# RESPONSIBLE, EMPOWERED, AWARE, LIVING MEN (REAL MEN)

Good Evidence - Risk Reduction

# INTERVENTION DESCRIPTION

## **Target Population**

• African American adolescent boys ages 11 to 14 and their fathers

#### **Goals of Intervention**

- Increase communication about sexuality between fathers and sons
- Promote delay of sexual intercourse
- Increase condom use among sexually active adolescents

# **Brief Description**

REAL Men is a group-level, skill-building intervention for fathers (or father figures) of adolescent boys ages 11-14 to encourage communication between fathers and sons about sexuality and to promote delay of sexual intercourse in youth and condom use among sexually active youth. The seven 2-hour intervention sessions emphasize the importance of father's role in helping teens make responsible choices about sex. The first 6 group sessions are for fathers only and provide information on how to communicate with adolescents (e.g., increasing awareness of listening skills and teachable moments), general sexual topics important to teens, and information about transmission and prevention of HIV/AIDS. During these sessions, fathers also watch videotapes of fathers talking to sons about sexual topics and practice communication skills through role plays. Correct use of condoms is demonstrated by facilitators and practiced by fathers. Each week, fathers set a behavioral goal to be completed by the next session and additional take-home activity is given to be completed with sons. The intervention concludes with a joint session in which fathers and sons discuss issues related to peer pressure and parental monitoring and includes a graduation ceremony.

#### **Theoretical Basis**

Social Cognitive Theory

#### Intervention Duration

Seven 2-hour sessions delivered over 7 consecutive weeks

## **Intervention Settings**

• Boys and girls clubs

#### COMPENDIUM OF EVIDENCE-BASED INTERVENTION AND BEST PRACTICES FOR HIV PREVENTION

#### ARCHIVED INTERVENTION

#### **Deliverer**

Facilitator

## **Delivery Methods**

- Demonstration/modeling
- Discussion
- Games
- Goal setting
- Lecture

- Printed material
- Role Playing
- Take-home activity
- Videos

## INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact Colleen Dilorio, Emory University, Rollins School of Public Health, 1518 Clifton Road, NE, Atlanta, Georgia 30322.

Email: cdiiori@emory.edu for details on intervention materials.

# **EVALUATION STUDY AND RESULTS**

The original evaluation was conducted in Atlanta, Georgia between 2000 and 2004.

## **Key Intervention Effects**

Increased abstinence

## **Study Sample**

The baseline study sample of 273 father-son dyads is characterized by the following:

- Fathers: 97% black or African-American; Sons: 96% black or African-American
- 100% male
- Fathers: mean age of 40 years; Sons: mean age of 13 years
- Fathers: 82% completed high school education or more

#### **Recruitment Settings**

Boys and Girls Clubs in metropolitan Atlanta

## **Eligibility Criteria**

Adolescents were eligible if they were male, enrolled as members at the Boys and Girls Club and were between the ages of 11 to 14. Fathers or father figures were invited to participate if they were aged 18 years or older, were biological fathers or were identified by the mother as a significant influence in the adolescent's life and had at least a 1-year relationship with the adolescent, and mother and son both agree the chosen person would serve as a father figure.

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## **Assignment Method**

Seven Boys and Girls Clubs were randomly assigned to 1 of 2 groups: REAL Men intervention (n = 4 Boys and Girls clubs; 141 father-son dyads) or Nutrition and Exercise comparison (n = 3 Boys and Girls clubs, 132 father-son dyads)

#### **Comparison Group**

The comparison group received seven weekly 2-hour nutrition and exercise sessions, focusing on basic facts on nutrition and exercise, benefits of healthy lifestyle and eating fruits and vegetables, estimation of serving size, how to read and interpret food labels and benefits of and barriers to exercise. Sessions were delivered using a combination of lectures, discussion, role playing games and videotapes. Identical to the REAL Men intervention, fathers attended the first six sessions alone and attended the final session with the adolescent.

# **Relevant Outcomes Measured and Follow-up Time**

• Sex behaviors (including ever had sexual intercourse [abstinence rate], condom use [ever and during last sex] among sexually active) were measured at 3, 6, and 12 months after baseline, which translate to approximately 1, 4, and 10 months after intervention.

## **Participant Retention**

**Adolescent Boys** 

- REAL Men Intervention
  - o 88% retained at 1 month after intervention
  - o 89% retained at 4 months after intervention
  - o 90% retained at 10 months after intervention
- Nutrition and Exercise Comparison
  - o 92% retained at 1 month after intervention
  - o 95% retained at 4 months after intervention
  - o 95% retained at 10 months after intervention

# **Significant Findings**

• At 4 months after intervention, the proportion of adolescent boys who were sexually abstinent was significantly greater in the REAL Men Intervention group than the Nutrition and Exercise comparison group (p = .05, one-tailed test).

#### Considerations

- This intervention did not meet Best evidence criteria due to use of a one-tailed statistical test.
- Among sexually active youth, the proportion of boys who reported ever having sexual intercourse without a condom was significantly lower in the REAL Men intervention group than the Nutrition and Exercise comparison group at 4 months after intervention (p = .02, one-tailed test) and 10 months after interventions (p = .03, one-tailed test). These findings failed to meet Good evidence criteria due to small analytic sample sizes.
- In the article by Dilorio et al. (2007), an error occurred in reporting the one-tailed p-value in Table 3 on page 1088. For the "ever had sexual intercourse without a condom, proportion" outcome, the p-value for the 6-month assessment (4 months after intervention) should be .02 rather than .12. The corrected p-value is reported in the Errata (American Journal of Public Health. 2007. 97(8): 1350).

#### COMPENDIUM OF EVIDENCE-BASED INTERVENTION AND BEST PRACTICES FOR HIV PREVENTION

#### ARCHIVED INTERVENTION

- Significant intervention effects were observed for fathers' self-reported discussion of sex-related topics with sons at 1 month after intervention (p = .04, one-tailed test) and 10 months after intervention (p = .04, one-tailed test).
- The adult males who participated in the study included 40% biological fathers, 19% friend/other, 15% stepfather, 8% brother, 9% uncle, 6% grandfather, and 3% boyfriend of mother.

# REFERENCES AND CONTACT INFORMATION

Dilorio, C., McCarty, F., Resnicow, K., Lehr, S., & Denzmore, P. (2007). <u>REAL men: A group-randomized trial of an HIV prevention intervention for adolescent boys</u>. *American Journal of Public Health, 97*, 1084-1089.

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