

# *Safe Sistah: HIV/STD Prevention for Women*

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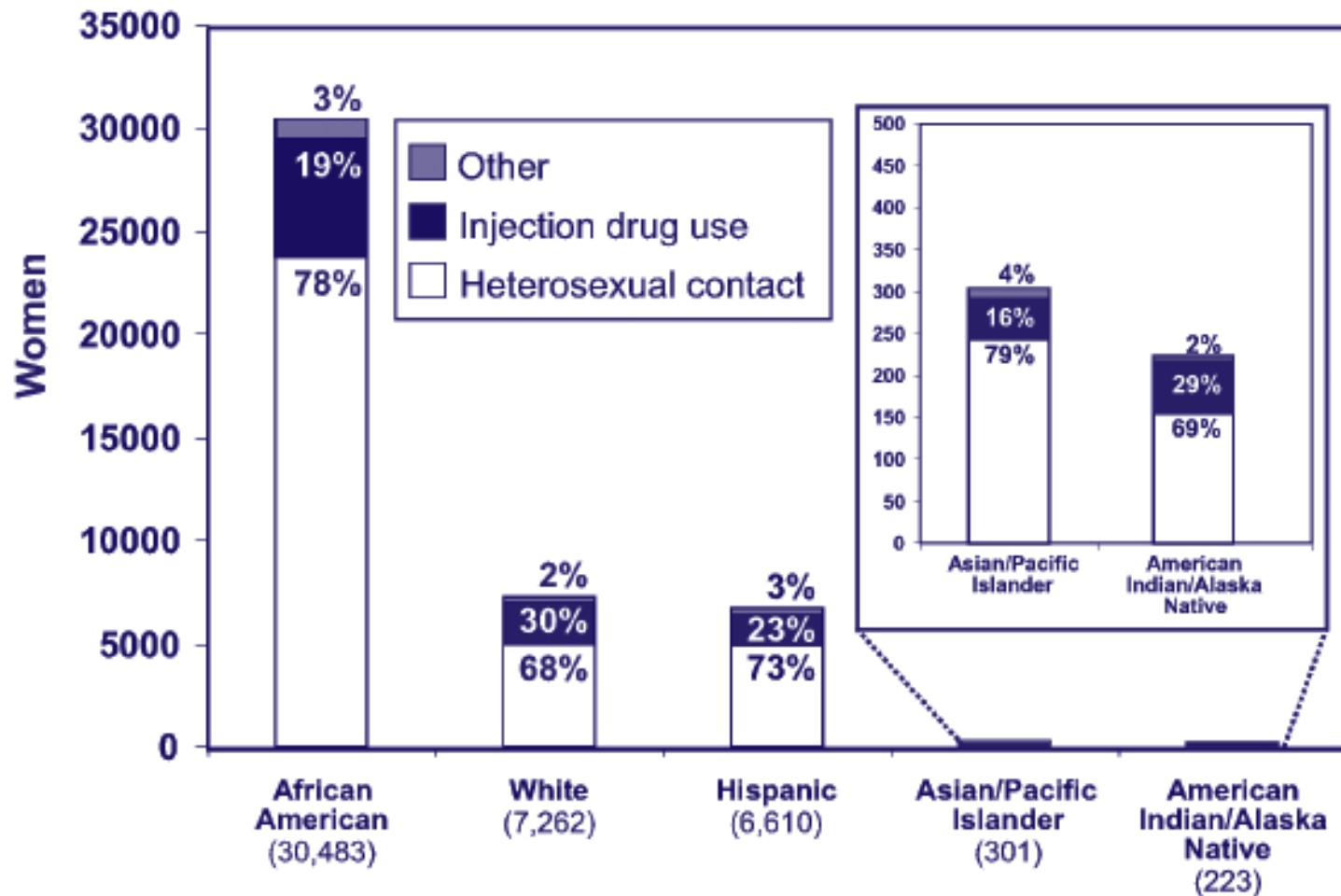
# Acknowledgments

- ISA Team
  - Royer Cook, President of ISA
  - Rebekah Hersch, Senior Vice President of ISA
- Consultants
  - Gina Wingood, Co-Director, Emory/Center for AIDS Research, Behavioral and Social Science Core
  - Sheana Salyers Bull, Associate Professor of Family Medicine at the University of Colorado Health Sciences
- Redmon Group
- Arlington County STD clinic
- Project was funded through a Phase I SBIR grant by NIDA (1R43DA021425-01)

# HIV/AIDS among Women: Overview

- Early in the epidemic, HIV infection and AIDS diagnosed in relatively few women
- In 1992, women accounted for an estimated 14% of adults and adolescents living with AIDS
- In 2004, women accounted for 27% of the estimated 38,730 diagnoses of HIV/AIDS
- The illness has been especially devastating for women of color

# HIV/AIDS among Women: Transmission 2001-2004



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.  
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

