

# New HIV-reduction initiative takes to the fields

November 5 2008

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Education has found its way onto the soccer fields of North Carolina – in the form of a social experiment that may have all the right ingredients to change the direction of Latino health in the United States.

Despite overall advances in medical care and treatment, Latinos with HIV in the United States have higher mortality rates than whites, a medical fact especially significant in North Carolina, which has one of the fastest-growing Latino populations in the country. Whether due to lack of education, cultural views or personal beliefs, information about safer sex and HIV/AIDS isn't reaching the male Latino immigrant audience.

Now, researchers at Wake Forest University School of Medicine are beginning a project they think may be able to reduce the HIV burden being felt by Latino men settling in the Southeast. It involves meeting them on their own fields and utilizing the things they find the most comfort and familiarity in when they find themselves in a new country — soccer and other Latino men going through the same experiences.

"Currently in the United States there are no effective HIV prevention interventions designed for immigrant Latino adults," said Scott D. Rhodes, Ph.D., MPH, lead investigator and an associate professor in the Department of Social Sciences and Health Policy who is also affiliated with the Maya Angelou Center for Health Equity. "The CDC has nothing to offer to health educators and practitioners in health departments and community organizations who are charged with reducing HIV across the

country. Many immigrant Latinos lack the necessary information and skills to stay safe.

"We are training soccer team leaders as peer leaders to teach their own teammates about HIV and how to prevent it," Rhodes said. "We also are addressing norms and expectations about what it means to be a man. Men in general don't think about their own health, and we are training the peer leaders to talk to their teammates about how men can ask for help and seek care when needed, rather than waiting until it gets more serious."

Funded by a \$2.4 million grant from the National Institutes of Health, Rhodes and co-researchers have partnered with AIDS Care Service, in Winston-Salem, and Chatham Social Health Council, in Siler City, to provide health and disease prevention education in an effort to increase condom use and HIV testing in a peer-to-peer program. The intervention is based on social cognitive theory and the theory of empowerment education.

The intervention study, known as "HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables" (MEN: Men Maintaining Wellness and Healthy Relationships), will be funded for five years and will include a total of 20 Latino soccer teams in North Carolina. Ten teams from Forsyth County and 10 teams from Chatham County will each recruit a peer leader, or trained lay health advisor, called a "Navegante."

Navegantes will be trained on how to avoid and prevent HIV and other sexually transmitted diseases. The training will also include condom use skills, how to reframe the negative aspects and bolster the positive aspects of what it means to be a man and how to communicate effectively with teammates. The Navegante will then apply that training in interactions with his own teammates.

"We start where people are," Rhodes said. "In order to use a condom, for example, you have to know how to use a condom. Knowledge doesn't mean I will change my behavior, but if you want me to understand how to change, you have to teach me what I need to change and why. We also know that some immigrant Latinos rely on one another for support," Rhodes added. "We know that immigrants network to find places to live, for example, so we are utilizing these networks to develop a health promotion and disease prevention effort."

The teams will be randomized to two groups. To determine the effectiveness of the program, half of the teams will receive Navegante intervention from the start of the study, while the other half will be part of a delayed-intervention comparison group, which will begin receiving peer-led intervention in the third year. Data will be collected on members accessing healthcare, utilizing the Navegante, using condoms, etc., before the intervention (baseline), immediately post intervention, and at a 12-month follow-up.

Participants in the first-year HIV prevention intervention, relative to their peers in the delayed-intervention comparison group, are expected to show an increase in their use of condoms during sexual intercourse and in the utilization of HIV and sexually transmitted disease (STD) counseling, testing and treatment services.

"Our effort is unique because we work in very close partnership with representatives from community-based organizations, health departments and lay community members to ensure that we are doing the most meaningful and on-target research that we can be doing," Rhodes said. "The hope is that by blending our talents, skills, and experiences, what we do is more effective in reducing HIV. I bring science and our partners in research bring real-world experiences. They make sure that what I am doing as a scientist is grounded in reality."

Source: Wake Forest University

Citation: New HIV-reduction initiative takes to the fields (2008, November 5) retrieved 6 May 2024 from <https://medicalxpress.com/news/2008-11-hiv-reduction-fields.html>

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