

MALES OF AFRICAN AMERICAN LEGACY EMPOWERING SELF (MAALES)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Black or African American men who have sex with men and women (MSMW)

Goals of Intervention

- Decrease unprotected sex†
- Decrease number of sexual partners
- Reduce sex while under the influence of drugs and alcohol
- Increase racial and cultural pride
- Reduce HIV stigma and gender-role conflict

Brief Description

MAALES is a group-level, culturally and historically congruent, HIV sexual-risk-reduction intervention. The intervention includes six small-group sessions and two booster sessions. Sessions 1 and 2 focus on past experiences and social expectations of African American men, historical discrimination and disenfranchisement, risky behaviors, HIV testing, and societal impacts on health behaviors and sexual decision-making. Sessions 3 and 4 focus on current health behaviors and sexual and drug-use risk reduction, with specific attention on developing sexual risk-reduction goals, improving communication and empowerment skills, and identifying personal motivators for preserving health. Sessions 5 and 6 focus on sustaining and committing to risk-reduction strategies. The booster sessions review concepts and skills learned in the core curriculum and encourage participants to share successes and challenges in applying them. Participants engage in facilitated group discussions that address social influences and cultural norms to encourage health promoting behaviors that also benefit participants' sexual partners, families, and communities.

Theoretical Basis

- Theory of Reasoned Action/Theory of Planned Behavior
- Empowerment Theory
- Critical Thinking and Cultural Affirmation Model

Intervention Duration

- Six 2-hour sessions delivered over 3 weeks and two 2-hour booster sessions at 6 and 18 weeks post-intervention

Intervention Settings

- Community-based agencies

Deliverer

- Trained black or African American male facilitators

Delivery Methods

- Case vignette
- Discussion
- Exercises
- Goal setting
- Role play
- Skills demonstration
- Video

INTERVENTION PACKAGE INFORMATION

An intervention package is available from Nina Harawa, Charles R. Drew University of Medicine and Science (CDU), 1731 East 120th St., Los Angeles, CA 90059.

Email: ninaharawa@cdrewu.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Los Angeles, California between 2007 and 2011.

Key Intervention Effects

- Reduced frequency of unprotected sex† with male or female partners
- Reduced frequency of unprotected vaginal or anal sex† with female partners
- Reduced number of female sex partners

Study Sample

The baseline study sample of 381 men is characterized by the following:

- 100% black or African American
- 100% male
- 60% bisexual, 14% heterosexual, 12% gay, 7% down low, 5% other, 2% same gender loving
- 48% HIV-positive, 43% HIV-negative, 7% never tested, 2% other (indeterminate, inconclusive)
- Mean age of 43 years
- 16% did not complete high school, 56% graduated high school or obtained a GED, 20% completed a two-years associates degree or certificate program, and 8% completed college or higher

Recruitment Settings

Buses, bus benches, public venues, local community publications, internet sites, and through provider and participant referrals

Eligibility Criteria

Men were eligible if they self-identified as black or African American, were biologically male, were at least 18 years old, reported at least one sexual activity with both a biological female and a male (or male-to-female transgender) partner in the past 24 months, and had not participated in an HIV-prevention program in the past 6 months.

Assignment Method

Men (N = 386) were randomly assigned to 1 of 2 study arms: MAALES (n = 198) or an HIV-education and risk-reduction counseling comparison (n = 188).

Comparison Group

The comparison group received a single, client-centered HIV education and risk-reduction counseling session (15 to 20 minutes in length) based on the Project RESPECT counseling approach. The session included an exploration of the individual's HIV/STD risks and his priorities for risk reduction and discussed the importance of regular HIV testing. Participants also identified three risk-reduction action items that they would commit to over the next month.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors in the past 90 days (including number of male, female, and male-to-female transgender sex partners; number of episodes of unprotected vaginal or anal sex†; number of episodes of unprotected discordant sex†; and sex while using drugs) were measured 2 weeks, 3 and 6 months after completion of the core intervention, which translates to assessments during and 1.5 months after completion of the core intervention and booster sessions.

Participant Retention

- MAALES intervention
 - 73% retained 1.5 months after completion of the core intervention and booster sessions
- HIV-education and risk-reduction counseling comparison
 - 71% retained 1.5 months after completion of the core intervention and booster sessions

Significant Findings

- At 1.5 months after completion of the intervention and booster sessions, relative to comparison participants, intervention participants reported:
 - A significantly lower frequency of unprotected sex† with male or female partners (Adj RR = 0.61, 95% CI = 0.49, 0.76).
 - A significantly lower frequency of unprotected vaginal or anal sex† with female partners (Adj RR = 0.50, 95% CI = 0.37, 0.66).
 - A significantly lower number of female vaginal sex partners (Adj RR = 0.56, 95% CI = 0.44, 0.72).

Considerations

- This intervention fails to meet the best-evidence criteria because the assessment time point was < 3 months post-completion of the intervention and booster sessions.
- There were no significant intervention effects on the frequency of unprotected anal sex† with male partners, the number of male anal sex partners, or any drug use with sex at 1.5 months after completion of the intervention and booster sessions.

- Missing data at 1.5 months after completion of the intervention and booster sessions was 12% for the frequency of unprotected sex† with any partner outcome; however, attrition plus missing data did not exceed 40%, which is considered acceptable.*
- Overall attrition and attrition in the intervention arm were associated with baseline levels of several demographic and behavioral variables (e.g., sexual orientation, living condition, drug use). However, these differences were adjusted for using inverse probability weighting in the final analysis model.*

*Information obtained from author

†Unprotected sex measured as sex without a condom

REFERENCES AND CONTACT INFORMATION

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Researcher: Nina T. Harawa, MPH, PhD

Department of Research/Medical Sciences Institute

College of Medicine

Charles R. Drew University of Medicine and Science (CDU)

1731 East 120th St., Building J

Los Angeles, CA 90059

Email: ninaharawa@cdrewu.edu

