of literature found that quantitative research using spirituality or religiosity measures in adolescent and nursing journals exceeded that found in psychology journals (Wong, Rew, & Slaikeu, 2006).

A void exists in the research on adolescent spiritual development and the impact of spirituality in the lives of ethnic minority adolescents, specifically African Americans. However, research exploring spirituality and adolescents is promising. Findings with adolescents have been strikingly similar to adult findings regarding spirituality, suggesting positive relationships between spirituality or religion and mental health (Wong, Rew, & Slaikeu, 2006). Spirituality's relation to well-being among adolescents has provided further evidence of the impact of spirituality. Though the term "well-being" is used sparingly, factors that can indicate psychological well-being have been explored when studying spirituality. Spiritual well-being has been identified as a predictor of anxiety (Davis, Kerr, & Kurpius, 2003). Furthermore, depression, a measure of psychological well-being, has been shown to be positively affected by spirituality among girls (Desrosiers & Miller, 2007). Religiosity, coupled with variables such as self-control, has also been shown to have an affect on substance use – another measure of psychological well-being (Walker, Ainette, Willis, & Mendoza, 2007).

Still lacking is research exploring the influence of spirituality on sexual risk behaviors among African Americans. In addition, the relationship among three possible interrelated constructs (sexual risk behaviors, spirituality, and psychological well-being) has not been examined. Though research exploring the three constructs among African American adolescents is virtually non-existent, the impact of stress or decreased well-being on sexual risk behaviors has been documented. African American youth were

more likely to use sex to cope with negative emotions (Cooper, Shapiro, & Powers as cited in Brady, Dolcini, Harper, & Pollack, 2009). Supportive friendships for African American adolescents were also associated with decreased risk taking behaviors (Brady et al., 2009). Authors suggested that supportive friendships were a type of psychological resource for some adolescents.

A more thorough exploration of spirituality and its impact on sexual risk behaviors and psychological well-being in diverse populations such as African American adolescents is needed. It is both necessary and urgent that researchers began to explore more positive and protective factors that may influence sexual risk behaviors among African American adolescents. A goal of this current study was to explore sexual risk behaviors and potential protective factors (e.g., spirituality and psychological well-being) in relation to each other.

Statement of the Problem

The prevalence of sexually transmitted diseases, teenage pregnancy, and AIDS among African American adolescents provides an indication of the degree to which they are engaging in sexual risk behaviors and provides sobering and disheartening information about the predicament of African American adolescents.

The need for research on sexual risk behavior as well as programs and interventions that decrease sexual risk behaviors leading to HIV are not new declarations. In the late 1980s, researchers indicated that preventing the spread of HIV was “crucial”. They posited that “urgently needed are prevention programs that influence diverse populations” (Flora & Thoresen, 1988, p. 965). Now, nearly two decades later, African American adolescents are engaging in risky sexual behaviors more than before; thus,

increasing their risks of injury, sexually transmitted diseases, pregnancy and psychological duress.

Sexual risk behaviors are preventable (Schinke, Gordon, & Weston, 1990). However, research examining variables that positively affect sexual risk behaviors among African American adolescents is lacking. More research emphasis has been placed on the trends and occurrences of sexual risk behaviors among African American adolescents. Less attention has been devoted to examining positive psychological constructs (e.g., spirituality) and their relations to sexual risk behaviors. However, it is this research that holds promise in providing a bridge from research and inquiry to practice and prevention.

Significance of the Study

Research exploring the relationships among sexual risk behaviors, spirituality, and psychological well-being is important given the prevalence of sexual risk behaviors among African American adolescents. Researching the occurrence of sexual risk behaviors among African American adolescents will provide information on specific behaviors, and thus help guide empirically-based decisions as to which behaviors should be targeted in prevention and intervention programs. Understanding the relationships among sexual risk behaviors, spirituality, and psychological well-being is imperative because it can help inform psychological practice with African American adolescents and spiritual-based interventions and programs aimed at decreasing sexual risk behaviors among African American adolescents.

Statement of Purpose

The primary purpose of this study was to examine relationships among sexual risk behaviors, spirituality, and psychological well-being. Sexual risk behaviors and

associated outcomes among African American adolescents (e.g., pregnancy, STD contraction) have been sufficiently documented. Spirituality and psychological well-being among African American adolescents, and their relation to sexual risk behaviors, have not been sufficiently explored.

Research Questions

The following research questions and hypotheses were investigated:

Research Question 1: Is there a relationship among spirituality, sexual risk behaviors, and psychological well-being?

Hypothesis 1: There will be no relationship among spirituality, sexual risk behaviors, and psychological well-being.

Research Question 2: Is spirituality a predictor of sexual risk behaviors?

Hypothesis: There will be no difference in sexual risk behaviors between adolescents who have high spirituality scores and those who have low spirituality scores.

Definitions

Operational definitions of terms significant to understanding this study are presented in this section.

Religiosity. There are similarities and overlap that exist between religiosity and spirituality (Davis & Kerr, 2003). However, religion can be characterized by the outward manifestation of one's beliefs. Religiosity, in this study, is defined as observable behaviors that are generally, although not necessarily, a manifestation of one's spirituality and can enhance one's spirituality. Religiosity will be assessed using the Intrinsic/Extrinsic Religiosity Scale (Gorsuch & McPherson, 1989).

Spirituality. Spirituality has been defined in different ways by various authors. The definition used in this study will, in part, use the definition offered by Jagers and Smith (1996) who posited that spirituality was a fundamental organizing principle within the African culture. Added to this definition, however, is the belief in God or a power beyond oneself (Jagers & Smith, 1996; Stanard, Sandu, & Painter, 2000). Spirituality will be assessed using the Spirituality Scale (Jagers, Boykin, & Smith, personal communication).

Sexual Risk Behaviors. Sexual risk behaviors are behaviors and actions that impact the likelihood of infection, pregnancy, or medical related illnesses. In this study, sexual risk behaviors were defined by four questions on the Youth Risk Behavior Survey System 2009-*Modified* (YRBSS-09-M). The questions assessed if an individual had engaged in sexual intercourse, the individual's age at the time of the first sexual intercourse experience, if condoms were used during the most recent sexual intercourse, and the number of sexual partners.

Psychological Well-being. Several factors can be used to assess aspects of an individual's psychological well-being, including one's stress, depression, or anxiety levels. Constructs such as optimism, person control, and meaning also have been associated with mental health and well-being (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2001). In this study, psychological well-being will be defined as an individual's degree of happiness (Fordyce, 1977) and will be assessed using the Happiness Measures (Fordyce, 1977).

Assumptions:

Assumptions used to guide this research were:

1. Participants would comprehend the directions and understand the terminology used in all of the research instruments.
2. Participants would respond honestly to the questions on the research instruments.
3. Participants would complete all questions on the research instruments.

Limitations

There were several limitations associated with this study.

1. Participants were not randomly selected. The sample participants were selected from two local churches, the Jack R. Wells Community, and voluntarily (based on being African American and between the ages of 10 and 18).
2. Some participants completed the Happiness Measures incorrectly. The directions were for them to list the percentage of time they feel happy, unhappy, or neutral; these were to have a sum of 100%. Several participants' percentages were either more than 100% or less than 100%.
3. While most participants completed their research packets during an administration session, some participants took the research packets home with them. Thus, the data collection process was not standardized.

Summary

The occurrence of sexual risk behaviors among African American adolescents is alarming. The exploration of positive psychological constructs (e.g., spirituality and psychological well-being) in relation to sexual risk behaviors has not been adequately

researched. The occurrence of sexual risk behaviors, spirituality, and psychological well-being among African American adolescents, as well as the relationships that exist among the three variables was explored.

CHAPTER 2

REVIEW OF RELATED RESEARCH

In order to explore the relationships among sexual risk behaviors, spirituality and well-being, it is important to consider prior research. Important to consider are the risk behaviors that exist among African American adolescents, variables that impact sexual risk behaviors and psychological well-being, spirituality as a construct, and the role of spirituality in the lives of African Americans

Sexual Risk Behaviors Among African American Adolescents

The danger that African American adolescents are in has been well documented. The Centers for Disease Control (CDC, 2008) found that inner city girls' mean age for first time sex is 13. However, African American girls are more likely to initiate sex earlier than age 13 compared to Caucasian girls. Accompanying these statistics are the findings that those who do initiate sex at earlier ages are more likely to have more partners and are at increased risk for sexually transmitted diseases. Consider "Charlene," a 13-year-old inner city African American female. Demb (1993) explored, quantitatively, the occurrence of sexual risk behaviors in her life. Around this age, "Charlene" had already had three different sex partners, a terminated pregnancy, and unfortunately was not convinced that pregnancy or HIV could happen to her. Charlene's case is a microcosm of the realities of a significant portion of African American teenagers.

The occurrence of risk behaviors does not happen in a vacuum. These behaviors are affected by psychosocial factors and impact multiple areas of the lives of African

American adolescents. Buchanas and Morris (2002) identified several factors associated with sexual risk behaviors. Among those factors were emotional/behavioral problems, high levels of depression or hopelessness, and conduct disorder or substance use.

Buchanas and Morris (2002) explored sexual risk behaviors among 158 African American female adolescents, ranging from 12-19 years old. All participants were from low-income families and a majority (65%) lived with one or both parents. Additionally, most (84%) reported attending school, and none of the teens were HIV positive. As a part of this study, participants completed a demographic questionnaire, Beck Depression Inventory (BDI), Adolescent Subscale of the Adolescent Symptom Inventory (ASI-4), and a Substance Use scale. Additionally, to measure protective factors, participants completed a Medical Outcomes Study (MOS), a peer norms scale, Knowing about HIV and AIDS Scale and the Safer Sex Practice Self-Efficacy Scale. Buchanas and Morris (2002) found that 78% of adolescents reported having engaged in vaginal intercourse at least one time; and among this group, the mean age for the first experience was 14. This is consistent with the CDC's finding that African American adolescents are engaging in sex earlier. The detrimental impact of sexual risk behaviors on the lives of the adolescents was also underscored, as forty percent of those who were sexually active had contracted at least one STD in the past year, and most participants did not use condoms. Other variables (e.g., engaging in other risk behaviors) were also highlighted by Buchanas and Morris (2002). Over half (69%) of the participants reported using alcohol previously and 44% reported having used marijuana at least once in the past.

Protective variables (e.g., peer behaviors) have also been associated with engaging in risk behaviors (Buchanas & Morris, 2002). Teenagers who reported their

friends as engaging in few risk behaviors also engaged in fewer risk behaviors. The impact of a decreased amount of supportive friendships has also been indicated by Brady, Dolcini, Harper, and Pollack (2009), who explored how these relationships may serve as a moderator between stressful events and sexual risk taking among African American adolescents.

In light of several studies that highlight adolescents' engagement in risk behaviors (especially sexual), the importance of exploring protective factors and practices, including abstinence, are critical. One of the most effective practices regarding sexual risk behaviors is abstinence, as it is determined to be the only practice that prevents pregnancy and sexually transmitted diseases. Haglund (2003) explored the perceptions of abstinence among African American females. Although discussions and studies have debated the effectiveness of abstinence programs, adolescents' perceptions of abstinence are important in that they provide further understanding of aspects of programs that may or may not be effective in eliminating sexual risk behaviors. Additionally, Haglund (2003) examined abstinence from a qualitative perspective, providing substantive information regarding the perceptions of adolescents. Unfortunately, most research in the area of sexual risk behaviors and spirituality has been quantitative – limiting the amount of information available to provide a more comprehensive understanding of the experiences and processes that impact sexual risk behaviors.

