

BE PROUD! BE RESPONSIBLE!

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Inner-city African American male adolescents

Goals of Intervention

- Increase knowledge and reduce positive attitudes and intentions regarding risky sexual behavior
- Eliminate or reduce sex risk behaviors

Brief Description

Be Proud! Be Responsible! is a small group skills building and motivational intervention to increase knowledge of AIDS and sexually transmitted diseases (STDs) and to reduce positive attitudes and intentions toward risky sexual behaviors among African-American male adolescents. The intervention consists of one 5-hour session delivered to groups of 5-6 males. The intervention includes facts about HIV/AIDS and risks associated with intravenous drug use and sex behaviors; clarifies myths about HIV; and helps adolescents realize their vulnerability to AIDS and STDs. Videos, games, exercises, and other culturally and developmentally appropriate materials are used to reinforce learning and build a sense of pride and responsibility in reducing HIV risk. Adolescents also engage in role-playing situations to practice implementing abstinence and other safer sex practices, including practicing condom use skills.

Theoretical Basis

- Social Cognitive Theory
- Theory of Reasoned Action
- Theory of Planned Behavior

Intervention Duration

- One 5-hour session

Intervention Setting

- Local community building

Deliverer

- African American men and women with backgrounds in human sexuality, education, nursing, social work, and small group facilitation. All facilitators had at least a 4-year college degree.

Delivery Methods

- Exercises
- Games
- Group discussions
- Lectures
- Practice
- Role play
- Video

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [Select Media, Inc.](#) under the name [Be Proud! Be Responsible!](#)

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Philadelphia, PA between 1988 and 1989.

Key Intervention Effects

- Reduced risky sex
- Reduced number of sex partners
- Reduced unprotected sex
- Reduced anal sex
- Increased condom use

Study Sample

The baseline study sample of 157 adolescents is characterized by the following:

- 100% black or African American
- 100% male
- 98% heterosexual, 2% homosexual/bisexual
- Mean age of 15 years
- 97% enrolled in high school

Recruitment Settings

Local outpatient medical clinic, high school, and YMCA

Eligibility Criteria

Participants were eligible if they were African American male adolescents.

Assignment Method

Adolescents (N = 157) were randomly assigned to 1 of 2 groups: Be Proud! Be Responsible! (n = 85) or Career-opportunities comparison (n = 72).

Comparison Group

The career-opportunities comparison intervention addressed career planning and opportunities. This intervention was delivered in a single 5-hour session; included small group discussions, exercises, games, and videos; and was facilitated by African-American adults.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 3 months (including number of days respondent had sex, number of sex partners, number of sex partners involved with other men, and occurrence of anal sex) were measured at the 3-month follow-up. A risky sexual behavior scale was calculated by combining all sexual risk behavior measures.
- Condom use during past 3 months (including frequency of condom use scale and number of days of not using a condom during coitus) were measured at the 3-month follow-up.

Participant Retention

- Be Proud! Be Responsible!
 - 98% retained at 3 months
- Career-opportunities comparison
 - 93% retained at 3 months

Significant Findings

- At the 3-month follow-up, adolescents in the intervention group reported significantly less risky sexual behavior (using the combined scale, $p < .01$) and fewer number of female sex partners ($p < .003$) than adolescents in the comparison group.
- At the 3-month follow-up, adolescents in the intervention group reported a significantly fewer days of having sex ($p < .008$), fewer female sex partners involved with other men ($p < .05$), and fewer days not using a condom during sex ($p < .003$). In addition, adolescents in the intervention group were significantly less likely to report engaging in heterosexual anal sex ($p < .02$) than adolescents in the comparison group at the 3-month follow-up. (While the above findings meet best evidence, these findings meet the good-evidence criteria.)

Considerations

- The adolescents in the intervention group reported significantly higher rates of condom use than those in the comparison group at the 3-month follow-up; however, the sample size was too small for this outcome to meet best-evidence or good-evidence criteria.
- The 3-month follow-up data revealed that the intervention effect was greater with a female facilitator than a male facilitator for four of the six outcomes reported above (all p 's $< .05$).

REFERENCES AND CONTACT INFORMATION

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Jemmott, J. B., III, & Jemmott, L. S. (1996). Strategies to reduce the risk of HIV infection, sexually transmitted diseases, and pregnancy among African American adolescents. In Resnick, R. J. & Rozenky, R. H. (Eds.), *Health psychology through the life span: Practice and research opportunities* (pp. 395-422). Washington DC: American Psychological Association.

Researcher: John B. Jemmott, PhD, RN

University of Pennsylvania

Annenberg School for Communication

3620 Walnut Street

Philadelphia, PA 19104

Email: jjemmott@asc.upenn.edu

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