# HIV Prevention Works

- Behavioral interventions to reduce risk for HIV/AIDS are effective
- Merely possessing prevention information is not enough
  - Theoretically driven, personally tailored risk assessments and interventions are most effective
- Prevention efforts that simultaneously target both men and women can be successful
  - Most effective programs for women specifically focus on gender-specific issues

# Why Gender-Specific? 3 Reasons

- Main prevention weapon: consistent condom use
  - For men a behavior, for women it is a goal
  - Condom negotiation and problem-solving skills training
- Most of our theories assume freedom of choice and ignore the dyadic nature of sexual behavior
  - Alternative risk reduction strategies (e.g., partner selection, sex refusal, outercourse)
- Cultural issues also important to understanding risk behavior in women of color
  - Higher ethnic identity is related to higher self-esteem and fewer instances of sexual risk-taking

# Gender-Specific Interventions Work

- DiClemente, Wingood et al. (2004) developed a prevention program targeted at African American adolescent girls
  - 4 4-hour group sessions: ethnic/gender pride, HIV risk-reduction strategies, negotiating safer sex, healthy relationships
  - Consistent condom use increased at 6 months and maintained at 12 months
- St. Lawrence developed a prevention intervention based entirely on a socio-political theory of gender
  - TGP v SCT v wait-list control group
  - SCT improved their communication and condom use skills more than participants in the TGP intervention
  - Actual condom use increased relative to controls

# *Safe Sistah: Developmental Process*

- Collaborative and iterative process involving several key players/sources
  - Scientific literature
  - Expert consultants
  - Target audience
  - Software development team
  - STD clinic directors around the country



# *Safe Sistah: Scientific literature*

- Project RESPECT formed the core of the content
  - Personal risk assessment
  - Identification of risk reduction barriers
  - Enhancement of condom attitudes and condom self-efficacy
  - Development of personalized strategies for risk reduction
- Three key additions
  - Women focused prevention skills
    - Training in condom negotiation and partner selection
    - Enhancing sex refusal skills, problem-solving skills, the value of non-penetrative sexual behaviors
    - Increasing familiarity and comfort with the female condom
  - Treatment and prevention of STDs besides HIV
  - Enhancing ethnic and gender identity

# Opening and Introduction

- Opening
  - Focusing on the concepts of gender identity, community, and healthy choices
- Introduction
  - What you'll learn
  - Introduction to risk assessment
  - Words we use
  - Types of sexual partners

# Assessment

- Number of sexual partners (steady, casual, paying)
- Number of vaginal sex partners, within each type, and condom frequency
- Encouragement
- Number of anal sex partners, within each type, and condom frequency
- Amount of worry when didn't use condom within each types
- Ever carry condoms
- Don't use condoms because decreases sexual pleasure
- High-risk partners
- High-risk situations
- Partner communication about past drug use
- Partner resistance to condoms and outcome
- Partner communication about previous partners, resistance, outcome

# Feedback and Strategies that Work

- Feedback
  - Goal of enhancing self-perception of risk and describing strategies that the user could use to mitigate their risk
  - What you're doing well
  - Multiple sexual partners
  - Inconsistent condom use with steady partner
  - Inconsistent condom use with casual partner
  - Risky partners
  - High risk situations
  - Partner communication and refusal
  - Summary
- Myths and facts activity
- Conclusion

# Pilot Test Participants

- 18 women attending the Arlington County STD clinic participated
  - 10 African Americans (56%), 3 Latinas (17%), and 5 Caucasian (28%) women
- 12 STD clinics were identified
  - Ranged in size from 30 HIV education counselors to 4
  - 6 from the Northeast/Midwest, 3 from the West, and 3 from the South
  - Skewed toward urban (n = 8; e.g., Boston, Atlanta, Chicago, Washington DC, and Denver) as compared to rural (n = 4; Grand Island, NE; Conway, AR, and Edgewood, KY)

# Participant Ratings

Overall, how much did you like the program?	4.67
How easy was it to use?	4.83
How interesting was the information?	4.61
How clear was the information?	4.78
Did you like the personalized feedback?	4.67
When fully developed, would you use a program like this if it were available to you?	4.61
When fully developed, do you think a program like this could help women avoid getting HIV/STDs?	4.67

# Clinic Directors

To what extent do you think a program like the one I've described could be helpful for high-risk women?	4.58
How much would you like to have access to a computer-based prevention program like the one I've described?	4.67
To what extent do you think a program like the one I've described could be implemented at a clinic like yours?	4.04

# Phase II

- Majority of content is devoted to the *Assessment* and *Feedback* sections of the prototype
- Most of the prevention education material planned for *Strategies that Work* to be developed during Phase II
  - First subsection will increase the user's understanding of the symptoms, methods of transmission, and treatment for HIV/STDs
  - User's personal risk reduction plan will be the primary focus of the second subsection
- All sections of the prototype will be infused with greater levels of interactivity and richer multimedia content including video, animation, and graphics