Haglund (2003) explored the movement (by the United States Federal Government from 1998-2002) towards abstinence education among youth. Further examination of how states have defined abstinence was also explored. Researchers aimed to understand how past events in the lives of participants influenced being sexually

abstinent. Fourteen African American girls between the ages of 15-18 who defined themselves as sexually abstinent were interviewed for the study. Demographic information from the parents (age, occupation, marital status, sibling information) was gathered and studied in relation to the stories of the participants.

Adolescents identified their sexual behavior ranging from “abstinent” or “virgins” to “not sexually active.” Thirteen of the 14 reported belonging to Protestant Christian religious denominations. The primary source about sexual information was their peers, given that their experiences were limited. Many participants defined oral sex as a “sex act,” and believed that hormones influenced sexual urges and decisions. Additionally, abstinence was viewed as a chosen behavior and not based on lack of opportunity, indicating that they had the same exposure and opportunity for engaging in sexual risk behaviors as their peers. In terms of previous sexual behavior, participants were viewed as practicing abstinence if they were able to maintain their abstinence for a year or some stated period of time. Haglund (2003) suggested that findings regarding abstinence were “useful to nurses and other adults who are seeking to help adolescents make healthy choices about sexual behavior” (p. 235). This study provides additional evidence for the need for further research with African American adolescents. Abstinence has been noted in particular populations of African American adolescent females (Childs, Moneyham, & Felton, 2008). Examining data for teens who are abstinent and those teens engaging in risk behaviors may provide useful information for preventive programs.

The impact of well-being on health risk behaviors is important in better understanding the behaviors that may predict or prevent sexual risk. Health risk behaviors along with well-being have been explored among adolescents. Weden and

Zabin (2005) explored gender and ethnic differences in behaviors related to health and well-being. Highlighted was the co-occurrence among several risk behaviors. For instance, behaviors such as substance use, school dropout, and aggressive behavior tend to occur together. The differences in patterns of risk behaviors for men and women were explored, along with racial differences between African American and European American adolescents.

Consistent with previous research, there were ethnic and gender differences identified. Weden and Zaban (2005) found that men were more likely than women to report risk behaviors. Additionally, European Americans were more likely to report substance use than African Americans. Additionally, African Americans were more likely to report early sexual initiation, fighting, and truancy. Other findings indicated that the risk behaviors were inter-correlated. This provided evidence that sexual risk behaviors likely do not occur in a vacuum. Early sexual initiation was reported by 53.2% of African American men and 25.6% of African American women compared to European Americans (16% and 14.1% respectively).

Spirituality and Well-being in African Americans

It is likely that many individuals who receive psychological services at any given point will experience issues related to spirituality, as most people are affiliated with some form of religion. Worthington and Sandage (2001) noted that 92% of the United States population is affiliated with a religion. Of interest is their finding that 71% are members of a church or synagogue. Although being affiliated with a religion and being a member of a church or synagogue may not be a predictor of spirituality, it gives some indication of the number of individuals who include religion or spirituality as a part of their lives.

Historically, psychology has ignored the role of spirituality and its relationship to other areas of one's functioning and well-being. More specifically, psychology has traditionally held negative views of spirituality, especially in regard to therapy. Although overlooked, religion and spirituality can enhance an individual's mental health (Davis & Kerr, 2003). Spirituality has been shown to be a strong predictor of well-being in African Americans (Betton, 2005). Thus, overlooking the impact and relationship between spirituality and one's emotional well-being may be shortsighted and lead to undesirable outcomes for minority cultures in which religion and spirituality are foundational. These undesirable outcomes will also be manifested among African American adolescents.

Indicative of how the field of psychology has ignored the role of spirituality in therapy is the scarcity of research and the practice of spiritually sensitive interventions. Research within this area, although increasing, is not sufficient. Spirituality and its relationship with other psychological factors (e.g., socio-economic status, depression, well-being, anxiety) has not been explored in depth with diverse populations. In particular, the relationships between spirituality and other psychological factors have been underestimated and overlooked among African Americans.

The relationship between psychological well-being and other psychological factors, excluding spirituality, has been explored in the general population. Family environment and its relationship with psychological well-being was explored by DeRoss, Marrinan, Schattner, and Gullone (1999). Results indicated that family environment was related to depression among non-minority adolescents. Furthermore, Rodgers (1996) explored the psychological well-being of children from divorced families in Australia and found that adult issues are strongly related to divorce. McKee, Harrison, and Lee (1999)

examined the relationship between psychological well-being and activity level and friendships among older people, although neither variable was associated with well-being.

The degree to which spirituality affects lives may differ across populations. Nevertheless, religion and spirituality are characterized as salient components of culture (Worthington & Sandage, 2001). African Americans have been shown to have higher levels of spirituality than European Americans (Donahue & Benson, 1995). Other research has continued to highlight the relationship between spirituality and well-being among African Americans. Betton (2005) explored the relationship between psychological well-being and spirituality along with other psychological and psychosocial variables in 284 African American and European American female students. While self esteem was the best predictor of psychological well-being in European American students, the best predictor of well-being among African American students was spirituality.

In an attempt to understand what contributes to the well-being of African American women, Lawson (2000) conducted interviews regarding various psychosocial variables (e.g., social networks and mentors). Lawson was especially interested in how African American women “describe life experiences in other developmental periods in the life cycle that influence their psychological well-being” (p.9). Important factors that influence well-being, such as social networks, mentors, and spirituality, were delineated.

Research on the relationship between spirituality and psychological well-being in African American adults and adolescents is lacking. It has been documented that spirituality plays a significant and unique role in the lives of many African Americans.

Thus, it is important to expand knowledge in this area by studying the relationship between African Americans' spirituality and well-being. Furthermore, it is crucial to implement techniques and practices that align with the spiritual aspects of African Americans so as to maximize personal and psychological growth.

Religion and Spirituality

Defining and differentiating religion (religiosity) and spirituality is complex. In order to research abstract constructs such as religion and spirituality, it is imperative that they are defined (Davis & Kerr, 2003). Religion and spirituality have been defined differently by various authors. Spirituality has generally been defined in terms of transcendence (Davis & Kerr, 2003). Individuals have also explored existence and purpose as a significant aspect of spirituality. According to Ellis (as cited in Davis & Kerr, 2003), a conceptualization of existentialism was "the capacity to find purpose and meaning beyond one's self and the immediate..." (p. 358). Other authors have included a more traditional view of spirituality, such as being aware of a reality or power greater than the self (Miller & Martin, 1988). Spirituality can also be viewed as a common need throughout the human race. In other words, all people seek to fulfill spiritual voids. Based upon this idea, one may conclude that spirituality is a crucial element of one's quality of life. None of the aforementioned definitions, however, include the aspect of culture when defining religion. Jagers and Smith (1996) posited that spirituality was a fundamental organizing principle within the African culture. Included also was the idea that an unobservable life force exists among all of reality; and spirituality is how the knowledge of this unobservable force takes priority in one's life. Spirituality, then, is thought to go beyond observable things such as church affiliation.

Religion, also referred to as religiosity, can be viewed as an outward manifestation of one's religious beliefs. This, however, is not to be offered as a general definition as some may view religion as being separate (Worthington & Sandage, 2001). Religion has been posited as involving structure, and as such, being "focused on the search for the sacred within formal institutional structures" (Hill et al., as cited in Worthington & Sandage, 2001). Davis and Kerr (2003) suggested that religion has also been thought to signify "an allegiance to a particular system of faith and worship" (p. 358). They continued to explain religion as being characterized as "adhering to sacred doctrines" (p. 358) or consisting of membership within a body of other individuals who have similar beliefs. Dowling, Gestsdottir, Anderson, von Eye, and Lerner (2003) noted that the impact of religious beliefs on the self, religious views, religious restrictions of God on people, and the role of a faith institution in an individual's life were associated with the construct of religiosity.

For the purposes of this research both constructs were explored. Researchers have recognized that there are several similarities and more overlap than distinctions in the two constructs (Davis & Kerr, 2003). The researcher in this study defined spirituality and religion as follows: Spirituality involves the beliefs or attitudes that there is a power greater than the self and/or that there is meaning or purpose in life; and religion is observable behaviors that are generally, although not necessarily, a manifestation of one's spirituality and can enhance one's spirituality (Davis & Kerr, 2003).

Spirituality and Adolescents

According to Kessler (2002, as cited in Bruce & Cockreham, 2004), teenagers suffer from a sense of emptiness as they try to find themselves. Unfortunately, this void often contributes to high-risk behaviors that can be conceptualized as a search for meaning and escape from existing pressures.

Kessler explored the importance of spirituality in adolescents, using Piaget's developmental model. Spirituality, which includes some ability to think abstractly, becomes more salient as children mature into adolescents. As adolescents mature, abstract thinking improves. In addition to biological development, spiritual development models have been discussed. Researchers explored how spiritual development can be consistent with models of psychological constructs such as the ego, and cognitive and moral development.

Fowler (1981) has also examined spiritual development as faith development and proposed seven stages of spiritual/faith development. The pre-stage (*undifferentiated faith*) and stage one (*intuitive-protective faith*) both occur between birth and age seven and includes accomplishments such as the formation of trust and love and becoming aware of cultural expectations and values. Of relevance to the current student is stage two of Fowler's model, *mythic-literal faith*, which occurs around 10 years of age. During this stage an individual moves beyond awareness to acceptance and adopts cultural rules, expectations, and values, although critical reflection upon their beliefs do not necessarily occur. It is these stages that create the foundation of faith or spiritual development. *Synthetic-conventional faith*, the third stage of development, occurs during adolescence and is also known as the "conformist stage." Adolescents also define this stage by their

personal relationships. *Individuative-reflective faith*, stage four, occurs during late adolescence to adulthood. Tension is experienced due to the need to be independent and the pull to remain part of the group, and as a result the self becomes more defined. During stages four and five, *conjunctive faith and universalizing faith*, more focus is placed on their socio-cultural system and movement is made towards further actualization.

Drawing from the cognitive and spiritual developmental models, Bruce and Cockreham (2004) formed a group for adolescent females in which the purpose was to aid adolescents in becoming more aware of the spiritual aspects of their lives; researchers suggested particular activities and content for sessions. Rather than serving as a comprehensive curriculum for spiritual development, the activities were designed to show progress along their spiritual journey. As research continues to be conducted with adolescents, it remains imperative to consider and explore their spiritual development as it relates to their cognitive development.

Including religion and spirituality in psychological research takes into account human beings as holistic and complex beings. King and Boyatzis (2004) explored spirituality and religion as central dimensions of human existence. Statistics indicated a high prevalence of religious affiliation among adults in countries across the world. Of those surveyed, 87% reported being affiliated with a religion and 63% indicated that God was important in their lives. Additional statistics indicated that among American teenagers (ages 13-17), 95% endorsed a belief in God. King and Boyatzis (2004) also provided evidence for adolescence as an important time to explore spiritual development,

describing this time as one of “intense ideological hunger, a striving for meaning and purpose, and desire for relationships and connectedness” (p. 2).

Research in the area of spirituality and religion among adolescents is scarce, though the positive implications of spirituality on youth development have been documented. King and Boyatzis (2004) also provided a premise for research exploring adolescents and spirituality. Dowling, Gestdottir, Anderson, von Eye, and Lerner (2003) explored the recent focus and benefit of developing youth. Benefits such as the decrease in negative behaviors were highlighted as a result of thriving. The transcendence component of spirituality was used to discuss how one may progress spiritually. Religiosity was also identified as a possible source of positive development among adolescents.

