Chapter-2
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2.1 REVIEW

Profound changes in our understanding of etiology, mechanism and treatment of AIDS have led to significant improvements in survival. Individuals with HIV infections, who are fortunate enough to have access to health care and to treatments for the infection and its complications, can, survive for a long time. Unfortunately there has been hardly any work on the psychological consequences. There is indeed a great need for finding out what personality type predisposes an individual to indulge in high risk behavior. Among predictors of high risk behavior, substance use shows consistent relationship to sexual risk taking. These persons may be having a certain cluster of personality traits. Yet, understanding the determinants of sexual risk behavior is essential to implementation of effective HIV-AIDS prevention (Kelly et al., 1993).

Ostrow, et al, (1989) conducted a study on HIV-related symptoms and psychological functioning in a group of homosexual men. The authors administered the Center for Epidemiological Studies Depression (CES-D) Scale to 4,954 homosexual men in the Multicenter AIDS Group Study. The relationship between self-reported physical symptoms and psychological distress suggested a possible etiologic relationship between perceived AIDS risk and psychological symptoms in men at risk of AIDS.

HIV is very strongly linked to sexual risk-taking. This behavior is determined by multiple and complex interactions among relationship, situational, and dispositional factors. Personality linkage to HIV predisposition may be a viable explanation.

Nykl, Vingerhoets and Denollet (2002) critically reviewed the available evidence on the relationship between expression and non-expression of emotions (E/NE) and health. Some intriguing results were reported that involved prospective associations between E/NE and chronic disease, such as cardiovascular disease and HIV infection.

Smith and MacKenzie (2006), linked several personality characteristics to subsequent physical health outcomes, they found strong evidence for negative
affectivity/neuroticism, anger/hostility, related traits and optimism. Models of mechanisms underlying these associations emphasized physiological effects of stress, exposure to stressors, and health behavior.

Though medical sciences have enough evidence on the cause and spread of HIV/AIDS, the possibility of interlinkage of personality correlates and the disease needs to be explored. There is a dire need for enquiry into the psychological factors which may predispose an individual to indulge in high risk behavior. It is some of these psychosocial factors, such as Personality and its correlates, namely, Extraversion, Neuroticism, Conflict resolution, Need for Approval, Anger, and Self Esteem that will be addressed in this chapter.

2.1.1 Personality

The word personality has long held fascination for psychologists, sociologists and educationists. The terms ‘personality’ in English, ‘personalite’ in French, and ‘personnalichkeit’ in German, closely resemble the ‘personalitas’ of medieval Latin. The popular concept of personality reflects its origin in the classical Latin word ‘persona’, a mask worn by Roman actors, in this sense; personality represents the individual as others see him or her (Rogers, 1951).

Personality in other words shows what a person is and a totality of his personal characteristics. According to Allport (1937), “Personality is the dynamic organization within the individual of those psychosocial systems that determine his unique adjustment to his environment.”

Eysenck (1947) defines personality as, “the sum total of the actual or potential behavior patterns of the organism, as determined by heredity and environment.” Eysenck also perceives personality as the more or less stable and enduring organization of a person’s character, temperament, intellect and physique, which determines his unique adjustment to the environment. His definition of personality includes four main sectors of behavior-patterns, the cognitive sector (intelligence), the conative sector (character), the effective sector (temperament), and somatic sector (constitution).

According to Allport (1961), different definitions of personality fall into 3 classes – external effect, internal structure and positivist definition. Taking the “outer” or “external” or “social” view of personality, it is the sum total of the effect made by an individual upon society. According to “internal structure view”, personality is the entire mental organization of human being at any stage of his development.
According to “positive” view, inner – personality is a myth. What we measure through tests and operations i.e. our methods, is the most adequate conceptualization of a person’s behavior in all its details.

### 2.1.1.1 Personality and HIV

Very few studies have documented relations between personality traits and quality of life among individuals living with human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS).

A study evaluated relations among personality traits and quality of life among 116 men and women living with HIV/AIDS. Results showed that personality traits such as neuroticism were significantly associated with poorer quality of life. Conscientiousness and extraversion were associated with better quality of life. Findings suggest that personality traits are associated with HIV-specific quality of life (Penedo, Gonzalez, Dahn, Antoni, Malow, Costa, and Schneiderman, 2003).

