

# Formative Work on Clique-based HIV Interventions for Youth

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**ÒRÉ** is a Yoruba word meaning friends

## BACKGROUND

There is a clear link between adolescent peer relationships and health risk behaviors, including sexual behavior.

While many types of friendships can be influential, neighborhood friendships are especially important for African American youth.

African American youth have strong neighborhood cliques (close friendships) which consist of longstanding friendships with same gender friends who are similar in age.

These friendships are characterized by high levels of trust and sharing of confidences, including sharing information about sexual issues.

## INTRODUCTION

Because of the intimacies shared in cliques, friendship groups may provide a good avenue for the delivery of an HIV intervention.

A successful intervention will require that: 1) youth come to the program together, and 2) the program is acceptable to the youth.

This study will: 1) modify an existing theory based intervention, 2) assess the feasibility of recruiting clique-mates for a half-day intervention and 3) examine the acceptability of the program, which is based on the AIDS Risk Reduction Model (ARRM).

Process evaluation will be used to determine modifications, identify critical features of the recruitment methods, and assess participants' reactions to the delivery of an intervention with clique-mates.

## METHOD

### INTERVENTION MODIFICATION

A series of focus groups will provide relevant information for increasing the cultural sensitivity and youth focus of our current theoretically based HIV/STD intervention.

### PILOT TESTING

Once modified, the half-day intervention will be delivered and evaluated in small friendship groups.

## PARTICIPANTS

### INTERVENTION MODIFICATION

Participants will be youth who are willing to participate in a focus group on an HIV intervention. Some participating youth will be asked to recruit their friends to participate in the focus group with them.

### PILOT TESTING

Participants will be youth 14-19 years old living in the study community who have close friends. Youth will be of two types; seeds and friends. Seeds will be sexually active youth with close friends. Seeds will recruit their close friends to participate in the intervention.

## PROCEDURES

### INTERVENTION MODIFICATION

Two types of focus groups will be conducted to: 1) obtain a general assessment of the salient issues for youth in the study neighborhood and to generate ideas about the acceptability of certain intervention approaches, and 2) pilot test intervention modules with friendship groups and conduct a process evaluation immediately following the group. Data from these focus groups will contribute to a revision of the intervention protocol.

### PILOT TESTING

The revised intervention will be pilot tested with cliques recruited from the study community. Thirty-two youth (seeds) will be asked to recruit their close friends for an intervention. All seeds will participate in an in-depth interview focused on strategies for recruiting their friends. All youth who are successfully recruited for the intervention will participate in the half-day program with their friendship group, will provide feedback immediately following the program, and will complete pre-, post- and follow-up questionnaires.

## RESULTS

### INTERVENTION MODIFICATION

To date we have conducted the initial focus groups to assess cultural sensitivity and acceptability of intervention strategies. We have learned that:

- Youth believe that there are strong messages being sent by the media (e.g., video, music) that are inconsistent with safer sex practices. Furthermore, they believe that neighborhood youth attend to these messages.

- Youth need clear and direct messages about sexual risks and how to protect against risk. Messages should not be "sugar coated."
- Youth may need to be "scared" into being safe by letting them see the worst things that can happen when sexual risks are taken (e.g., what STDs look like, talking to an HIV infected person).

There are strong gender differences in the approaches that males and females use in dealing with sexual issues with their friends:

- Females are more comfortable directly addressing a friend's risk, whereas males are more likely to view it as "not my business."
- Females believe that their girlfriends would listen to advice about risk, while males believe that their friends would generally ignore well-intended advice.
- Males believe that other males tend to overstate their safe sexual behaviors (e.g., condom use) and that they tend to overstate their sexual experiences (e.g., claim they had more partners than really had).
- Females may be more receptive to outreach when in friendship groups (e.g., girls are more likely to take a condom when offered if they are with their friends than if they are alone).

## CONCLUSIONS

Our initial focus groups have provided valuable information which is currently being used to revise our half-day theory-based HIV intervention.

Intervention approaches may need to differ for males and females. Because cliques are same gender, a clique-based intervention provides a good forum for such tailoring of intervention material.

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