Religion and spirituality and their impact on depression among adolescents have been explored, as well as the impact of religion and spirituality on psychological well-being. Pearce, Little, and Perez (2003) explored the prevalence and implications of depression among adolescents. They also noted that although religiosity and its association with depressive symptoms may promote well-being, its association with depressive symptoms is relatively unexplored.

Among some of the relevant findings were among gender, where females had higher scores of depression. Additionally, the various measures within the construct of religiousness were positively correlated. Patterns of relation between depressive symptoms and subjective and organizational dimensions of religion that was found among adolescents, researchers indicated, were similar to those of adults. Of some importance when considering the search for self and meaning among adolescents and

their involvement in risk behaviors was the association between Positive Interpersonal Religious Experience and depressive symptoms. Researchers said a moderate and significant amount of variance in the depressive symptoms was accounted for by factors such as congregational support or negative congregational interactions.

The connection between religiosity, spirituality, and specific risk behaviors such as substance abuse is important (Hodge, Cardenas, & Montoya , 2001). Researchers in this study explored the relationship between substance use, spirituality, and religious participation. They also explored the idea of religion as a protective factor for substance abuse. If the former is true, the relationships between religion or spirituality and other risk behaviors such as substance abuse and early sexual initiation may be well worth exploring. An interesting discussion was included regarding how peer groups provide support for substance use - such as how to use the substances and a shared sense of identity. Protective factors were also suggested as impacting risk behaviors. Religious participation (not spirituality) was significantly related to alcohol use; the higher the level of religious participation, the higher to probability of having never used alcohol (Hodge, Cardenas, & Montoya , 2001). They also found that spirituality was significantly related to never using marijuana. These findings may have implications for reducing the amount of risk behaviors observed among minority adolescents.

The occurrence of sexual risk behaviors among African American adolescents is alarming. Spirituality has been linked to more positive outcomes regarding risk behaviors and also contributes to the well-being of African Americans. During this study, relationships among sexual risk behaviors, spirituality, and psychological well-being were explored among African American adolescents. Results may provide salient

information for working with minorities as well as significant information for designing programs aimed at decreasing sexual risk behaviors among adolescents.

CHAPTER 3

METHODOLOGY

This chapter provides information on the research design, sample, instrumentation, data collection, and data analyses. Quantitative research data collection and analyses were utilized in this study.

Description of the Sample

The sample consisted of 87 self-identified African American adolescents between the ages of 10 and 18. All participants resided in Athens, Georgia. Participation was solicited from adolescents in the general community, church communities, and neighborhood communities. Approximately 160 research packets were distributed, with 87 packets used in the data analyses. If packets had more than one instrument with several incomplete responses, the packets were not included. Other research packets were not returned or not completed.

Recruitment of Participants

African American adolescents were asked to participate in this study either individually or as part of a group. The majority of the individual recruitment was conducted in the Jack R. Wells neighborhood. Additional individual recruitment was done by the researcher in the local community as she observed adolescents who met the criteria – African American adolescents between the ages of 10 and 18 years old. Group recruitment was conducted at Chestnut Grove Baptist Church and Timothy Baptist Church.

During the individual recruitment process, African American adolescents were asked if they would be willing to participate in a study exploring sexual risk behaviors and spirituality. Once verbal interest and willingness to participate were expressed, participants were given the research packet, which included the Parent Informational Letter (Appendix A), Parent Permission Form (Appendix B), Minor Assent Form (Appendix C), Demographic Form (Appendix D), Debriefing Form (Appendix F), and the research instruments to complete. Parents of the participants then read the Parent Informational Letter and provided consent on the Parent Permission Form. Once permission was given, participants arranged a time to complete the research packets at a designated location if they preferred not to complete them at home.

During the group recruitment process, the researcher spoke with youth leaders and youth at Chestnut Grove Baptist Church and Timothy Baptist Church after permission was granted by each pastor. Group data collection dates were determined with each youth leader; however, additional group collection dates were arranged to accommodate each youth group. Participants who did not attend the group data collection sessions and were interested in participating were administered the research packet individually. During both the individual and group recruitment process, an overview of the research was presented and questions regarding the research were answered. Once the Assent and Consent forms were reviewed and signed and follow up questions were addressed, participants completed the research packets. Once the packets were submitted, identifying information was detached from the research packet in order to maintain anonymity.

Instruments

The research packet for the study consisted of the Parent Informational Letter (Appendix A), Parent Permission Form (Appendix B), Minor Assent Form (Appendix C), the Demographic Form (Appendix D), Youth Risk Behavior Survey System 2009 – *Modified* (YRBSS-09-*M*) (Appendix E), the Spirituality Scale, the Happiness Scale (also titled the Emotions Questionnaire), and the Intrinsic/Extrinsic Religiosity Scale Revised (I/ER Scale), and the Debriefing Form (Appendix F).

Demographic Form

The Demographic Form was developed to provide additional information about the sample. The form included general information such as zip code, grade level, and age. The Demographic Form also included two open-ended questions about spirituality.

Youth Risk Behavior Survey System 2009 - *Modified*

The Youth Risk Behavior Surveillance System 2009 (YRBSS) is an assessment conducted by the Centers for Disease Control and Prevention (CDC) and used by states, local education agencies, and other health agencies (CDC, 2009). For this study, items were taken from the YRBSS for middle and high school participants. As a result, the assessment used for this study was titled the Youth Risk Behavior Survey System 2009 (*Modified*) (YRBSS-09-*M*). The Youth Risk Behavior Surveillance System (YRBSS) assesses salient risk behaviors, including health risks such as asthma and obesity. There are six categories, which are all characterized by behaviors that lead to unintentional injuries and violence, tobacco use, alcohol and other drug use, risky sexual behaviors, unhealthy dietary behaviors, and physical inactivity (CDC, 2009).

The Youth Risk Behavior Surveillance System is released every odd year (e.g., 2007, 2009), and assessments are created for both middle and high school students. Extensive research has been conducted on the validity and reliability of various YRBSS instruments. States, schools, and organization are allowed to create a Youth Risk Behavior Survey for their unique populations using items from the CDC's YRBSS. The first four items on the YRBSS-09-*M* assessed sexual risk behavior ($\alpha = .97$) and the remaining questions assessed general risk behaviors (e.g., consumption of alcohol, smoking).

Happiness Measures

The Happiness Measures (HM) (Fordyce, 1972) is a simple, quick, and reliable measure of happiness. It consists of a two-part measure of an individual's happiness (Michalos, 2005).

The first question is an 11-point scale called the happiness/unhappiness scale, and requires participants to rate how happy they generally feel. The second question, more quantitative in nature, asks participants to provide a percentage for the time they spend being happy, unhappy, or neutral. The Happiness Measure, originally based on work done by Wessman and Ricks in 1966, was revised by Fordyce (1972). According to Fordyce, one of the unique aspects of the Happiness Measures is that it has the widest range of responses and variance, compared to other established scales (Michalos, 2005). The Happiness Measures also include the qualities of frequency and intensity. For example, the first question provides an assessment of the intensity or degree to which happiness is experienced. The second question, which asks participants to rate the amount of time spent feeling happy, unhappy, or neutral, provides the frequency with

which each respective emotion is felt (Fordyce, 1977). The Happiness Measures has been shown to have strong convergent validity ($r = .68$), when analyzed with comparable instruments (Michalos, 2005). Cronbach's alpha (α) for this sample for the two items that assess happiness was .65.

Spirituality Scale

The Spirituality Scale (SS), a measure designed to assess spirituality from an Afro-cultural perspective (Jagers & Smith, 1996), was used to measure the overall level of spirituality among adolescents. The Spirituality Scale consists of 25 items whereby participants are asked to indicate the extent to which they perceive each item as true on a 6-point Likert scale. Anchors range from 1 = completely false to 6 = completely true.

Although several other spirituality measures exist, the importance of administering a measure that was developed with African Americans' perspectives of spirituality as a framework was critical. According to Jagers and Smith (1996), within the African culture, spirituality is a worldview or lens through which the world is organized. They also posited that spirituality includes the belief that a non-observable life force is a part of reality, and the sensitivity to that life force is in essence one's spirituality. Spirituality as fundamental, powerful, and as an organizing principle, was the premise upon which items for the Spirituality Scale were developed.

The Spirituality Scale has been shown to demonstrate significant differences between African Americans and European Americans, providing more evidence for its Afro-cultural framework (Jagers & Smith, 1996). The Spirituality Scale was also created to provide a measure of spirituality in children and adolescents (Jagers & Smith, 1996). According to Stanard, Sandhu and Painter (2000), the Spirituality Scale has strong

psychometric characteristics with historically notable internal consistency (coefficient alphas of .84 and .87) and test-retest reliability (.88). Cronbach's alpha for the sample in the current study was .79.

Intrinsic/Extrinsic Religiosity Scale (Revised)

The Intrinsic/Extrinsic Religiosity Scale (Revised) (I/ER) is based on earlier work by Allport and Ross on intrinsic and extrinsic religion (Gorsuch & McPherson, 1989). More specifically, it was derived from an earlier version of the Religious Orientation Scale (Allport & Ross, 1967) which explored intrinsic and extrinsic orientations towards religion. According to Gorsuch and McPherson (1989), an intrinsic orientation to religion is when religion is personal to the individual. In contrast, extrinsic orientation towards religion places an emphasis on the social benefits provided as a result of religion (e.g., protection, membership, belonging). In other words, an extrinsic orientation can mean that religion is more participatory (i.e., being part of a religious group, socializing with others who have similar beliefs) (Gorsuch & McPherson, 1989).

The I/ER scale is a 20-item instrument that uses a five-point response format to assess practices and beliefs related to one's spirituality. Both the Intrinsic and Extrinsic scales have been used often in research on spirituality (Donahue & Benson, 1985). The reliability for the Intrinsic scale suggests it can be used universally ($\alpha = .82$); the Extrinsic scale's reliability ($\alpha = .66$), although lower, did not discount the usefulness of this measure across populations (Gorsuch & McPherson, 1989).

The Religious Orientation Scale and the resulting Intrinsic-Extrinsic Religiosity Scale (Revised) has been developed for multiple uses, and consequently multiple populations (Maltby, 1999). It has been suggested that the I/ER scale can be used with a

variety of populations, including adults and school children (Gorsuch & McPherson, 1989). In an attempt to make the I/ER Scale more applicable to younger populations and populations that are not necessarily religious, researchers have made modifications and studied their effects (Maltby, 1999). Additional subscales have also been proposed for the Extrinsic scale, suggestively titled Ep, for extrinsic items that are more oriented toward the individual or person and Es, for extrinsic items that are more socially oriented.

The purpose of the Intrinsic/Extrinsic Religiosity Scale (Revised) (I/ER) is to assess intrinsic and extrinsic views and practices of religion. The I/ER scale was used to provide supplemental data about participants' religiosity. Cronbach's alpha for this sample was .75.

To answer research question #1 (Is there a relationship between sexual risk behaviors, spirituality and psychological well-being), two independent samples t-tests and one Pearson product moment correlation were used. Specifically, independent samples t-tests were used to examine relationships between sexual risk and spirituality, and sexual risk and psychological well-being. A Pearson Product-Moment Correlation was used to examine the relationship between psychological well-being and happiness.

In order to fully examine the relationship between spirituality and sexual risk behaviors, and ultimately determine if spirituality was a predictor of sexual risk, a regression analysis was used. Specifically, a binary logistic regression was developed for the Spirituality Scale and the Intrinsic/Extrinsic Religiosity Scale (Revised).