Trobst, et al, (2000) conducted two studies using Five Factor Model (FFM) of personality. The five-factor model of personality is a hierarchical organization of personality traits in terms of five basic dimensions: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience. The results of the study indicated that behaviour associated with the risk of HIV infection can be predicted from the personality dispositions of Neuroticism and Low Consciousness. Perceived risk of HIV infection is related to Openness to Experience. These findings suggest that personality traits are related to health risk variables.

Past research has demonstrated a link between alcohol use and unsafe sexual behavior; HIV is intimately linked with unsafe sexual behavior. The psychological factors which underlie the predisposition for indulging in erratic sexual behavior have been relatively unexplored. Recent studies suggest that personality traits such as excitement seeking, impulsivity, and social deviance proneness may play an important role in both behaviors.

Fenaughty, and Fisher, (1998) developed a typology of drug users based on alcohol use variables. They determined the utility of this typology for predicting high-risk sexual behavior, controlling for the personality traits of sensation seeking and risk proneness. A sample of 283 out-of-treatment drug users were interviewed regarding their alcohol and drug use, sexual behavior, sensation seeking, and risk proneness. This alcohol typology was significantly related to several sexual risk behaviors including,
• having sex with multiple partners without consistent condom use,
• having sex with an injection drug user (IDU) without consistent condom use,
• number of sex partners STD history and
• trading sex for drugs or money recently or in one's lifetime.

All but one of these associations remained significant after controlling for
sensation seeking and risk proneness. It was concluded that among this sample of out-
of-treatment drug users, a typology based on patterns of alcohol use was found to be
associated with several measures of high-risk sexual behavior. Drug users who were
classified as high risk on the basis of their lifetime and current alcohol use patterns
were found to be significantly more likely engaged in risky sexual behavior, than low
risk drug users.

Alan, Michae, and Susan (2000) investigated the predictive effects of implicit
cognition, as well as behavioral and personality variables (sensation seeking, hostility,
conscientiousness, and polydrug use), on risky sexual behaviors (lack of condom use,
sex after drug use, and multiple sexual partners) in both a high-risk and a low-risk
sample. Results showed that the implicit cognition indicator was a significant and
independent predictor of lack of condom use in the high-risk sample. Polydrug use
and sensation seeking also had important predictive effects.

Findings from a quantitative review of the empirical research literature by,
Hoyle, Feifar, and Miller (2000), on normal personality and sexual risk taking focused
on domains identified in major models of normal personality representing the
psychobiological and taxonomic perspectives. It was found that there were effects on
specific behaviors for neuroticism and conscientiousness. Substantive findings also
revealed effects for sensation seeking, impulsivity, and agreeableness on all sexual
risk-taking behaviors.

Bancroft, et al, (2003) examined the relationship of three aspects of
personality to sexual risk-taking in gay men.

1) Sexual arousability
2) The relation between negative mood and sexuality; and
3) Sensation seeking.

Risk-taking was assessed for the past 6 months in relation to unprotected anal
intercourse (UAI), oral sex, number of casual partners, and patterns of cruising
behavior. UAI and high risk oral sex were more likely in those with low inhibition of
sexual response due to threat of performance consequences" and low trait anxiety. High numbers of casual partners and frequent cruising were associated with increased sexual interest in states of depression and high propensity for sexual excitation (SES).

Gullette and Lyons (2005) conducted a descriptive and correlational study to understand the role of sexual compulsivity, sensation seeking, self-esteem and alcohol use as mediators of HIV risks behaviors among college students. Instruments included the Sexual Compulsivity Scale (SCS), Sexual Sensation Seeking Scale (SSS), and the College Alcohol Problem Scale (CAPS). Men scored higher on the Sexual Sensation Seeking Scale and Sexual Compulsivity Scale than women. Women reported significantly more personal problems, including depression and low self-esteem. Four predictor variables associated with HIV risk behaviors were age, high score on Sexual Sensation Seeking Scale and College Alcohol Problem Scale, but a low score on Sexual Compulsivity Scale.

The review of studies reveals that personality correlates play an important role in the HIV causation. Individuals with high risk taking behavior indulge more in unsafe sex, through which they contract HIV. The results of the work of Penedo, Gonzalez, Dahn, Antoni, Malow, Costa Schneiderman, Trobost, Wiggins, Costa, Herbst, Mccrae and Masters had given ample evidence that individuals high on Extraversion and Neuroticism are more inclined to indulge in unsafe sex.

**Hypothesis 1:** In the light of the research work done on Extraversion and Neuroticism, it may be predicted that the HIV positive individuals will be relatively higher on Extraversion and Neuroticism.

