

¡Cuídate!

¡Cuídate! is an HIV risk-reduction program specifically for Latino youth. The program is an adaptation of the *Be Proud! Be Responsible!* program. ¡Cuídate! also incorporates salient aspects of Latino culture, specifically familialism (the importance of family) and gender role expectations. The program presented both abstinence and condom use as culturally accepted and effective ways to prevent sexually transmitted diseases, including HIV.

The evaluation of ¡Cuídate! found that the program reduced the frequency of sex, number of sexual partners, and frequency of unprotected sex. It also increased consistent condom use over a one year period.

¡Cuídate! Detailed Description

Population Served

¡Cuídate! was developed for use with Latino teens age 13 to 18 years. It is suitable for use with both boys and girls, and teens who are sexually experienced as well as those who are not.

Setting and Goals

The program was implemented as an after school activity on Saturday. The goal of the program was to reduce risk behaviors for HIV including frequency of sex and unprotected sex.

Operation/Logistics

The program is a curriculum-based intervention which consists of 16 hours of instruction. The curriculum is based on social cognitive theory and the theories of reasoned action and planned behavior. It also incorporates key aspects of Latino culture.

Program Length

The program is a 6-hour curriculum which can be delivered on consecutive Saturdays.

Staffing

Facilitators in the evaluated program were bilingual and a majority self-identified as Puerto Rican. The facilitators received 2 ½ days of training to encourage and ensure that the program was implemented with fidelity, and to generate high motivation and enthusiasm among the facilitators.

Evaluation

The evaluation of ¡Cuídate! was a random assignment, experimental evaluation conducted in northeast Philadelphia schools. Participants were from three northeast Philadelphia high schools and community-based organizations within the neighborhoods. A total of 553 self-identified

Latino adolescents (249 males and 304 females) participated in the evaluation. Most of the participants (85%) were Puerto Rican and almost half were not born in the United States (45%). A majority (87%) of the students were in grades 8 through 11 and the mean age of the group was 14.9 years with a median of ninth grade in school. About 43% reported that they were sexually experienced with the mean age of sexual intercourse at 13.5 years.

Participants were randomly assigned to participate in either the risk-reduction program (intervention) or a health-promotion program (control), and data were collected immediately after the 2-day intervention; and at 3, 6, and 12 months after the intervention.

Findings

At all three follow-up periods (3, 6, and 12 months), adolescents in the HIV risk-reduction intervention were significantly less likely than those in the control group to have had sexual intercourse in the past three months (OR, 0.66; 95% CI, 0.46-0.96). Those in the risk-reduction group were also less likely to report having multiple partners across follow-up compared to those in the intervention group (OR, 0.53; 95% CI, 0.31-0.90).

When determining the effect of the program on condom use, adolescents in the risk-reduction program were more likely than those in the control to report using condoms consistently (OR, 1.91; 95% CI, 1.24-2.93) and less likely than those in the control to report days of unprotected sex (relative risk, 0.47; 95% CI, 0.26-0.84).

Subsequent analyses determined that sexual experience and primary language had significant interactions with the intervention. Among teens who were sexually experienced at baseline, those in the risk-reduction intervention were more likely to have fewer days of unprotected sex compared to those in the control group (relative risk, 0.22; 95% CI, 0.08-0.63). In addition, among Spanish speakers, the odds of using a condom at last sex were nearly 5 times higher among those teens in the risk-reduction intervention compared to those in the control group (OR, 4.73; 95% CI, 1.72-12.97), and there was no difference in condom use at last sex among English speakers (OR, 1.11; 95% CI, 0.72-1.71). Furthermore, Spanish speakers in the risk-reduction intervention had a higher proportion of protected sex than Spanish speakers in the control group (mean difference, 0.35; $p < 0.01$). There was not a similar difference seen between English speakers in the two groups.

Contact Information and Resources

Program and Evaluation Contact

Antonia M. Villarruel, Ph.D., R.N
University of Michigan, School of Nursing
400 N Ingalls, Room 4320
Ann Arbor, MI 48109-0482
Email: avillarr@umich.edu

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