CHAPTER 4

RESULTS

The current study explored the relationships among sexual risk behaviors, spirituality, and psychological well-being as well as investigated whether spirituality is a predictor of sexual risk behavior. Each construct was operationally defined by sexual risk behavior questions on the Youth Risk Behavior Survey System 2009-*Modified* (YRBSS-09-*M*), scores on the Spirituality Scale and I/ER scale, and scores on the Happiness Measures (titled the Emotions Questionnaire in this study), respectively. This chapter reports detailed information about the procedures and results of the analyses conducted for the study.

Demographic Data

Eighty-seven African American adolescents between the ages of 10 and 18 participated in this study. The Demographic Form (Appendix D) was included in the research packets, and participants were asked to complete all questions. A total of 72 participants completed the age question on the Demographic Form, with 15 participants not providing an age. Of those that responded, most (25.3%) fell within the age range of 15-16 years old. Some participants (17.2%) fell within the 17 years old and up age range. Eighty participants completed the grade question; seven participants left this question blank. Of those participants that responded, thirty-one percent of the participants indicated being in the 10-11 grade range. This parallels the ages of most of the participants represented in the study (25.3% fell within the 15-16 age range). The least

represented was grade 12, with 10.3% of participants identifying themselves as 12th graders. One question on the Demographic Form read “Do you receive free/reduced lunch?” Ninety-five percent (n = 83) of the participants responded to this question while 4.6% (n = 4) left this question blank. Of the ninety-five percent that did reply, 62.1% (n = 54) reported receiving free/reduced lunch. Additional information regarding the age, grade, and lunch status of the participants can be found in Table 4.1.

Table 4.1

Descriptive Statistics of Age, Grade, and Lunch Status

Variable	Responses	<u>n</u>	<u>P</u>
Age	10-12	17	19.5
	13-14	18	20.7
	15-16	22	25.3
	17 and up	15	17.2
Grade	6 th -7 th	18	20.7
	8 th -9 th	24	27.6
	10 th -11 th	27	31.0
	12 th	9	10.3
	Not currently in school	2	

Variable	Responses	<u>n</u>	<u>P</u>
Lunch Status (Free/Reduced Lunch?)			
	Yes	54	62.1
	No	29	33.3

Note: Missing cases excluded

Preliminary Statistical Analysis

The Spirituality Scale was used to provide a measure of spirituality for each participant. The highest possible individual total score is 120, and the lowest possible individual score is 20. A total mean spirituality score was derived for 73 participants, by summing all individual spirituality scores and dividing them by 73. The remaining 14 participants did not have a total spirituality score due to missing items on the Spirituality Scale. Individual spirituality scores ranged from 55 to 103. The mean spirituality score was 78.6.

Psychological Well-being was assessed by scores on the Happiness Measures (titled the “Emotions Questionnaire” in this study). Part I of the measure asked participants to rate how happy or unhappy they usually feel. Scores can range from 0 (“extremely unhappy”) to 10 (“extremely happy”). The happiness mean for all participants that answered this question was 7.56, falling between the “mildly happy” (7) and the “pretty happy” (8) categories. Part II asked participants to rate the percentage of time they felt happy, unhappy, and neutral, with the sum being 100. There were several cases in which percentages did not add up to 100%. Most cases either consisted of the total percentage being greater than 100, less than 100, or only one or two of the

percentages being completed. To account for this discrepancy the percentage scores that were provided were modified to a percentage scale. Eighty-one participants answered Part II of the Happiness Measures. The mean percentage for happiness was 59.7%. The mean percentage for unhappiness and neutral were 18.4% and 22%, respectively. Additional descriptive information on the Spirituality Scale and Happiness Measures is presented in Table 4.2.

Table 4.2
*Descriptive Statistics for the Spirituality Scale
and Happiness Measures*

Variable	<u>M</u>	<u>SD</u>	<u>R</u>
Spirituality (Total Group)	78.6	11.6	48
Degree of Happiness	7.56	2.04	8
Percent Happy	.597	.235	.86
Percent Unhappy	.184	.146	.71
Percent Neutral	.220	.183	.70

Sexual Risk Behaviors were explored by questions one through four on the Youth Risk Behavior Survey System 2009 – *Modified* (YRBSS-09-*M*) (Appendix E). Table 4.3 provides a summary of descriptive statistics for each respective sexual risk question. Of the 87 participants, 67.8% (n=59) reported having never had sexual intercourse and 31% (n = 27) reported having had sexual intercourse; 1% (n=1) did not provide an answer to the question. Ninety-two percent of the total number of participants replied to the second question, which asked participants to provide an age range during which they first had

sex. Most participants (n=11, P = 12.6) reported being between the ages of 15 and 16 when they had sex for the first time. Excluding those who reported not having had sex on this question, more participants (n=10, P=11.5%) reported having sex with one person, compared to all other options (e.g., 2-3 people or 6 or more people). Question 4 on the YRBSS-09-M asked participants about condom use during their most recent sexual intercourse. Almost sixty one percent of participants (n=53) reported never having had sexual intercourse. Almost twenty two percent (n=19) reported using a condom during their last sexual experience, while almost 7 percent (n=6) reported not using a condom during their last sexual experience.

Table 4.3

Descriptive Statistics for Sexual Risk Questions on YRBSS-09-M

Question	Possible Responses	<u>N</u>	<u>P</u>
1) Sexual Intercourse			
	Yes	27	67.8
	No	59	31.0
2) Age (at 1 st time sexual intercourse)			
	Never had sex	52	59.8
	8 years old or younger	0	0
	9-10 years old	0	0
	11-12 years old	4	4.6
	13-14 years old	10	11.5
	15-16 years old	11	12.6

Question	Possible Responses	<u>N</u>	<u>P</u>
	17 years old or older	3	3.4
3) Number of Partners			
	Never had sex	54	62.1
	1 person	10	11.5
	2-3 people	7	8.0
	4-5 people	6	6.9
	6 or more people	2	2.3
4) Use Condom During Most Recent Intercourse			
	Never had sex	53	60.9
	Yes	19	21.8
	No	6	6.9

Note: Missing cases excluded.

The option to select “I have never had sex” was available on each sexual risk question. For questions one through four, there were discrepancies noted among the number of participants who reported having had sex compared to those who reported not having been sexually active. Table 4.4 provides information on the participants who responded to each question and depicts the differences in the total number of participants who reported having had sexual intercourse.

Table 4.4

Differences Across Sexual Risk Questions

YRBSS Question #	Sexual Risk Question	Number of participants endorsed answers reflecting no previous sex	# of missing cases
1	Have you ever had sexual intercourse?	59	1
2	How old were you when you had sexual intercourse?	52	7
3	How many people have you ever had sexual intercourse with?	54	8
4	The last time you had sexual intercourse, did you or your partner use a condom?	53	9

Note: Numbers do not equal total N; there are other participants who responded positively not represented

Quantitative Findings

Research Question 1: Is there a relationship among sexual risk behaviors, spirituality and psychological well-being?

Null Hypothesis 1: There will be no relationship among spirituality, sexual risk behaviors, and psychological well-being.

Independent samples t-tests were used to determine whether there were differences that existed among two particular groups, which would suggest the existence

of a relationship. First, spirituality and sexual risk behaviors were analyzed. However, to provide a more concise view of sexual risk, only the first question of the YRBSS-09-*M* (“Have you ever had sexual intercourse”) was used in the t-test analysis and in subsequent analyses exploring sexual risk. There was a statistically significant difference in the mean spirituality scores of participants who had engaged in sexual intercourse ($M=73.13$, $SD=11.50$) and those who had not engaged in sexual intercourse ($M=81.46$, $SD=10.86$); $t(71)=2.85$, $p=.006$ (Table 4.5a). This finding suggests that the spirituality levels are different among African American adolescents who have had sexual intercourse compared to those who have not. In other words, a relationship exists between a person’s level of spirituality and whether a person has had sexual intercourse. Secondly, a t-test analysis was used to compare happiness across sexual risk (“Have you ever had sexual intercourse”). There was not a significant difference in the degree of happiness of participants who had engaged in sexual intercourse ($M=7.46$, $SD=2.04$) and those who had not ($M=7.60$, $SD=2.05$) (Table 4.5b). This finding suggests that the degree of happiness is not affected by engaging in sexual intercourse for African American adolescents. There was not a significant difference in the percentage of time spent being happy, unhappy, or neutral for those who had had sexual intercourse and those who had not (Table 4.5b). Tables 4.5a and 4.5b provide additional t-test information about the comparisons between sexual risk behavior (having engaged in sexual intercourse) and spirituality; and sexual risk behaviors (having engaged in sexual intercourse) and various aspects of happiness.

Table 4.5a***Differences in Total Spirituality Means by Sexual Risk***

Variable	Previous Intercourse	No Previous Intercourse	df	T	p-value
Spirituality	73.13 (11.50)	81.06 (10.86)	71	2.845	.006

Note: Standard Deviations appear in parenthesis below the means.

Table 4.5b***Differences in Happiness Means by Sexual Risk***

Variable	Previous Intercourse	No Previous Intercourse	df	T	p-value
Degree of Happiness	7.46 (2.04)	7.60 (2.05)	77	.283	.778
Happy Percentage	.565 (.254)	.613 (.226)	79	.851	.397
Unhappy Percentage	.212 (.188)	.169 (.120)	79	-1.25	.216
Neutral Percentage	.223 (.185)	.218 (.184)	79	-.102	.919

Note: Standard Deviations appear in parenthesis below the means.

A Pearson Product-Moment correlation coefficient analysis was calculated to investigate whether a statistically significant relationship exists between spirituality and psychological well-being. There was no significant relationship found between spirituality and degree of happiness ($r = -.10$, $p = .41$) or spirituality and the percent of time spent happy ($r = .16$, $p = .19$), unhappy ($r = -.18$, $p = .14$), or neutral ($r = -.07$, $p = .56$). These findings suggest spirituality is not related to the degree of happiness or the average degree spent experiencing happiness. Table 4.6 provides additional information pertaining to the Pearson Product-Moment Correlation.

Table 4.6
Correlation Coefficients Between Spirituality and Happiness

Variables	<u>R</u>	<u>P</u>	<u>N</u>
Spirituality x Degree of Happiness	-.100	.413	69
Spirituality x Happy Percentage	-.159	.192	69
Spirituality x Unhappy Percentage	-.182	.135	69
Spirituality x Neutral Percentage	-.071	.563	69

Research Question 2: Is spirituality a predictor of sexual risk behaviors?

Null Hypothesis: Spirituality will not be a predictor of sexual risk behaviors. There will be no difference in sexual risk behaviors between adolescents who have high spirituality and those who have low spirituality.

In order to fully examine the relationship between spirituality and sexual risk behaviors, and ultimately determine whether spirituality was a predictor of sexual risk, a binary logistic regression analysis was conducted for the Spirituality Scale and the

Intrinsic/Extrinsic Religiosity Scale (Revised). A binary logistic regression was used due to the dependent variable having only two possible answers (yes or no) to “Have you ever had sexual intercourse.” The binary logistic regression model is also one that can appropriately handle or accommodate binary dependent variables (Mathies & Ferland, 2008). For each analysis, whether the participant had engaged in sexual intercourse (Question #1 on the Youth Risk Behavior Survey System 2009-*Modified* or YRBSS-09-*M*) was used as the dependent variable.

