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Working Together: Recruiting African American Female Caregivers and Pre-adolescent Girls for a Longitudinal Study

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Background

African Americans are only 14% of US population, but they make up approximately 50% of all new HIV cases (CDC, 2009).

Within female adolescent population between ages 13-19, African Americans make up 70% of HIV cases in US (CDC, 2006).

Mothers have more influence on early female adolescent behaviors than peers, dating partners, or community factors (Carroll et al, 1999).

Instilling a future time perspective (FTP) and socializing with a sense of racial pride decreases risk behaviors (Aronowitz & Morrison-Beedy, 2004; Aronowitz & Eche, In review)

Prevention interventions are only minimally successful when applied after the high-risk behaviors are established (Seigel, Aten, & Enaharo, 2001).

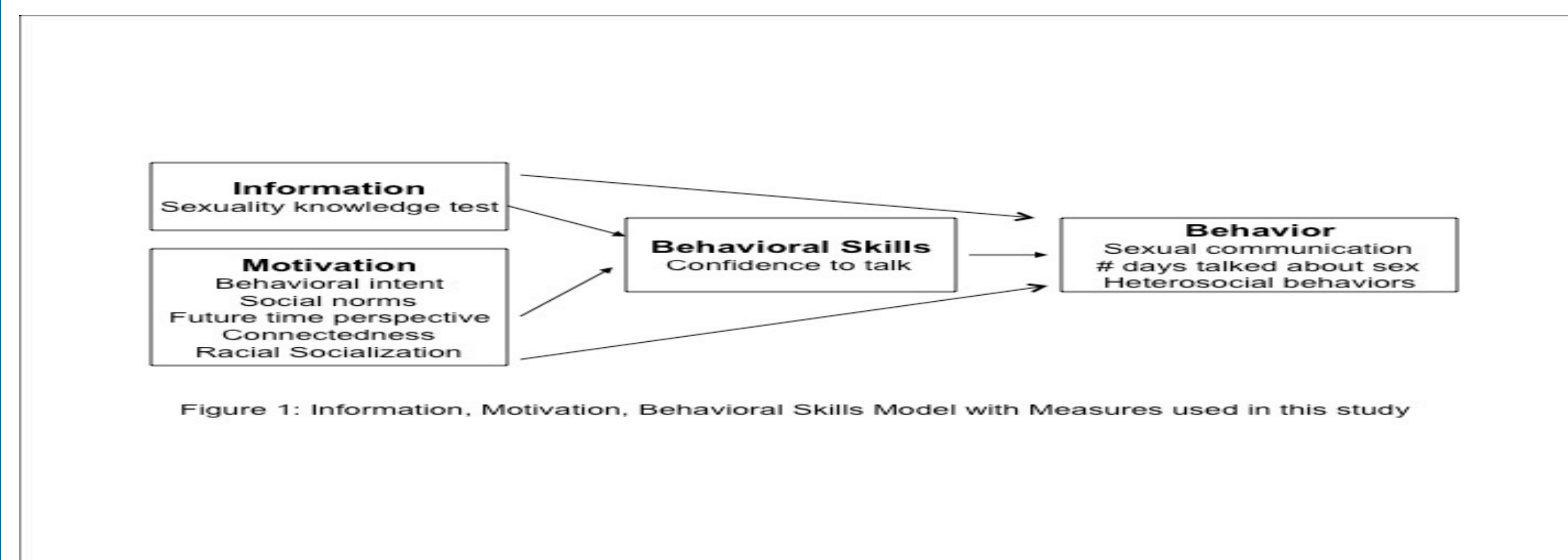
Theoretical Framework

Assumptions derived from:

- Peplau's (1952) Interpersonal Relations Theory
- Vygotsky's (1978) Cognitive Theory
- Ogbu's (1985) African American Cultural Ecology Theory
- Fisher & Fisher (1992) Information, Motivation, Behavioral Skills Model

Theoretical Framework

- The IMB model, a leading theory of HIV risk reduction.
- Aronowitz & Munzert (2006) redefined each construct expanding them in order to accommodate the behavioral outcome of increasing sexual communication with mother and delaying heterosocial behaviors
- The primary purpose of this study is to test an enhanced sexual communication intervention based on the IMB model.



Specific Aims

1. To implement an enhanced sexual communication intervention with mother-preadolescent girls.
2. To maintain the short-term enhanced sexual communication, and evaluate the longer-term efficacy (9 months) of an enhanced sexual communication intervention with mothers and preadolescent girls.
3. To determine whether the constructs of the Information-Motivation-Behavioral Skills (IMB) Model can account for variability in enhancing sexual communication of mother and preadolescent girls.

Methods

- Longitudinal randomized controlled trial.
- Randomized into the IMB intervention or the structurally equivalent health promotion control group.
- Trained role-matched facilitators will provide the four-session (total 8 hours) manualized intervention.
- Assessments will take place a baseline, immediately post-intervention, and at three, six and twelve months following completion of the intervention, with a booster session at 3-months

Resources

Proposal was presented to the Community Research Advisory Board Jan 2012 and support expressed. Suggestions made for recruitment strategies including other community groups (i.e.; YMCA, Institute of Health Recovery (IHR), Grove Hall Getting Healthier, and Multicultural Aids Coalition)

Future Plans

--Proposal will be submitted to NINR at NIH June 2012