

Women are at greater risk for HIV/AIDS acquisition than men by virtue of their biological make-up. Due to their increased vaginal

Based on review of the literature, it is evident that women's increased risks for HIV/AIDS are due to their biological make-up and their behaviors, which are influenced by cultural norms and practices as well as demographic (e.g., age, educational, and income levels), intrapersonal (e.g., self-esteem), and interpersonal (e.g., self-silencing and self-efficacy) variables. Despite the many studies that have investigated these variables, no study has investigated the influence of self-esteem and self-silencing on self-efficacy for negotiating safer sex behaviors in women in general or in urban Bahamian women in particular.

Theoretical Foundation and Hypotheses

Concepts from self-esteem (Cast & Burk, 2002) self-silencing (Jack, 1991), and self-efficacy (Bandura, 1986, 1989, 1994) theories were synthesized to form the basis for this study (see Figure 1). The following hypotheses were tested:

- * There will be a negative relationship between urban Bahamian women's self-esteem and self-silencing behaviors.
- * There will be a positive relationship between urban Bahamian women's self-esteem and self-efficacy for negotiating safer sex behaviors.
- * There will be a negative relationship between urban Bahamian women's self-silencing and self-efficacy for negotiating safer sex behaviors.
- * Age, education, income, self-esteem, and self-silencing will significantly predict urban Bahamian women's level of self-efficacy for negotiating safer sex behaviors.

METHODS

Design and Setting

A cross-sectional correlational survey design was used. The setting for this study was a variety of community sites in Nassau that Bahamian women frequently visit (i.e., laundromats, beauty salons, clinic waiting rooms, churches, work-places, adult education settings). Owners of establishments were contacted via formal letters to ask their permission to collect data from women at their establishments and to post flyers to advertise the study.

Sample

A convenience sample of volunteer Bahamian women, ages 18 years or older, living in Nassau or Freeport was recruited for this study. A variety of recruitment strategies were used including word of mouth, flyers, letters of support from governmental leaders, and media advertisements. Public and private events and forums (i.e., church meetings, community service organization meetings, radio talk shows, television advertisements) were used to encourage participation of urban Bahamian women. Benefits of knowledge to be gained from the study to The Bahamas in general and women in particular were described. A small incentive (i.e., mugs, photo albums, bath brushes, make-up brushes, calculators, pen sets) valued at \$1 each were offered to the women to encourage their participation in the study and to show appreciation for their time (Patsdaughter, Christensen, Kelley, Masters, & Ndiwane, 2001).

Instrumentation

An 80-item questionnaire was used to obtain data. Twenty-one demographic items were carefully developed to ensure social and cultural sensitivity. For example, since age was deemed to be very personal to Bahamian women, an informal survey of 60 Bahamian women was conducted to determine how they would prefer to be asked the question (i.e., How old are you? vs. What year were you born? 19__). As a result, birth year rather than age was asked on the demographic questionnaire, and age was computed by subtracting birth year from 2003 prior to analysis. Demographic items were reviewed by a panel of 10 Bahamian registered nurses living in South Florida to ensure that questions were appropriate for Bahamian women.

A total of 708 questionnaires were distributed, and 699 were returned. However, only 661 questionnaires were useable since 38 contained considerable amounts (i.e., more than 30%) of missing data. Thus, the response rate for this study was 93.4%. The G* POWER 2.1.1 software was used for both a priori and post hoc power analysis (Erdfelder, Faul, & Buchner, 1996; Faul & Erdfelder, 2001). With alpha (α) set at .05 and use of small effect sizes, actual power attained for bivariate correlations (r) and regression analysis were 1.0 and .81, respectively [note: according to Munro (2001), there are no statistical packages available to conduct power analysis for logistic regression, so estimates were obtained for multiple regression]. These power values indicated that the obtained sample size of 661 was more than adequate to detect associations between study variables as well as to have a reasonable level of confidence in the predictive value of variables in logistic regression analysis.

Demographic and HIV/AIDS Characteristics of the Sample

Ninety-eight percent of the participants ($n = 651$) were born in The Bahamas, and almost all of the women ($n = 651$, 98.5%) lived in Nassau at the time of the study. A vast majority (95%) of the women were Black Bahamians; Haitian Bahamians (2.5%), White Bahamians (0.5%), and "Other" (2.0%) comprised the remainder of the sample.