Binary Logistic Regression for Spirituality Scale

Independent variables were twenty questions on the Spirituality Scale that are used when a total score for the Spirituality Scale is calculated (see Table 4.7). A total of 73 cases (participants’ scores) were used in the binary logistic regression; fourteen cases were excluded due to missing data on one or more of the Spirituality Scale questions.

Table 4.7

Spirituality Variables for the Binary Logistic Regression

Item #	Corresponding Questions
SS 1	To me, every object has some amount of spiritual quality.
SS 2	To have faith in each other is to have faith in God.
SS 3	I pray before taking a test.
SS 4	I believe that the world is not under our control but is guided by a greater force.
SS 5*	I believe more in politics than in religion as a way for people to come together.
SS 6	All people have a common core which is sacred.

Item #	Corresponding Questions
SS 7	I act as though unseen forces are at work.
SS 9*	Just because I have faith and beliefs does not mean I live that way all the time.
SS 11	Without some form of spiritual help, there is little hope in life.
SS 12	I pray before eating a meal.
SS 13	The most important part of me is the inner force which gives me life.
SS 14*	My happiness is found in material good I own.
SS 15*	I feel that all life is simply made up of different chemicals.
SS 16	I pray before going on a trip
SS 17*	To me, the world can be described as a big machine.
SS 18*	If I had more money, life would be happier.
SS 20*	To me, an object's material worth is that object's value.
SS 21	Though I may go to a doctor when I am ill, I also pray.
SS 23	To me, it is possible to get in touch with the spiritual world.
SS 25	I feel that life is made up of spiritual forces.

* denotes Spirituality Scale items that were reverse scored

Table 4.8 presents the classification table with correct and incorrect estimates for the null model. Specifically, these percentages address the percentage correct if researchers were to predict the number of participants that have not had sexual intercourse, or who answered “no” to YRBSS-09-M. The null hypothesis is that most participants would not have had sexual intercourse. The null model correctly predicted 79.5% and is higher than the percent correctly predicted by blindly estimating for the most frequent category (not engaging in sex) of all cases which yielded a 68.5% correct

rate. This finding suggests that whether a person had had sexual intercourse can be affected by aspects of spirituality; more specifically, the answers to the particular questions on the Spirituality Scale.

Table 4.8

Classification Table (SS Regression)

Step	Percentage (No Sexual Intercourse)
Step 0 (Predicted)	68.5
Step 1 (Observed)	79.5

The Cox-Snell R^2 and Nagelkerke R^2 indicate the power, or the amount of variance observed within the dependent variable, as a result of the independent variable. The Nagelkerke modifies the Cox-Snell value so that it resembles the R^2 in the regular Ordinary Least Squares Regression (Matthies & Ferland, 2008). Results indicate that the Nagelkerke R^2 is .461, showing that the model explains 46.1% of the variance observed in engaging in sex (Table 4.9).

Table 4.9

Model Summary of R^2 (SS)

Step	-2 Log likelihood	Cox & Snell R^2	Nagelkerke R^2
1	61.9	.328	.461

The Hosmer and Lemeshow Goodness-of-Fit Test is recommended to assess the overall fit of a binary logistic regression (Garson, 2010). The Hosmer and Lemeshow Goodness of Fit Test computes a chi-square from the observed and expected frequencies (Hosmer & Lemeshow, 2000). If the significance statistic is greater than .05, a researcher would fail to reject the null hypothesis. The null hypothesis in this study would be that there is not a difference between the observed values and the model predicted values of whether a participant would engage in sexual intercourse as a result of spirituality. The significance statistic ($p = .397$) indicates that the model's estimated values fit the actual model at an acceptable level. The model significantly explains the variance that is observed in the dependent variable (sex previously).

Table 4.10 shows the variables in the regression equation and the respective results of the model. Included in the table are the coefficients (B), standard errors (S.E.), the Wald-Chi Square, p-values and odds ratio (Exp (B)). If the Wald statistic is significant, then the variable is significant in the model.

Binary regressions can also be explained using odds ratios (Exp (B)). The odds ratio is the predicted change in odds for each one unit increase in the independent variable (spirituality). Odds ratios less than 1.0 signifies a decrease in odds, whereas those greater than 1.0 indicate an increase in odds. Odd ratios close to 1.0 mean that changes in the independent variable do not affect the dependent variable (sex previously).

Results indicated one variable of significance, which was question #16 on the Spirituality Scale ("I pray before going on a trip"), $W(1) = 4.06$, $p = .04$. In other words, praying before going on a trip was a significant predictor of whether a person had sexual intercourse.

Table 4.10*Binary Logistic Equation for Sexual Risk and Spirituality*

Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
SS1	-.079	.328	.059	1	.809	.924
SS2	-.292	.280	1.09	1	.297	.746
SS3	-.385	.266	2.10	1	.147	.680
SS4	.087	.274	.101	1	.751	1.09
SS5	-.521	.368	2.00	1	.157	.594
SS6	-.332	.293	1.29	1	.257	.718
SS7	-.268	.442	.368	1	.544	.765
SS9	.266	.295	.810	1	.368	1.31
SS11	.347	.360	.932	1	.334	1.41
SS12	-.133	.324	.169	1	.681	.875
SS13	.447	.382	1.37	1	.242	1.56
SS14	.461	.293	2.47	1	.116	1.59
SS15	.289	.323	.799	1	.371	1.34
SS16	-.683	.339	4.06	1	.044	.505
SS17	-.715	.377	3.60	1	.058	.489
SS18	.278	.302	.849	1	.357	1.32
SS20	-.249	.344	.523	1	.470	.780
SS21	.152	.325	.219	1	.640	1.16
SS23	-.447	.313	2.04	1	.154	.640
SS25	.139	.371	.139	1	.709	1.15

Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
Constant	5.51	3.59	2.35	1	.125	245.97

Note: N = 73

Binary Logistic Regression for Intrinsic/Extrinsic Religiosity Scale (Revised)

Independent variables were fourteen questions on the Intrinsic/Extrinsic Religiosity Scale (Revised) (I/ER) that are used when a total score for Intrinsic/Extrinsic Religiosity is calculated (Table 4.11). A total of 72 cases (participants' scores) were used in the binary logistic regression; fifteen cases were excluded due to missing data on one or more of the I/ER questions.

Table 4.11

Intrinsic/Extrinsic Religiosity Variables for the Binary Logistic Regression

Item #	Corresponding Questions
I/ER 1	I enjoy reading about my religion.
I/ER 2	I go to church because it helps me to make friends.
I/ER 3*	It doesn't much matter what I believe so long as I am good.
I/ER 5	It is important to me to spend time in private thought and prayer.
I/ER 7	I have often had a strong sense of God's presence.
I/ER 8	I pray mainly to gain relief and protection.
I/ER 9	I try hard to live all my life according to my religious beliefs.
I/ER 10	What religion offers me most is comfort in times of trouble and sorrow.
I/ER 13	Prayer is for peace and happiness.
I/ER 14*	Although I am religious, I don't let it affect my daily life.
I/ER 15	I go to church mostly to spend time with my friends.

Item #	Corresponding Questions
I/ER 16	My whole approach to life is based on my religion.
I/ER 17	I go to church mainly because I enjoy seeing people I know there.
I/ER 20*	Although I believe in my religion, many other things are more important in life.

* denotes I/ER scale items that were reverse scored

Table 4.12 presents the classification table with correct and incorrect estimates for the null model. Specifically, these percentages address the percentage correct if researchers were to predict the number of participants that have not had sexual intercourse, or who answered “no” to YRBSS-09-M. The null hypothesis is that most participants would not have had sexual intercourse. The null model overall percent correctly predicted was 79.2% and is higher than the percent correctly predicted by blindly estimating for the most frequent category (not engaging in sex) of all cases which yielded a 70.8% correct rate. This finding suggests that whether a person had sexual intercourse can be affected by particular aspects of intrinsic or extrinsic religiosity.

Table 4.12

Classification Table (I/ER Regression)

Step	Percentage (No Sexual Intercourse)
Step 0 (Predicted)	70.8
Step 1 (Observed)	79.2

As mentioned previously, the Cox-Snell R^2 and Nagelkerke R^2 are indices of the amount of variance observed within the dependent variable, as a result of the independent variable (questions on the I/ER scale). Results indicated that the Nagelkerke R^2 was .367, showing that the model explained 36.7% of the variance observed in engaging in sex (Table 4.13).

Table 4.13

Model Summary of R^2 (I/ER Scale Revised)

Step	-2 Log likelihood	Cox & Snell R^2	Nagelkerke R^2
1	65.5	.257	.367

To assess the fit of the binary logistic regression for the I/ER scale, the Hosmer and Lemeshow Goodness of Fit Test was conducted. The significance was greater than .05 ($p = .43$), and thus suggested that the null hypothesis was an accurate prediction. In other words, there was no difference between the observed values and the predicted values. The model accurately predicted the observed values. The significance statistic ($p = .43$) also suggests that the estimated values fit the actual model at an acceptable level.

Table 4.14 shows the I/ER scale variables included in the regression equation and the results of the model. Included in the table are the coefficients (B), standard errors (S.E.), the Wald-Chi Square, p-values and odds ratio (Exp (B)).

The Wald statistic indicated two variables of significance on the I/ER scale: “I enjoy reading about my religion” (question #1), $W(1) = 5.77$, $p = .02$ and “Although I believe in my religion, many other things are more important in life” (question #20), $W(1) = 3.15$, $p = .08$. In other words, reading about one’s religion and believing that

religion is more important than many other things were predictors of engaging in sexual intercourse.

Table 4.14

Binary Logistic Equation for Sexual Risk and Intrinsic/Extrinsic Religiosity

Variables	B	S.E.	Wald	df	Sig.	Exp(B)
I/ER 1	-.896	.373	5.77	1	.016	.408
I/ER 2	.027	.372	.005	1	.943	1.03
I/ER 3*	-.157	.300	.274	1	.601	.855
I/ER 5	-.429	.388	1.23	1	.268	.651
I/ER 7	-.029	.403	.005	1	.943	.972
I/ER 8	.179	.371	.234	1	.629	1.20
I/ER 9	.611	.408	2.25	1	.134	1.84
I/ER 10	-.144	.344	.176	1	.675	.866
I/ER 13	-.007	.345	.000	1	.985	.993
I/ER 14*	-.244	.315	.601	1	.438	.783
I/ER 15	-.479	.495	.935	1	.334	.619
I/ER 16	-.074	.333	.049	1	.825	.929
I/ER 17	.032	.457	.005	1	.945	1.03
I/ER 20*	-.500	.282	3.15	1	.076	.607
Constant	5.38	2.45	4.83	1	.028	217

Note: N = 72

CHAPTER 5

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

The prevalence of sexual risk behaviors and outcomes among African American adolescents has been well documented. The purpose of this study was to explore the relationship between sexual risk behaviors, spirituality, and psychological well-being. Sexual risk behaviors were operationally defined by responses to specific questions on the Youth Behavior Risk Survey System-2009-*M*. Spirituality was defined by responses on the Spirituality Scale and the Intrinsic/Extrinsic Religiosity Scale. Psychological well-being was defined by scores on the Happiness Measures (in this study titled the Emotions Questionnaire). The research questions that guided this study were: a) Is there a relationship among sexual risk behaviors, spirituality, and psychological well-being? b) Is spirituality a predictor of sexual risk behaviors?

The sample consisted of 87 African American adolescents between the ages of 10 and 18 years of age. Most participants, approximately 25%, reported being 16 or 17 years old and 31% reported being in 10th or 11th grade. Most (62.1%) of the participants also indicated that they received free or reduced lunch.