2.1.2 Conflict Resolution

Conflict is a simultaneous presence of two or more response alternatives. An example of this would be a love and hate relationship with a person. The hidden self often contains many such conflicts that trouble us. The process of deciding between such response alternatives can create tension. These are interpersonal as they reside in an individual (Mohan, 1999).

There are emotions, which can act as positive and negative motivators. Conflict exists between these. Some examples of positive motivators are, Love, Joy, Cheer, Optimism etc, and negative motivators are, Anger, Fear, Anxiety and Pessimism etc.

According to Luft (1960) resolving conflicts alone may not be very easy. If
one is troubled by conflict, it suggests that the method used by an individual to resolve the conflict may not be sound. Usual methods of conflict resolution adopted by individual are: Flight, Fight, and Confrontation.

Flight suggests avoiding the issue. Several ways adopted to avoid the issue,

- Suppressing resolution temporarily
- Not recognizing the existence of a conflict
- Withdrawal from the situation.

Fight suggests transferring responsibilities of the conflict to others. This issue is done by

- Blaming others for one's own conditions
- Dispensing one's anger on someone else.

Confrontation involves two aspects, Facing the issue and trying to deal with it. This is perhaps the best way to resolve conflict. It needs careful analysis of how it could have come about and deciding on the most acceptable way one could adjust to the situation avoiding both flight and fight.

2.1.2.1 Conflict Resolution and HIV

The following study shows the relation between conflict resolution and possibility of HIV proneness.

Troth and Peterson (2000) explored some of the antecedents and consequences of young adults' beliefs about safe-sex communication in their early couple relationships. The sample consisted of 237 unmarried, heterosexual Australian university students, 16 to 19 years of age, approximately evenly divided between virgins and those with sexual experience. A model of couple sexual communication on the basis of prior experiences with communication, assertion, and conflict resolution in the family of origin was made. Links between these variables, respondents' attitudes, practices of safe-sex discussion and condom use with their dating partners were also examined. The results showed that women and nonvirgin men had more positive attitudes toward safe-sex communication than male virgins had. Difficulties with self-assertion outside of the sexual context and mothers' and fathers' use of avoidance as a conflict resolution strategy were negatively correlated with willingness to discuss safe sex, whereas mothers' more frequent safe-sex education was a positive predictor. The results indicated that assertion, paternal conflict avoidance, and male gender were independent predictors of reluctance to
negotiate for safer sex. At a behavioral level, positive attitudes to safe-sex discussion predicted having talked about AIDS and condoms with a dating partner as well as actual condom use by the subsample of daters who had experienced sexual intercourse.

In our society, there is a prevalence of gender difference and bias against women and girls, because of which they are the worst sufferers. Invariably they adopt avoidance in the form of Flight as suggested by Luft (1960). Whenever there is a conflicting situation where they have to make a choice, they tend to choose withdrawing or smoothing themselves from the situation so as to escape from beating or any kind of aggressive behaviour from their spouse. Another reaction to a conflicting situation is compromise, in the form of fear, which is a negative motivator. They do not assert themselves against unprotective sex, rape or being married to old person etc, which are some of the causes of HIV infection. So, an individual high on Withdrawing, Smoothing and Compromising will be at a higher risk of getting HIV contraction.

Hypothesis 2: As the study shows Withdrawing, Smoothing, Compromising, increase risk prone behavior, it is predicted that HIV positive individuals will be relatively higher on Withdrawing, Smoothing, and Compromising. Since confronting means tackling the situation with assertion, it is predicted that HIV positive persons will be lower on Confronting as they can not say no to irresponsible sex.

2.1.3 Need for Approval

Approval seeking as a way of life had its genesis in the child rearing practices. The way we would perceive ourselves and the beliefs we would have about ourselves would be of great importance. It refers to attempts to achieve favorable evaluations from other members of Society (Misra & Tripathy, 1980).

Crowne and Marlowe (1960) defined social desirability as the need for social approval and believed that the satisfaction of this need could be attained by means of culturally accepted and appropriate behavior.

The Need for Approval as a construct was developed by Crowne and Marlowe (1964). They defined an approval motivated person as one who always needed to gain others approval, feared rejection if he behaved in a manner different from others and often conformed to group pressures and cultural norms. They also regarded need for
approval as a one-dimensional personality construct and included in it both "dependence on evaluation of others" and "avoidance of self criticism". 

