

# Couples-oriented programs found to boost healthy behaviors among African Americans

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Intervention programs that promote healthier eating, increased physical activity and cancer screenings may be beneficial for African American couples that are at high risk for chronic diseases and that include one partner who is HIV-positive, according to new research.

With such interventions, each partner appears to draw encouragement from the other to monitor his or her own lifestyle and health, according to study co-author Gail Wyatt, a professor of psychiatry and biobehavioral sciences at the Semel Institute for Neuroscience and Human Behavior at UCLA and an associate director of the UCLA AIDS Institute.

"Our findings with couples indicate that perhaps having a partner go through the program may facilitate the increased health promotion that we found with this intervention," Wyatt said. "This also appeared to be the case when another family member was involved."

The findings were published recently in the journal *Archives of Internal Medicine*.

HIV medications, particularly highly active antiretroviral therapy (HAART), have had great success in controlling the virus, allowing many HIV-positive individuals to live much longer than before. But this increased longevity puts them at risk for other chronic conditions like cardiovascular disease and diabetes. High rates of premature death associated with these behavior-linked chronic diseases have been well

documented among African Americans. But the adoption of healthy behaviors can help reduce the risks.

Researchers from the National Institute of Mental Health Multisite HIV/STD Prevention Trial for African-American Couples Group tested an intervention that addressed multiple health-related behaviors in African American heterosexual couples in which one partner was HIV-positive and the other was not.

For the study, the researchers randomly assigned 535 couples from four U.S. cities with high HIV/AIDS rates to one of two groups: 260 couples participated in a couples-focused HIV/STD risk-reduction intervention, while 275 couples took part in an individual-focused health-promotion intervention intended to change unhealthy behaviors linked to increased risk for cardiovascular and cerebrovascular diseases, diabetes mellitus, and certain cancers. These behaviors included lack of physical activity, not eating enough fruits and vegetables, consuming too much fat, forgoing breast and prostate cancer screenings, and drinking too much alcohol.

The successful results of the HIV risk-reduction intervention were published in the journal *Archives of Internal Medicine* in 2010.

The health-promotion intervention, which was the focus of this new paper, addressed behaviors the participants engaged in and could control independently, with or without their partner.

Both interventions — the HIV/STD risk-reduction program and the individual-focused health promotion program — consisted of eight weekly two-hour sessions. Participants independently reported their health behaviors at the beginning of the study, immediately after the interventions and six to 12 months post-intervention. The average age of the participants was 43, and the HIV-positive partner was female in

roughly 60 percent of the couples.

At the beginning of both interventions, the researchers found overall low rates of fruit and vegetable consumption, physical activity, and cancer screenings among the participants. By the end of the intervention, participants in the health-promotion program were more likely to report consuming five or more servings of fruits and vegetables a day and adhering to [physical activity](#) guidelines than participants in the HIV/STD intervention group.

The health-promotion intervention participants also reported less frequent consumption of fatty foods than the HIV/STD risk-reduction group. In addition, more men in the health-promotion group received prostate cancer screenings, and more women received mammograms.

Alcohol use, however, did not differ between the intervention groups.

"African Americans are at high risk for morbidity and mortality from chronic diseases and are less likely to report engaging in behaviors associated with reduced risk of such diseases and to detect them at an early stage," the authors write. "Moreover, the risk of chronic disease is of particular concern for [African Americans](#) living with HIV because [HIV](#) and its treatment with HAART are associated with increased risk.

"Accordingly, this study is important, demonstrating that a theory-based contextually appropriate [intervention](#) that teaches skills caused positive changes on multiple behaviors linked to [chronic diseases](#) in African American members of HIV-sero discordant couples."

Other study authors were Nabila El-Bassel of Columbia University; John B. Jemmott, J. Richard Landis and Scarlett L. Bellamy of the University of Pennsylvania; Gina M. Wingood of Emory University; and Willo Pequegnat of the National Institutes of Health.

**More information:** [archinte.ama-assn.org/cgi/content/abstract/171/8/728](https://archinte.ama-assn.org/cgi/content/abstract/171/8/728)

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