T-tests were conducted in order to determine whether relationships existed between sexual risk behaviors and spirituality; and to determine whether a relationship existed between sexual risk behaviors and psychological well-being. Question #1 of the YBRSS-09-M was used as the indicator of sexual risk (Have you ever had sexual

intercourse?). A statistically significant relationship was found between sexual risk behaviors and spirituality. There was no statistically significant relationship found between sexual risk behaviors and psychological well-being. A Pearson Product-Moment Correlation was conducted to determine whether a relationship existed between spirituality and happiness. There was no statistically significant relationship found between spirituality and happiness.

In order to fully examine the relationship between sexual risk behaviors and spirituality, and determine if spirituality is a predictor of sexual risk behaviors, a binary logistic regression was developed. For the analysis, whether the participant had engaged in sexual intercourse (Question #1 on the Youth Risk Behavior Survey System 2009-*Modified* or YRBSS-09-*M*) was used as the dependent variable. A total of 73 cases (participants' scores) was used, as fourteen cases were excluded due to incomplete information. The model created from the binary logistic regression explained 46.1% of the variation observed (in the dependent variable).

Conclusions and Discussions

The current study focused on the relationships among sexual risk behaviors, spirituality, and psychological well-being.

Findings regarding relationships among sexual risk behaviors, spirituality, and psychological well-being (Research Question 1)

The independent samples t-test indicated that there was a significant difference in the mean spirituality scores of participants who had engaged in sexual intercourse and those who had not engaged in sexual intercourse. This finding suggests that there was a relationship between spirituality and sexual risk behaviors. This finding suggests that the

spirituality levels are different among African American adolescents that have had sexual intercourse compared to those who have not. This finding may be supported by the idea that spirituality provides a filter through which individuals view the world, form principles, and make decisions. For instance, when adolescents make a decision about sexual intercourse, using principles and values associated with their religion may guide their decision on whether or not to engage in sexual intercourse. The difference in spirituality among those who have engaged in sexual intercourse and those who have not may also be similar to the impact that religion has been shown to have on sexual risk behaviors. For instance, among minority youth, religion was shown to be related to increased participation in abstinence programs (McBride, Mutch, & Chitwood, as cited in King & Furrow, 2008). Although spirituality and religion may each possess different elements, the overlapping variables and resources that the two possess may influence adolescents' decisions to engage in sex or sexually risky behaviors. For instance, religiously active youth have been shown to display a greater degree of personal restraint, parental and adult support, and positive values. Thus, when considering that participants who had engaged in sexual intercourse had a significantly greater mean spirituality score than those who had not engaged in sexual intercourse, it is plausible that these youth possessed resources associated with their spirituality that guided decisions about sex.

Results indicated that there was not a relationship between happiness and sexual risk behaviors among participants in this study. Specifically, there was not a significant difference in the degree of happiness of participants who had engaged in sexual intercourse and those who had not. This finding suggests that the degree of happiness is not affected by engaging in sexual intercourse for African American adolescents.

Neither was there a significant difference in the percentage of time spent being happy, unhappy, or neutral for those who had had sexual intercourse and those who had not. There could be numerous reasons for this finding. Perhaps adolescents who engage in sexual intercourse do not fully understand or experience the emotional or psychological implications of engaging in sex, and thus are detached from the emotional and psychological effects of it. For example, engaging in sexual intercourse may be more of a physical act to belong or be accepted than an emotional act of commitment or expression of emotions. Other factors such as the number of sexual partners and the age at the time of sexual intercourse may have also influenced the degree of happiness. In other words, if participants had engaged in sexual intercourse with a few partners and had sexual intercourse at an older age, the degree to which the experience affected them may be minimal. The person having sex at a young age may have felt less happy than the individual having sex at an older age. An individual who had had sex with 1-2 partners may feel less guilty, and happier, than an individual who had sex with more than 1-2 partners. Thus, the age at the time of intercourse and number of partners may have been moderators for the participants.

There was no significant relationship found between spirituality and psychological well-being (degree of happiness), suggesting that spirituality is not related to the degree of happiness or the amount of time spent experiencing happiness. Research exploring the impact of spirituality on psychological well-being has established relationships between the two. Davis, Kerr, and Kurpius (2003) posited that spirituality and religion may improve mental health for many. For instance, spiritual well-being was found to be a predictor of anxiety among at-risk youth (Davis, Kerr, & Kurpius, 2003).

The impact of spirituality and its relational components such as prayer have also been associated with lower rates of depression (Desrosiers & Miller, 2007). However, the inconsistent findings with previous research on spirituality and psychological well-being could have been due to how psychological well-being was defined. For instance, in previous studies, the absence of or decrease in symptoms was used; and therefore, psychological well-being was defined by the absence of or decrease in symptoms. However, in the current study, psychological well-being was defined using a positive variable such as happiness, and an increase in this variable signified increased psychological well-being. Questions around whether a decrease in depression or psychological symptomology and an increase in happiness both indicate a similar amount of psychological well-being are worth exploring.

The finding of a lack of relationship can also be interpreted by exploring additional conceptualizations of spirituality. Spirituality and religion can have numerous positive effects on the lives of individuals. McBride, Mutch, and Chitwood (1996, as cited in King and Furrow, 2008) suggested that spirituality and religion may also offer sources of coping, filters through which to view the world, supportive relationships, and the development of positive values. For some, however, in addition to these positive aspects, spirituality may provide values, guiding principles, beliefs, and expectations which become standards for one's spiritual development and commitment. When these expectations and values are not adhered to, a sense of guilt and shame may result, which may further impact their well-being or sense of happiness. However, if spirituality has a negative impact on happiness, then that would have also been evident in the analysis.

The relationship between spirituality and degree of happiness was negative and non significant ($r = -.10$, $p = .41$).

Overall, the findings in this study regarding spirituality and psychological well-being are inconsistent with most research exploring religion or spirituality and psychological well-being. Most studies reviewed in a systematic review of literature on spirituality and religion in adolescents suggest that the majority of those studies reported positive findings between adolescent religion or spirituality and mental health (Wong, Rew, & Slaikeu, 2006)

Findings regarding predictor of sexual risk behaviors (Research Question 2)

The model created from the binary logistic regression for the Spirituality Scale explained 46.1% of the variation observed (in the dependent variable). The model created from the binary logistic regression for the I/ER scale explained 36.7% of the variability. Both regression models also significantly explained the variance that was observed in the dependent variable. There may have been other factors that contributed to whether a participant had engaged in sexual intercourse, such as SES (which could have been defined by receiving free or reduced lunch) and gender. Researchers have suggested both variables are related to sexual risk behaviors (Coley & Chase-Lansdale, 1998).

Results from the Spirituality Scale binary logistic regression indicated one variable, praying before going on a trip, as a significant predictor of whether an adolescent had engaged in sexual intercourse. The Intrinsic/Extrinsic Religiosity Scale (Revised) included two significant variables (“I enjoy reading about my religion”; and “Although I believe in my religion, many other things are more important in life”). Is it

feasible that practices as simple as praying before going on a trip, enjoying reading about one's religion, and believing that one's religion is more important than most things are likely to predict, and prevent, an adolescent from engaging in sex? In order to ponder this question, it is important to consider the type of questions which assessed spirituality and adolescent spiritual development. Most questions on the Spirituality Scale, for instance, were philosophical and abstract in nature and did not provide a clear, observable, behavioral practice (e.g., prayer). Some examples of those types of questions include:

- To me, every object has an amount of spirituality. (Question #1)
- I believe the world is not under our control but is guided by a greater force. (Question #4)
- All people have a common core which is sacred. (Question #6)
- I act as though unseen forces are at work. (Question #7)
- The most important part of me is the inner force which gives me life (Question #13)

These questions and several others on the Spirituality Scale may not have provided the practical application of one's spirituality or provided concrete questions that were understandable or compatible with adolescent spiritual development. Most of the adolescents in this study, according to Fowler's spiritual development model (1981) would be at stage two (*mythic-literal faith*) and three (*synthetic-conventional faith*). These stages are characterized by adopting cultural rules, expectations, and values and being defined personal relationships. It is likely that adolescents in the current study were at the beginning of stage two, which may have also meant that the skill of abstract thinking and fully understanding the extent of one's beliefs were not fully developed.

Consider, as well, the clarity of enjoying one's religion and believing that it is more important than other things. The questions on the I/ER scale, although about beliefs, are more concrete and less philosophical. Other questions on the I/ER scale, though more specific than questions on the Spirituality Scale, stated concepts that may not have been as applicable to adolescents – such as having a strong sense of God's presence (I/ER 7), receiving comfort in times of sorrow (I/ER 10), prayer being for peace and happiness (I/ER 13). There were also questions on the I/ER scale that were concrete, but were not significant predictors of whether an adolescent engaged in sexual intercourse. Examples of these questions were going to church to help make friends (I/ER 2), going to church due to the enjoyment of seeing people (I/ER 17), and praying mainly because one has been taught to pray (I/ER 18). Questions such as these were more applicable; however, questions that assess practices associated with spirituality and religion, may yield different outcomes. For instance, a spirituality or religion assessment that simply measures practices, and not reasons for practices may capture more about spirituality and religion in the lives of adolescents. Questions such as I am a part of my youth group, I attend church, I pray, I read my Bible, I believe in God, or I have friends at church are examples of concrete practices that could be associated with spirituality or religion.

How adolescents develop spiritually is imperative in understanding how both religion and spirituality affect them and their decisions. Developmental issues regarding religion and spirituality remain largely unexamined (King & Furrow, 2008). Other concrete changes in development (e.g., puberty) can be observed. Changes such as deepening voices, weight and height, and changes in mood can be observed. Spiritual

development is not as easily observable. Theories exist that address cognitive, emotional and moral development. It is plausible that adolescents' spiritual development may be more complex and delayed.

Definitions for spirituality vary, ranging from the ability to find purpose in the self to being aware of a power greater than the self (Miller & Martin, 1988; as cited in Davis, Kerr, & Kurpius, 2003) to being an organizing principle or lens through which the world is viewed (Jagers & Smith, 1996). Because spirituality (philosophically) is difficult to operationally define, it may also be difficult to assess. This would explain the obvious relationship between the more concrete spirituality question (praying before a trip) and its potential to significantly predict whether an adolescent would engage in sex.

Limitations

There were several limitations that may have influenced the results of the study. Each limitation is listed below:

1. Incomplete packets: There were instances where participants left questions blank. This may have been due to lack of comprehension of the questions or reluctance to provide personal and sensitive information. The number of incomplete packets and unanswered questions influenced which questions and the number of cases that could be considered for the analysis used during this study. There were no statistically significant relationships found between sexual risk behaviors and psychological well-being, or between psychological well-being and spirituality. Another noted impact of incomplete questions was observed when creating the binary logistic regression. There were 14 cases excluded from the regression model due to having at least one question on the spirituality scale unanswered. It

is unknown how the 14 cases that were not included would have impacted the model (variance or significance).

2. Comprehension of Questions: There were occasions that participants asked “What does spirituality mean?” referring to the questions on the Demographic Form. This indicated these participants, and perhaps others, were not sure how spirituality affected their well-being or sexual behaviors, unless they understood what spirituality was. Some participants also needed clarification on questions that were more vague than others. Examples of vague questions on the Spirituality Scale were: *All people have a common core which is sacred; The most important part of me is the inner force which gives me strength; To me an object’s worth is that object’s value.* Another issue associated with comprehension is that all participants may not have known what was meant by sexual intercourse. A simpler question such as “have you had sex before” may have been more appropriate. It would also be important to determine how participants defined sex. There were participants as well who did not complete their research packets in the researcher’s presence; and thus, they were not able to ask the researcher for clarification. Thus, participants may have responded without having a full understanding of what the questions meant. On the Happiness Measures (Emotions Questionnaire) which was used to define psychological well-being, several participants initially completed Part II of the measure incorrectly. The percentages provided for the amount of time spent happy, unhappy, and neutral did not add up to 100%. It is possible that participants guessed the answers to this question due to their lack of understanding. Thus, the information provided did

not accurately reflect the actual time they spent feeling happy, unhappy, and neutral.