The close theoretical ties between need for approval and self regard have been clearly brought about in the Carl Rogers (1951; 1959) formulations, where he has pointed to self esteem as the most important factor which influenced a person’s reaction to his social world.

According to Marlowe and Gergen (1970), “the heightened dependence on others for approval presumably stems from the individuals need to bolster his self esteem. That lack of self esteem is characteristic of persons with strong need for approval, may be inferred from the tendency of such persons to suppress possible shortcomings, to avoid introspection and to avoid acting in an autonomous, self assertive manner."

2.1.3.1 Need for Approval and HIV

To satisfy his/her high Need for Approval; the individual may suppress his shortcomings, and indulge in culturally unaccepted and inappropriate behaviors. The most vulnerable population to this personality kind is adolescents, who due to high peer group pressures, indulge in high risk taking behavior such as, early sex, intravenous drug usage, etc that might lead them to being HIV Positive. The following study supports the above thought.

Recent third-person perception articles by John R. Chapin (2000) suggested that optimistic bias is the mechanism underlying the perceptual bias. In a survey the students exhibited third-person perceptions, believing they were less influenced by televised safer-sex messages than were their peers. These students were less optimistic about their chances of becoming HIV infected than their peers; 34% exhibited first-person perceptions, believing they were more influenced by the messages than were their peers, and were more optimistic than were their peers concerning HIV infection. Most students (89%) exhibited some degree of optimistic bias regarding their chances of avoiding HIV infection in the future.

Some young men seek to justify rape because they perceive young girls have sex with older men for material gain. Adolescent women feel unable to refuse sex or to discuss safe sex with their male peers or with older males for fear of violence, abandonment or loss of income. As for the adolescent boys, there is a strong tendency to seek sociality, thus giving in, to peer group pressures; they get involved in socially unapproved behaviors. Mohan (2003) observed that peer group pressure can be a
major influence on the individual for indulging in drugs, alcohol, petty thefts, sexual experiments, brawls or formation of mafia gangs. These group dating, experimental sex, gang rapes or trying intravenous drug use etc., are major factors leading to HIV.

**Hypothesis 3:** Since people with high Need for Approval are likely to be unassertive and entering risk prone behavior due to peer group pressure, it is predicted that HIV positive individuals will be relatively higher on Need for Approval.

### 2.1.4 Anger

Anger may be directed at several targets simultaneously. The need to stay in control can sometimes produce behavior such as quarreling, arguing, complaining, or being demanding. Some people have more types of stresses than others. There are some people who express their stress in the form of anger and aggression, leading to violent and socially unacceptable behavior like, rape, unsafe sex, bisexual relationship and drug abuse etc., which are predominant factors of HIV infection.

According to Spielberger (1988) “the concept of ‘Anger’ refers to an emotional state that consists of feeling that varies in intensity, from mild irritation or annoyance to intense fury and rage. Although ‘hostility’ usually involves angry feelings, this concept has the connotation of the complex set of attitudes that motivate aggressive behaviors directed towards destroying objects or injuring other people.....while anger and hostility refer to feelings and attitudes, the concept of ‘aggression’ generally implies destructive or punitive behavior directed towards other persons or objects.”

**Expression of Anger:**

Individual may be typically classified as “anger out” if they expressed anger towards other persons or objects in the environment. Anger out generally involves a high in-state anger and the manifestation of aggressive behavior. Anger directed outward may be expressed in physical acts such as assaulting other person, destroying objects and slamming doors, verbal threats and the extreme use of profanity (Spielberger, 1988).

Person who directs this anger inward toward ego or self or who holds in (suppress) the anger are classified as “anger in”. In psychoanalytic conception, thought and memories relating to anger provoking situations and even feelings of anger themselves may be repressed or denied. But in contrast, the suppressed anger is
consciously experienced as an emotional state i.e. state anger, varying in intensity and fluctuation over time as a function of the provoking circumstances (Spielberger, 1988).

Since expression of anger is distinct from experience of anger, control of anger is another facet of anger expression. Anger control refers to individual effort to control one's temper, keep one's cool and calm down faster.

Man is aggressive and hostile when he is thwarted and obstructed. Psychologists say that man has both constructive and destructive urges and aggressiveness is another way of destroying things. This is a reaction to stress and frustration that comes from within, from our beliefs, attitudes, and expectations about the world and ourselves, from our habits, behavior and personality.

