

SANKOFA FACT SHEET

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Research Synthesis

A RANDOMIZED, CONTROLLED EFFECTIVENESS TRIAL OF AN AIDS PREVENTION PROGRAM FOR LOW-INCOME AFRICAN-AMERICAN YOUTHS

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Intervention Goal(s): To determine the effects of a peer network decision-making intervention to increase condom use among sexually active youth.**Intervention Setting:** Recreation centers associated with public housing developments; rural campsite setting.**Population:** Of the 383 African-American youths who participated in the study, 56% were male and 44% were female. The average age was 11 years, and 78% were aged 9 through 12 years; 36% were sexually experienced prior to the study.**Description of Intervention: Focus on Kids**

The intervention, developed through ethnographic research, targeted pre- and early-adolescents in their existing friendship groups. Being in such a group was a requirement of enrollment. AIDS prevention education was based on a social cognitive model, Protection Motivation Theory (PMT), that uses cost and reward constructs to explain how intentions are formed to respond to threats in either adaptive or maladaptive ways.

The intervention consisted of 8 sessions: seven 1 ½ hour weekly meetings at local recreational centers and one day-long session at a rural campsite. The intervention was delivered in a large Eastern city to peer groups that consisted of 3 to 10 same-gender friends within 3 years of age of each other. The sessions were led by a pair of interventionists, at least one of whom was gender matched to the group. Most of the interventionists were African-American men and women recruited from the community.

Each session focused on one or more PMT concepts and also reviewed concepts from prior session. Beginning in the first session and integrated throughout, a family genogram was used to illustrate the application of concepts to real-life situations.

Sessions emphasized values clarification and goal setting; presented facts regarding AIDS, STDs, contraception, and human development; and provided condoms. Multiple delivery formats were used to address individual variability in receptivity to media, e.g., videos, games, role-playing, acting, storytelling, and arts and crafts.

In the seventh session, participants developed community projects with specific target audiences and intervention messages. The eighth session included a presentation of the projects and concluded with a "graduation" ceremony.

Behavioral Findings: Sexually active youth who participated in the intervention reported significantly greater condom use than sexually active youth in the comparison condition.

Source: **Compendium of HIV Prevention Interventions with Evidence of Effectiveness, 1999.** Centers for Disease Control and Prevention HIV/AIDS Prevention Research Synthesis Project. Atlanta, Ga.

For more information, call the technical assistance analyst at the Mississippi Urban Research Center, 1-866-578-6872 (JSU-MURC).

Intervention

The final intervention series, which focused on decision making, consisted of eight weekly meetings (seven 1.5-hour-long sessions conducted in the nine participating recreation centers and one day-long session conducted in a rural campsite).

The discussions concerning extrinsic rewards included exercises concerning communication and negotiating skills and presented information regarding the high prevalence of peer condom use. Discussions regarding intrinsic rewards emphasized values clarification and goal setting.

Given the abundance of evidence regarding social and peer influences on adolescent risk and protective behaviors, we hypothesized that delivery of the intervention through naturally formed groups of friends (e.g., youths who normally associated together as opposed to being assigned to a group by an investigator) would both reinforce intervention messages and increase attendance rates, an issue for community-based, noncompulsory intervention efforts. Accordingly, part of the intervention package under evaluation was delivery through these friendship groups. Each friendship group met weekly in a recreation center meeting room. Groups were led by a pair of interventionists from a pool of 25 interventionists, most of whom were African-American and had been recruited from the community. At least one of the interventionists in each pair leading the group was gender matched to the group.

Source: **Archives of Pediatrics and Adolescent Medicine, 150 (4), 364**

