

In Their Own Voices: Rural African-American Youth Speak Out About Community-Based HIV Prevention Interventions

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What Is the Purpose of This Study?

- To explore young, rural African Americans' perspectives about key programmatic components to consider when designing youth-targeted, community-based HIV-prevention interventions.

What Is the Problem?

- The HIV/AIDS epidemic continues to be a significant public health problem in the United States, particularly among rural African-American youth in the Southeast.
- African Americans represent 15% of the adolescent population yet comprise 61% of all new cases of HIV among persons under age 25.
- Our target counties have some of the highest rates of HIV/AIDS in the state and the most significant HIV/sexually transmitted infection disparities.
- Although many HIV prevention interventions have been developed for youth, few address the needs of youth residing in the southeastern United States or rural communities, and even fewer have used a community-based participatory research approach.

What Are the Findings?

Four components were identified by participants as being critical to the design of community-based HIV/AIDS prevention interventions targeting young, rural African Americans. They are:

- Target population: Interventions should target younger rather than older youth in an effort to provide information and skills that delay sexual initiation and promote healthy sexual decision making before sexual behaviors become established.
- Intervention design and delivery: Intervention developers should obtain input from young people in target communities regarding critical programmatic components to consider. Key issues of importance to young people identified in this study include: whom to employ as study recruiters and intervention leaders, intervention format and delivery approaches, acceptable recruitment and intervention locations, and incentive structures.
- Potential collaborators: Participants believed community collaborators who represent varied community sectors were critical. They wanted to learn from respected members of their social networks (e.g., family, friends, teachers/coaches, community and faith-based leaders), pop culture icons (e.g., television, music, or sports stars), and negative role models (e.g., substance users).

- Barriers: Important barriers to address to maximize young people's participation and intervention effectiveness included transportation limitations, community social norms that limit open communication between adults and youth about sexual health topics, perceived lack of involvement in HIV prevention efforts by socially and politically influential community leaders, and the unwillingness of social institutions and other community organizations to collaboratively acknowledge and address sexual activity among adolescents.

Who Should Care Most?

- HIV-prevention researchers.
- HIV/AIDS-focused community-based organizations.
- Youth and community centers.
- Schools.
- Faith-based institutions that provide youth or HIV outreach.
- Health agencies that do HIV prevention or adolescent sexual health work.

Recommendations for Action

- Form academic/community partnerships when designing community-based, youth-targeted, HIV/AIDS prevention interventions in which youth are included as an integral part of the intervention development and implementation process.
- Design interventions that address youths' HIV prevention needs while simultaneously seeking to improve community norms regarding HIV and AIDS.
- Develop interventions that blend seamlessly into youth's existing social lives, rather than requiring that youth interface with programs or individuals with whom they are unfamiliar.
- Develop mechanisms to promote open communication about HIV/AIDS and sexual health between youth and adults.