

STRONG AFRICAN AMERICAN FAMILIES-TEEN (SAAF-T)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- African American adolescents living in in the rural South and their caregivers

Goals of Intervention

- Reduce unprotected sex†
- Increase condom efficacy

Brief Description

SAAF-T is a family-centered, group-level intervention delivered to adolescents and their caregivers. The intervention addresses multiple adolescent problem behaviors—including risky sex, substance use and conduct problems—through the use of family skills training. Each SAAF-T intervention meeting consists of separate, concurrent training sessions for caregivers and adolescents followed by a joint session during which families practice together the skills they learned separately. The sexual health unit focuses on preventing unprotected sexual intercourse and promoting condom self-efficacy. Adolescent sessions include general sexual health information and skills for abstaining sexual activity, while caregiver sessions address communication about risk behavior and common caregiver misgivings regarding condom education, including the concern that teaching condom skills may encourage sexual activity. After the sexual health unit, adolescents, with their caregiver’s permission, participate in an optional condom skills module that includes condom use instructions and practice with a penis model.

Theoretical Basis

- Social Cognitive Theory*
- Social-Ecological Model*

Intervention Duration

- Five weekly, 2-hour sessions (consisting of a concurrent 1-hour parent and adolescent session followed by a 1-hour family group session) and an optional 20 minute condom skills session at week four

Intervention Settings

- Community facilities

Deliverer

- African American facilitators from the local community

Delivery Methods

- Guided discussion
- Homework assignments
- Practice
- Role play
- Skills building
- Video

INTERVENTION PACKAGE INFORMATION

An intervention package is available from **Megan Sperr**, Center for Family Research, Dissemination Office, University of Georgia, 1095 College Station Dr., Athens, GA, 30605.

Email: meganlc@uga.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Georgia between 2007 and 2010.

Key Intervention Effects

- Reduced unprotected sex†

Study Sample

The baseline study sample of 502 adolescents is characterized by the following:

- *100% black or African American*
- *51% female, 49% male*
- *Mean age of 16 years*

Recruitment Settings

Public high schools

Eligibility Criteria

Youth were eligible if they were 15 or 16 years in age and self-identified as African American.

Assignment Method

Families (N = 502) were randomly assigned to 1 of 2 study arms: SAAF-T (n= 252) or Fuel for Families (FF) comparison (n = 250).

Comparison Group

The Fuel for Families (FF) comparison addressed nutrition, healthy eating, the importance of exercise, body image, and how families can support health. The format and length (5 sessions, delivered to groups of 8-12 families in separate parent/adolescent 1-hour sessions immediately followed by family group sessions, and delivered by African American facilitators) were identical to those of the SAAF-T intervention, and FF similarly included video and other interactive components.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors in the past 3 months (including engaging in unprotected sex† and frequency of unprotected sex†) were measured at 5 and 22 months post-baseline, which translates to 2 and 19 months post-intervention.

Participant Retention

- SAAF-T Intervention
 - 94% retained at 19 months after intervention*
- Fuel for Families (FF) Control
 - 96% retained at 19 months after intervention*

Significant Findings

- Among participants who received a full dose of the intervention (n = 345)*, SAAF-T participants reported a significantly lower frequency of unprotected intercourse than matched comparison participants at 19 months post-intervention (Complier Average Causal Effect (CACE) estimate = 0.45, SE = 0.15, p < 0.01).

Considerations

- This intervention fails to meet the best-evidence criteria because participants were analyzed based on intervention exposure, which compared participants who received a full dose of the intervention (n = 175), defined as attendance at ≥ 3 intervention sessions and the condom skills unit, to an equivalent group from the comparison arm (n = 170). However, because the analysis attempted to reintroduce equivalence through a matched comparison, the intervention still meets the good-evidence criteria.
- At 19-months post-intervention, additional intervention effects (all p-values < 0.05) were also observed for the following outcomes:
 - Reduced frequency of substance use
 - Reduced conduct problems
 - Reduced depressive symptoms
 - Increased healthful behaviors
 - Increased condom efficacy (based on intervention exposure analysis, CACE model)
 - Reduced substance use problems (based on the subgroup of participants who reported substance use at baseline)

***Information obtained from author**

†Unprotected sex measured as sex without a condom

REFERENCES AND CONTACT INFORMATION

Kogan, S. M., Yu, T., Brody, G. H., Chen, Y. F., DiClemente, R. J., Wingood, G. M., & Corso, P. S. (2012). [Integrating condom skills into family-centered prevention: Efficacy of the Strong African American Families-Teen program](#). *Journal of Adolescent Health, 51*, 164-170.

Researcher: Steven M. Kogan, PhD

Department of Human Development and Family Science

University of Georgia

123 Dawson Hall

Athens, GA 30602

Email: smkogan@uga.edu