2.1.4.1 Anger and HIV

Scheier and Bridges (1995), reviewed prospective evidence linking certain classes of person variables to multiple diseases, it included consideration of the effects of hostility and anger, emotional suppression, depression, fatalism, and pessimism acquired immunodeficiency syndrome.

Lollis, Johnson, Antoni and Hinkle (1996) studied two hundred forty-two heterosexual college students who were classified as having low, moderate, or high risk for HIV infection based upon their self-reported sexual practices. Results indicated that subjects differed in AIDS knowledge and attitudes toward condoms use. Interaction effects revealed that High Risk men were less knowledgeable than both Low Risk men and High Risk women. High Risk men as well as High and Low Risk women reported more anger surrounding condom usage than Low Risk men. Low perceptions of vulnerability for AIDS were reflected in the entire sample.

Varga (1999) in her book studied and explained and explored the potential contribution of sexual dynamics to the spread of HIV among youth. Results suggested that safer sexual practices and partner agreement on means to prevent HIV infection are hindered by several factors, including sexual violence and force, condoms' negative symbolism, gender imbalance in sexual decision-making, and peer pressure concerning sexual performance.

The HIV/AIDS pandemic has given drive to more careful examination of levels of sexual violence worldwide, (Morrell et al, 2001; CIET Africa, 2000; Human Rights Watch, 2001; Leach et al, 2000). Research in South Africa consistently demonstrates a pattern of extensive sexual violence in which children and young people are raped or forced to have sex, young women live in anticipation of
harassment, rape or forced sex, thus a mist of fear seeps into sexual relationships between young people.

Mohan (2003) observed that adolescent violence is often related to intimate relationships, such as violence in dating situations. Dating violence may be defined as the penetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship. This violence encompasses any form of sexual assault, physical violence and verbal emotional abuse. Review of studies on anger show a positive relation between anger and conflicting situations, wherein the state of thwarting or blocking desires leads to frustration. The usual results of frustration are anger, hostility and violent behavior. When frustrated and angry for a long time, a person may develop a hostile aggressive and a violent behavior, by forcing unsafe sex, and rape attempts on either their spouse or girlfriends that can lead to a high risk of HIV infection.

**Hypothesis 4:** As the studies show, Anger is an outcome of frustration, because of which an individual may fall prey to high risk behavior, it is predicted that HIV/AIDS positive individuals will be relatively higher on Anger-S and Anger-T.

### 2.1.5 Self Esteem

Self-esteem is a concept that includes a person's sense of self, of their competence, and their acceptability to others. It encompasses their internal self-scheme, based on their past experiences of success or failure and their interpersonal experiences of acceptance or rejection. In regard to HIV, low self-esteem may be a factor in not protecting themselves or others from HIV. No one has been able to measure a drop in self-esteem as a result of becoming infected because self-esteem may have been low to start with. However, with stigmatization, guilt, loss of a positive body image, loss of roles, loss of work, and loss of social network, it seems intuitive that self-esteem would be threatened (Hoffman, 1996).

Self-esteem is the key component that allows you to confront problems, improve and promote yourself, be resilient in the face of apparent failure, and take charge of your life. When your self-esteem is high, problems are not looked upon as roadblocks but as opportunities for success, you are proactive rather than reactive; you have the confidence to seek out others for their wisdom, and are in turn sought out for your expertise. You have a can-do persona, which energizes others and makes them respond to you positively.
Everyone wants to defend one's pride, to keep up the self-respect, to save one's face and maintain his/her status. Individual's behavior is motivated by great eagerness to live up to his/her self or his/her sentiment of self regard which if hurt may lead him to behavior unacceptable by the society.

2.1.5.1 Self Esteem and HIV

The relationship between Self-Esteem and HIV-related risk behaviors, and the factors that predict self-esteem levels of “at risk” women, was explored by Sterk, Klein, and Elifson. Interviews were conducted with 250 women living in the Atlanta, between August 1997 and August 2000. It was found that self-esteem was related to

- the number of times having oral sex,
- the number of times having sex with paying partners,
- the frequency of sexual risk-taking,
- the number of different HIV risk behaviors practiced during the previous year, and
- condom use attitudes and self-efficacy.

Greater involvement in HIV risk behaviors were associated with lower self-esteem. The analyses revealed five significant predictors of women's self-esteem levels, race, religiosity, childhood experiences with emotional neglect, the number of money-related problems experienced, and the number of drug-related problems experienced. The findings indicated that self-esteem is highly relevant to “at risk” women's HIV risk behavior practices.