3. Accuracy of the Data: All of the instruments used in this study were self-report. When collecting data on health risk behaviors among adolescents, incorrect information may be reported simply due to factors such as an inability to recall the information (cognitive perspective); or inaccurate information may be reported due to social desirability or sensitivity of the topic being researched and, as a result, not wanting to report the requested data (situational perspective) (Brener, Billy, & Grady, 2003). The situational perspective attributes inaccuracies and validity problems to factors related to social desirability and research conditions (Brener, Billy, & Grady, 2003). Factors thought to be particularly influential are perceptions of the level of privacy or confidentiality, and the presence of others. For instance, when discussing the accuracy of data with a teenager, she responded “It’s pretty much impossible to get teenagers to be honest about this when adults are around.” Regarding sexual risk behaviors in African American adolescents, studies have shown that, in addition to situational perspective factors, cognitive perspective factors also contribute to data reported about sexual behavior (recall, particularly recall based on time since the event). Overall, studies have shown that sexual behaviors engaged in frequently are reported less consistently than those engaged in less frequently. As a result of these findings, it is important to consider the possibility that participants provided inaccurate responses to the sexual risk questions.

Another consideration is how the type of question can impact the response. Table 4.4 provides information on the discrepancies that existed across questions. Shown are the differences in the total number of participants that reported having had sexual intercourse. The first question (Have you ever had sexual intercourse) yielded more participants who reported that they had not engaged in sexual intercourse. However, the remaining questions yielded a fewer number of participants who reported not having had sexual intercourse. The primary difference between the first question and the remaining three questions, other than content, is the open-ended nature of the question. The first question requires a yes or no answer and does not assume that the participant has had sex. The remaining questions assume the participant has already had sexual intercourse and reflects this in the range of possible answers. Thus, it is possible that the assumption that sexual intercourse has been engaged in or the increase in the number of choices influenced how the participants responded.

Implications

Programs aimed at decreasing sexual risk behaviors and HIV among African American adolescents should not only evaluate the effectiveness of the programs and interventions but also use curriculum that includes spiritual (and religious) components. The relationship between spirituality and engaging in sexual intercourse has been established in the current study. Previous studies have also suggested that religion and spirituality are associated with protective factors (Walker, Ainette, Wills, & Mendoza, 2007) as well as a decrease in sexual risk behavior (McWhirter, McWhirter, McWhirter, & McWhirter, 1993; as cited in Davis, Kerr, & Kupius, 2003) and specifically associated

with increased involvement in abstinence based programs (McBride, Mutch, & Chitwood, 1996; as cited in King & Furrow, 2008). Furthermore it has been established that adolescents, like adults, report high levels of religious participation and beliefs. Creating programs that integrate variables (such as spirituality) that have been shown to be associated with a decrease in sexual risk behaviors, then, is warranted.

Recommendations for Future Research

1. It is recommended that future research include more demographic variables (e.g., gender, parental information). This would provide more information on relationships among sexual risk behaviors, spirituality, and psychological well-being in various subgroups.
2. It is recommended that data from either the Intrinsic/Extrinsic Religiosity scale or another religion instrument be used to explore whether relationships exist between religion and sexual risk behaviors, as well as religion and psychological well-being.
3. It is recommended that future research include other measures of psychological well-being, including measures that assess the presence or absence of psychological symptoms.
4. It is recommended that instruments are administered using a computer-based program. This may cut down on the number of incomplete packets, social desirability response sets, and concerns regarding anonymity.
5. It is recommended that future research include a larger sample in order to increase the reliability of the results.

6. It is recommended that additional sexual risk questions are added to the YRBSS-09-*M* and that a total score is calculated to reflect a measure of sexual risk behaviors.
7. It is recommended that each instrument is reviewed and modified or adapted for simplicity and length to accommodate the developmental levels of adolescents.
8. It is recommended that future research explore the creation, usefulness, and validity of sexual risk behavior instruments as well as spirituality instruments.
9. It is recommended that future research explore the relationships between general risk behaviors, sexual risk behaviors, spirituality, and psychological well-being.
10. It is recommended that future research explore relationships between spirituality and religion among African American adolescents.
11. It is recommended that future research explore sexual risk behaviors and spirituality across populations. This would help establish findings regarding trends in sexual risk behavior among African American adolescents compared to other peers. It will also help inform interventions that are geared specifically toward African American adolescents.
12. It is recommended that future research explore other positive psychology constructs (e.g., resilience, contentment) and their relation to sexual risk behaviors and spirituality. It is possible that these constructs may impact sexual risk behaviors and spirituality in similar ways.

REFERENCES

- Allport, G.W., & Ross, J.M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology, 5*, 432-433.
- Betton, A.C. (2005). Psychological well-being and spirituality among African American and European American college students. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 65*, 4817.
- Brady, S.S., Dolcini, M.M., Harper, G.W., & Pollack, L.M. (2009). Supportive friendships moderate the association between stressful life events and sexual risk taking among African American adolescents. *Health Psychology, 9*, 213-225.
- Brener, N.D., Billy, J.O.G., & Grady, W.R. (2003). Assessment of factors affecting the validity of self-reported health risk behavior among adolescents: Evidence from the scientific literature. *Journal of Adolescent Health, 33*, 436-457.
- Bruce, M.A., & Cockreham, D. (2004). Enhancing the spiritual development of adolescent girls. *Professional School Counseling, 7*, 334-342.
- Buchanas, P.J., & Morris, M.K. (2002). Predictors of risky sexual behavior in African American adolescent girls: implications for prevention interventions. *Journal of Pediatric Psychology, 27*, 519-530.
- Centers for Disease Control and Prevention. (2008). *HIV-Related risk behaviors among African American Youth*. Retrieved from <http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/AfricanAmericanHIV.pdf>

- Centers for Disease Control and Prevention. (2009). Data and statistics: YBRSS: Youth Behavior Risk Survey System. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/>
- Childs, G., Moneyham, L., & Felton, G. (2008). Correlates of sexual abstinence and sexual activity of low-income African American adolescent females. *Journal of the Association of Nurses in AIDS Care, 19*, 432-442.
- Clarke County Health Department (2003). *Healthy behaviors for teens: A special report to parents of teens in Athens-Clarke County*. Retrieved from: http://www.publichealthathens.com/Clarke_Parent_Report.pdf
- Coley, R.L., & Chase-Lansdale, P.L. (1998). Adolescent pregnancy and parenthood. *American Psychologist, 53*, 152-167.
- Cotton, S., Puchalski, C.M., Sherman, S.N., Mrus, J.M., Peterman, A.H., Feinberg, J., Pargament, K.L., Justice, A.C., & Leonard, A.C., & Tsevat, J. (2006). Spirituality and religion in patients with HIV/AIDS. *Journal of General Internal Medicine, 21*, S5-S13.
- Davis, T.L., Kerr, B.A., & Kurpius, S.E.R. (2003). Meaning, purpose, and religiosity in at-risk youth: The relationship between anxiety and spirituality. *Journal of Psychology and Theology, 31*, 356-365.
- Demb, J.M. (1993). Risky behavior in an inner-city African American girl. *Family Systems Medicine, 11*, 357-361.
- DeRoss, R.M., Marrinan, S., Schattner, S., & Gullone, E. (1999). The relationship between perceived family environment and psychological wellbeing: Mother, father, and adolescent reports. *Australian Psychologist, 34*, 58-63.

- Desrosiers, A., & Miller, L. (2007). Relational spirituality and depression in adolescent girls. *Journal of Clinical Psychology, 63*, 1021-1037.
- Donahue, M., & Benson, P.L. (1995). Religion and the well-being of adolescents. *Journal of Social Issues, 51*, 145-160.
- Dowling, E. M., Gestsdottir, S., Anderson, P. M., von Eye, A., & Lerner, R. M. (2003). Spirituality, religiosity, and thriving among adolescents: Identification and confirmation of factor structures. *Applied Developmental Science, 7*, 253-260
- Fordyce, M.W. (1977). *The happiness measures: A sixty second index of emotional well-being and mental health*. Retrieved from http://worlddatabaseofhappiness.eur.nl/hap_bib/freetexts/fordyce_mw_1983.pdf
- Flora, J.A., & Thoresen, C.E. (1988). Reducing the risk of AIDS in Adolescents. *American Psychologist, 43*, 965-970.
- Fowler, J.W. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. New York, NY: HarpinsCollins Publishers.
- Gorsuch, R.L., & McPherson, S.E. (1989). Intrinsic/Extrinsic measurement: I/E-Revised and single-item scales. *Journal for the Scientific Study of Religion, 28*, 348-354.
- Haglund, K. (2003). Sexually abstinent African American adolescent females' description of abstinence. *Journal of Nursing Scholarship, 35*, 231-236.
- Hodge, D.R., Cardenas, P., & Montoya, H. (2001). Substance use: Spirituality and religious participation as protective factors among rural youth. *Social Work Research, 25*, 153-161.
- Hosmer, D. & Lemeshow, S. (2000). *Applied Logistic Regression*. 2nd edition. New York, NY: Wiley.

- Jagers, R.J., & Smith, P. (1996). Further examination of the Spirituality Scale. *Journal of Black Psychology, 22*, 429-442.
- King, P.E., & Boyatzis, C. (2004). Exploring adolescent spiritual and religious development: current and future theoretical and empirical perspectives. *Applied Developmental Science, 8*, 2-6.
- King, P.E., & Furrow, J.L. (2008). Religion as a resource for positive youth development: Religion, social capital, and moral outcomes. *Psychology of Religion and Spirituality, 5*, 34-49.
- Lawson, S.O. (2000). Psychosocial factors that influence the psychological well-being of professional black women in midlife. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 60*, 4210.
- Maltby, J. (1999). The internal structure of a derived, revised, and amended measure of the religious orientation scale: The 'Age-Universal' I-E Scale – 12. *Social Behavior and Personality, 27*, 407-412.
- Mathies, C., & Ferland, C. (2008). *Where do they go? An examination of dropouts*. Unpublished manuscript.
- McKee, K.J., Harrison, G., & Lee, K. (1999). Activity, friendships and wellbeing in residential settings for older people. *Aging & Mental Health, 3*, 143-152.
- Milhausen, R.R., DiClemente, R.J., Lang, D.L., Spitalick, J.S., Sales, J.M., Harden, J.W. (2008). Frequency of sex after an intervention to decrease sexual risk-taking among African American adolescent girls: results of a randomized controlled clinical trial. *Sex Education, 6*, 47-57.