Participants ranged in age from 18 to 78 years (see Table 1). The majority of the participants ($n = 575$, 81%) had completed at least 12 years of school, and over half ($n = 351$, 56%) had a monthly income of \$1,500 or greater.

Most participants ($n = 531$, 80.3%) were employed. The participants attended their place of worship on an average of five times per month, but monthly church attendance ranged from 0 to 30 times. The majority of the participants were either married ($n = 232$, 35.1%) or single ($n = 229$, 34.6%), with few women being separated, divorced, or widowed. Most participants ($n = 429$, 64.9%) reported that they were heterosexuals; however, it should be noted that over one fourth of the sample ($n = 177$, 26.8%) did not respond to the item on sexual preference either because participants did not understand the terminology or did not want to disclose their sexual orientation. Over two-thirds of the participants ($n = 448$, 67.8%) reported having fewer than five children.

Participants reported having between 0 and 107 sexual partners in their lifetimes ($M = 4.75$, $SD = 8.39$). Most participants ($n = 469$, 71%) reported personally knowing someone with HIV/AIDS, many of whom were reported as being family members and friends. Almost 85% ($n = 560$) of the participants reported having been tested for HIV/AIDS, and the majority of HIV tests were reportedly conducted during the year 2002; thus, most tests were recent. The majority of women ($n = 529$, 94%) who were tested for HIV reported negative test results, yet almost 2% of the participants reported being HIV positive. Reading and singing were the two most frequent hobbies reported by participants. In addition, career goal attainment, educational achievement, and Christianity were the three most frequent standards participants set for themselves

Descriptive Findings

Descriptive findings for major study variables are presented in Table 2. TSEI scores ranged from 22 to 124 with a mean of 88.06, indicating that urban Bahamian women had moderately high levels of self-esteem. Self-esteem items with which women were most likely to agree included (a) "I am satisfied with the kind of person I am" ($M = 6.86$, $SD = 1.60$), (b) "I think of things I've done well" ($M = 6.61$, $SD = 1.78$), and (c) "I have a sense of purpose" ($M = 6.55$, $SD = 1.90$). Conversely, items with which women were most likely to disagree included (a) "I dwell on my faults" ($M = 3.02$, $SD = 2.18$), (b) "My problems get the best of me" ($M = 2.73$, $SD = 2.21$), and (c) "I feel ashamed of the things I do" ($M = 2.69$, $SD = 2.04$).

STTS scores ranged from 36 to 139 with a mean of 78.07, indicating that urban Bahamian women tended to silence themselves in intimate relationships. Items with which women were most likely to agree included (a) "My partner loves and appreciates me for who I am" ($M = 4.33$, $SD = 1.13$), (b) "I speak my feelings with my partner, even when it leads to problems or disagreements" ($M = 4.03$, $SD = 1.13$), and (c) "In order to feel good about myself, I need to feel independent and self-sufficient" ($M = 3.90$, $SD = 1.30$).

Conversely, items with which women were most likely to disagree included (a) "When it looks as though certain of my needs can't be met in a relationship, I realize that they weren't very important anyway" ($M = 2.19$, $SD = 1.35$), (b) "When I make decisions, other

Consistent with findings from other studies (Page, Stevens, & Galvin, 1996; Woods, 1999), a negative relationship between urban Bahamian women's self-esteem and self-silencing behaviors was found. This finding suggests that urban Bahamian women with high levels of self-esteem are more likely to speak their minds in intimate relationships than are women with low levels of self-esteem. Although a causal relationship cannot be established, it can be concluded that urban Bahamian women could benefit from skills building in areas such as self-esteem enhancement and sexual communication, which may improve their sexual negotiation powers and decrease their risk for HIV/AIDS.

A positive relationship between urban Bahamian women's self-esteem and their self-efficacy for negotiating safer sex behaviors was also found. Although findings from some studies have indicated that as an individual's self-esteem increases, so does his or her practice of safer sex behaviors (Mill, 1997; Ward & Samuel, 1999), other findings have suggested the contrary (Hylton, 1999; Long-Middleton, 2001; McNair et al., 1998). However, it is important to note that the studies that failed to link self-esteem with safer sex behaviors were conducted with adolescents who tend to engage in risky behaviors more than do adults (Ponton, 1998).

As hypothesized, findings showed a negative relationship between urban Bahamian women's self-silencing behaviors and their self-

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