Recent research observation find children engaging in sex at very young ages tend to be girls with low self-esteem and, conversely, boys with high self-esteem. National Longitudinal Survey of Children and Youth, Statistics Canada reported in 2005 that girls whose self-image was weak at ages 12 and 13 were more likely than girls with a strong self-image to have had sexual intercourse by the time they were 14 or 15. However, the opposite was true for boys.

Beadnell, et al, (2000) compared 167 women, categorized as nonabused, emotionally abused, or physically abused in their primary relationships, on sexual risk factors. Physically abused women differed in several ways: greater STD risk, psychosocial distress, and substance use; more traditional gender role beliefs; lower self-esteem; more likely to have been raped and to engage in sex for pay; and less likely to attend the project's STD/HIV risk reduction groups. Within primary
relationships, they differed in amount of decision-making power about safer sex, likelihood of non-monogamy, use of substances before sex, and self-efficacy about initiating condom use.

The purpose of study by Neely, Shane Patsdaughter, and Carol (2004) was to understand the characteristics that put urban Bahamian women at risk for HIV/AIDS. A cross-sectional, correlational design was used to study the relationships between select demographic variables, self-esteem, self-silencing, and self-efficacy for negotiating safer sex behaviors. Findings revealed that age, education, and self-esteem were significant independent and combined predictors of self-efficacy for negotiating safer sex behaviors.

Gullette and Lyons (2005) conducted a descriptive and correlational study to understand the role of sexual compulsivity, sensation seeking, self-esteem and alcohol use as mediators of HIV risks behaviors among college students. Instruments included the Sexual Compulsivity Scale (SCS), Sexual Sensation Seeking Scale (SSS), and the College Alcohol Problem Scale (CAPS). Men scored higher on the Sexual Sensation Seeking Scale and Sexual Compulsivity Scale than women. Women reported significantly more personal problems, including depression and low self-esteem. Four predictor variables associated with HIV risk behaviors were age, high score on Sexual Sensation Seeking Scale and College Alcohol Problem Scale, but a low score on Sexual Compulsivity Scale.

Stein, Borus, Swendeman, and Milburn (2005) examined the roles of proximal substance use and delinquency-related variables and more distal demographic and psychosocial variables as predictors of serious high-risk sexual behaviors among 248 HIV-positive young males, aged 15–24 years. Demographics (ethnicity, sexual orientation and poverty) and background psychosocial factors (coping style, peer norms, emotional distress, self-esteem and social support) predicted recent problem behaviors (delinquency, common drug use and hard drug use), which in turn predicted recent high-risk sexual behaviors. Hard drug use and delinquency were found to predict sexual risk behaviors directly, along with lower self-esteem. Negative peer norms strongly influenced delinquency and substance use and positive coping predicted less delinquency. Less positive coping and negative peer norms had indirect effects on sexual transmission risk behavior through delinquency and hard drug use.

Ethier, et al, (2006), sought to clarify the relationship between psychological factors and sexual behavior. They examined relationships between sexual history
(e.g., age at debut, partner history) and self-esteem and emotional distress (e.g., depression, anxiety, stress, hostility) and their effect on future sexual risk behaviors such as unprotected sex and multiple partners. Participants comprised 155 sexually active adolescent girls, ages 14-19, who participated in the first two waves of a longitudinal study of HIV/STD and pregnancy risk. “Adolescents who had lower self-esteem at baseline reported initiating sex earlier and having had risky partners. Alternatively, adolescents with more emotional distress at baseline were less likely to have had a previous STD, had more partners per year of sexual activity and a history of risky partners. The researchers also found self-esteem influenced subsequent unprotected sex and emotional distress influenced subsequent multiple partners.”

The review of studies shows that the women are less likely to assert themselves and also have a lower self esteem than the men. Individuals with lower self Esteem are at a higher risk of getting involved in high risk taking sexual behavioral practices. They submit to the peer group pressure or superior group pressure. The adolescent period is a high risk period (Mohan, 2003). Girls in this group are more likely to be a victim of sexual violence because of their low self esteem and unassertive behavior. Working women who are unassertive often fall pray to sexual violence from their boss. On the basis of the above mentioned evidence the following hypothesis was formulated.

**Hypothesis 5**: Poor self esteem is thus likely to make an individual fall pray to peer pressure and faulty behavior. It is hence predicted that HIV positive individuals will have relatively lower self esteem.