- Miller, W.R., & Martin, J.E. (1988). Spirituality and behavioral psychology: toward integration. In W.R. Miller & J.E. Martin (Eds.), *Behavior therapy and religion* (pp13-24). Newbury Park, CA: Sage.
- Michalos, A.C. (2005). *Citation classics from social indicators research: The most cited articles*. Dordrecht, Netherlands: Springer.
- Paikoff, R.L., Parfenoff, S.H., Williams, S.A., & McCormick, A. (1997). Parenting, parent-child relationships, and sexual possibility situations among urban African American preadolescents: Preliminary findings and implications for HIV prevention. *Journal of Family Psychology, 11*, 11-22.
- Pearce, M.J., Little, T.D., & Perez, J.E. (2003). Religiousness and depressive systems among adolescents. *Journal of Clinical Child and Adolescent Psychology, 32*, 267-276.
- Rodgers, B. (1996). Social and psychological wellbeing of children from divorced families: Australian research findings. *Australian Psychologist, 31*, 174-182.
- Schinke, S.P., Gordon, A.N., & Weston, R.E. (1990). Self-instruction to prevent HIV infection among African-American and Hispanic-American adolescents. *Journal of Consulting and Clinical Psychology, 58*, 432-436.
- Shearer, L. (2007, April 9). About 1 in 3 pregnant before age 20. *Athens Banner Herald*. Retrieved from:
http://onlineathens.com/stories/040907/news_20070409003.shtml.
- Stanard, R.P., Sandu, D.S., & Painter, L.C. (2000). Assessment of spirituality in counseling. *Journal of Counseling and Development, 78*, 204-210.
- St. Lawrence, J.S., Brasfield, T.L., Jeffereson, K.W., Alleyne, E., O'Bannon, R.E. III, &

- Shirley, A. (1995). Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection. *Journal of Consulting and Clinical Psychology, 63*, 221-237.
- Taylor, J.E., Poston, W.S. II, Haddock, C.K., Blackburn, G.L., Heber, D., Heymsfield, S.B., & Foreyt, J.P. (2003). Psychometric characteristics of the General Well-Being Schedule with African-American women. *Quality of Life Research, 12*, 31-39.
- Taylor, S.E., Kemeny, M.E., Reed, G.M., Bower, J., Gruenewald, T.L. (2001). Psychological resources, positive illusions, and health. *Advances in Mind-Body Medicine, 17*, 48-50.
- Walker, C., Ainette, M.G., Wills, T.A., & Mendoza, D. (2007). Religiosity and substance use: Test of an indirect-effect model in early and middle adolescence. *Psychology of Addictive Behaviors, 21*, 84-96.
- Weden, M.M., & Zabin, L.S. (2005). Gender and ethnic differences in the co-occurrence of adolescent risk behaviors. *Ethnicity and Health, 10*, 213-234.
- Wills, T.A., Gibbons, F.X., Gerrard, M., Murry, V.M., Brody, G.H. (2003). Family communication and religiosity related to substance use and sexual behavior in early adolescence: A test for pathways through self-control and prototype perceptions. *Psychology of Addictive Behaviors, 17*, 312-323.
- Wong, Y.J., Rew, L., & Slaikeu, K.D. (2006). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues in Mental Health Nursing, 27*, 161-183.

Worthington, E.L., & Sandage, S.J. (2001). Religion and spirituality. *Psychotherapy: Theory, Research, Practice, Training*, 38, 473-478.

APPENDIX A
PARENT INFORMATIONAL LETTER

Parent Informational Letter

August 30, 2009

Dear Parent:

I am a graduate student, under the supervision of Dr. Rosemary Phelps, in the Department of Education at The University of Georgia. I would like for you to consider giving your child permission to participate in a study titled *Implications for Psychological Practice: Exploring the Relationships Between Sexual Risk Behaviors, Spirituality, & Psychological Well-being Among African American Adolescents*. The purpose of this study is to see if a relationship exists between sexual risk behaviors, spirituality, and psychological wellbeing and to offer strategies for decreasing the risk behaviors, including spiritual and psychological interventions. In order for your child to participate, he or she should be an African American student in middle or high school. More detailed information is provided in the consent form.

Your consent and your child's participation is voluntary, and no penalty will be issued for a decision not to participate or for withdrawing participation at any time. If you agree to you child's participation, there will be group and individual administrations available. The group administrations will be on the following dates:

Sunday, August 30th, 2009 – Chestnut Grove Baptist Church

Wednesday, September 2nd, 2009 – Chestnut Grove Baptist Church

Additional group administrations may be scheduled as needed. Individual administrations will be as scheduled by the researcher and the participants.

If there are changes in the date and time, I will notify you of those changes. There will also be random unscheduled group and individual administrations.

If you have any questions about this research project, please feel free to call me at (706) 207-2002 or at lgantt@uga.edu.

Questions or concerns about your child's rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 612 Boyd GSRC, Athens, Georgia 30602-7411; telephone (706) 542-3199; email address irb@uga.edu.

Thank you for your consideration.

APPENDIX B
PARENT PERMISSION FORM

Parental Permission Form

I agree to allow my child _____ to take part in a research study titled Implications for Psychological Practice: Exploring the Relationships Between Sexual Risk Behaviors, Spirituality & Psychological Well-being Among African American Adolescents, which is being conducted by LaKeisha S. Gantt (University of Georgia, Department of Counseling & Human Development Services, 706-207-2002) under the direction of Dr. Rosemary Phelps, University of Georgia, Counseling & Human Development Services, 706-542-1814. My child's participation is voluntary; my child or I can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which my child is otherwise entitled. I can ask to have information that can be identified as my child's returned to me, removed from the research records, or destroyed at any time by contacting either the researcher or the advisor.

The purpose of this study is to see if a relationship exists between sexual risk behaviors, spirituality, and psychological wellbeing. Illegal activities will be studied as well as sensitive topics such as sexual behaviors.

The benefits are that my child will have a medium to share risk behaviors that s/he are engaging in; and I and my child will have access to the group results of the study. Another benefit of this study is that results will also inform policies and programs aimed at decreasing sexual risk behaviors, and their related consequences, among African American adolescents.

If I give permission for my child to participate in this study, he or she will be asked to provide responses to questionnaires contained in the research packet. The research packet consists of an Assent Form, Demographic Form, Youth Behavior Risk Survey System 2009 (Adapted), Intrinsic Extrinsic Religiosity Scale, Spirituality Scale, Happiness Questionnaire. My child may decide to participate in a group administration or have the research packet administered individually. Once questions are completed, the research package will be returned to the researcher or research team, scored and entered into a database. The research activity is expected to take 45 minutes total, with approximately 15 minutes being allocated to the overview of the research and the consent form and approximately 30 minutes for the completion of the instruments and providing the Debriefing Form.

No discomforts or stresses are expected.

Possible risk include me becoming aware of my children's risk behaviors and having concerns about them. Researcher will minimize this by encouraging parents and children to speak with each other about risk behaviors. I understand that I will be provided with a Debriefing Form that includes counseling referrals for my use.

I understand that my child's information will be held in the strictest confidence. The researcher, her advisor, and the research team will be the only ones able to access the

information provided. There will also be measures taken to decrease the likelihood that the responses are associated with the identity of the participants. The name of the participant or any identifying information that can link your child with his/her responses will not be collected. Confidentiality will not be granted if the researcher has reason to believe the participant is suicidal, homicidal or being abused.

All paper data will be stored in a locked file until all research packets have been entered into an electronic database. As data collection is being conducted, data will be entered into a computer database. Once the data is entered, it will be reviewed and analysed. Once research is complete, the electronic file will be kept secure on password protected computers for 3 years.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: (706) 207-2002.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

LaKeisha S. Gantt

Name of Researcher

Telephone: (706) 207-2002

Email: lgantt@uga.edu

Signature

Date

Name of Parent/Guardian

Signature

Date

Additional questions or problems regarding your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Please sign both copies, keep one and return one to the researcher.

APPENDIX C
MINOR ASSENT FORM

August 30, 2009

Minor Assent Form

Dear Participant,

You are invited to participate in my research project titled “Implications for Psychological Practice: Exploring the Relationships Between Sexual Risk Behaviors, Spirituality & Psychological Well-being Among African American Adolescents.” Through this project I am learning about the relationship between spirituality, sexual risk behaviors, and psychological wellbeing.

If you decide to be part of this you will be asked to provide responses to questionnaires contained in the research packet. The research packet consists of different forms. I will not use your name on any papers that I write about this project. Your name or any identifying information that can link you with your responses will not be collected. However, as you read over the information, you may start to think about your behaviors and how or if they are related to each other. I hope to learn something about your behaviors and how or if they are related to each other.

If you want to stop participating in this project, you are free to do so at any time. You can also choose not to answer questions that you don't want to answer.

If you have any questions or concerns you can always ask me or call my teacher, Dr. Phelps at the following numbers: (706) 207-2002 (me) or (706) 542-1812 (Dr. Phelps).

Sincerely,

LaKeisha S. Gantt
Department of Counseling & Human Development Services
lgantt@uga.edu

I understand the project described above. My questions have been answered and I agree to participate in this project. I have received a copy of this form.

Signature of the Participant

Date

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Please sign both copies, keep one and return one to the researcher.

APPENDIX D
DEMOGRAPHIC FORM

Demographic Form

Zip Code:

Grade: 6th-7th 8th-9th 10th-11th 12th Not currently in school

Age: 10-12 13-14 15-16 17 and up

Did you finish high school?

Do you receive free/reduced lunch? Yes No

How does your spirituality affect how you feel (for example your emotions, your day to day functioning, or your overall well-being)?

How does your spirituality affect your sexual behaviors?

Where did you learn about this study?

Church Community Person Other (Specify _____)

Additional comments?

Thank you for your participation!

APPENDIX E
YOUTH RISK BEHAVIOR SURVEY SYSTEM 2009 – *MODIFIED*
(YRBSS-09-M)

Youth Risk Behavior Survey System 2009 - *Modified*

1. Have you ever had sexual intercourse?

Yes

No

2. How old were you when you had sexual intercourse for the first time?

I have never had sexual intercourse

8 years or younger

9-10 years old

11-12 years old

13-14 years old

15-16 years old

17 years old or older

3. How many people have you ever had sexual intercourse with?

I have never had sexual intercourse

1 person

2-3 people

4-5 people

6 or more people

4. The last time you had sexual intercourse, did you or your partner use a condom?

I have never had sexual intercourse

Yes

No

5. Have you ever ridden in a car driven by someone who had been drinking alcohol?

Yes

No

Not Sure

6. Have you ever had a drink of alcohol, other than a few sips?

Yes

No

7. Have you ever used marijuana?

Yes

No

8. Have you ever used any form of cocaine, including powder, crack, or freebase?

Yes

No

9. Have you ever tried cigarette smoking, even one or two puffs?

Yes

No

10. Have you ever carried a weapon, such as a gun, knife, or club?

Yes

No

11. Have you ever been in a physical fight?

Yes

No

12. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?

Yes

No

13. Have you ever been bullied on school property?

Yes

No

APPENDIX F
DEBRIEFING FORM

Debriefing Form

Dear Participant,

Thank you for participating in this research study. You have been asked information about sensitive topics (such as risk behaviors, sexual practices, and spirituality), which may cause some discomfort. If you would like to talk more about your discomforts in a more private setting, please contact one of the referral sources listed below (some provided services on a sliding fee scale and others based on pre-determined prices).

Advantage Behavioral Health Systems
250 North Avenue
Athens, GA 30601-2244
(706) 542-9739

Center for Counseling & Personal Evaluation
424 Aderhold Hall
Athens, GA 30602
(706) 542-8508

Psychology Clinic
110 Hooper Street
Athens, GA 30602
(706) 542-2174

Samaritan Counseling Center
455 North Lumpkin Street
Athens, GA 30601
(706) 369-7911

Should you have additional questions about this research project, please do not hesitate to contact the researcher at (706) 207-2002.

Thanks again for your participation.

LaKeisha S. Gantt