

KEEPIN' IT R.E.A.L.! A Mother-Adolescent HIV Prevention Program

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FOCUS

- SUMMARY
- Primary Pregnancy Prevention
 Secondary Pregnancy Prevention
- STD/HIV/AIDS Prevention

ORIGINAL SITE

School-Based

Community-Based

Clinic-Based

APPROACH

M Abstinence

Behavioral Skills Development



The concern that adolescents may be placing themselves at risk for contracting HIV has led to growing support for the development and evaluation of risk-reduction interventions aimed at young adolescents. A complementary approach to HIV education is to involve parents in teaching their children about HIV and reinforcing prevention messages. The KEEPIN' IT R.E.A.L.! (Responsible, Empowered, Aware, Living) study tested the effectiveness of two HIV prevention interventions designed for mothers and their adolescents, as compared to a control group. Using a randomized cluster trial, the study was conducted at 11 Boys & Girls Clubs in a metropolitan area in the Southeastern U.S. Sites were randomly assigned to one of three conditions: the Life Skills program (LSK.three sites, not included in this replication kit) based on problem behavior theory; the Social-Cognitive program (SCT--four sites) based on social-cognitive theory, and the focus of this User's Guide and replication kit; or the control condition (four sites). The SCT program was designed to delay initiation of sexual intercourse for those adolescents who were not yet sexually active, and to increase condom use among sexually active participants. The program involved seven 2-hour meetings, conducted over 14 weeks.

This replication kit focuses solely on the SCT intervention. Participating adolescents (N = 582) were between the ages of 11 and 14 years, mostly male (60%), and African American (97.7%). The total number of participating mothers was 470; 110 mothers had more than one adolescent enrolled in the study. Assessments were conducted at baseline, and at 4, 12 and 24 months after baseline.

At the 24-month assessment, a higher percent of



Madult Involvement

Case Management





Peer Counseling/Instruction





sexually active participants in the SCT groups reported that they had used a condom at last sex compared to their control group peers (96% and 85%, respectively), would use a condom every time they had sex (100% and 94%, respectively), and indicated that they would end sexual activity until they were older (43% and 24%, respectively). A total of 9.8% of the participants were lost to follow-up or withdrew from the study before the final assessment.

For the mothers, both their level of self-efficacy and their comfort for talking with their adolescents about sex increased over time. Both mothers and adolescents demonstrated an increase in HIV knowledge over time.

SUITABLE FOR USE IN

The KEEPIN' IT R.E.A.L.! intervention was designed to be implemented by community-based organizations that offer services for children in elementary through high school including afterschool programs such as tutoring, study time, sports, health education, and leadership development. The program is also appropriate for use in some clinic settings.

ORIGINAL INTERVENTION SAMPLE

Age, Gender

The original intervention sample consisted of 582 adolescents, aged 11-14 (M = 12.2, SD = 1.1), 60% were male.

Race/Ethnicity 97.7% African American

PROGRAM LENGTH

KEEPIN' IT R.E.A.L.! is implemented in seven 2-hour sessions delivered over a 14-week period. In some sessions, mothers and teens are together for the full session, in others, they work in breakout groups covering different aspects of similar topics.

In addition, there are two follow-up sessions lasting approximately 90 minutes each.

STAFFING REQUIREMENTS/TRAINING

In the original implementation, workshop sessions were led by two co-facilitators, one of whom

U Video

Other

worked with the mothers group, and the other with the adolescents. No specialized training is required to implement Keepin' It R.E.A.L.!. However, facilitators will want to familiarize themselves with all the materials, including pamphlets, three DVDs, handouts (see blue envelopes), activity worksheets (see red envelopes), and posters (see green envelopes) used in each session. Follow-up sessions were conducted by a single facilitator.