

Background



This study examined psychosocial factors related to communication with sex partners and other healthy sex behaviors associated with preventing sexually transmitted infections (STIs). We tested a model of safer sex behavior using constructs from the Theory of Planned Behaviors (TPB). Researchers have shown the TPB predicts condom use and other safer sex behaviors.^{1,2,3,4}

This study used baseline assessments from participants in a safer sex intervention, HOPE (HIV/STI Outreach, Prevention and Education) Parties.

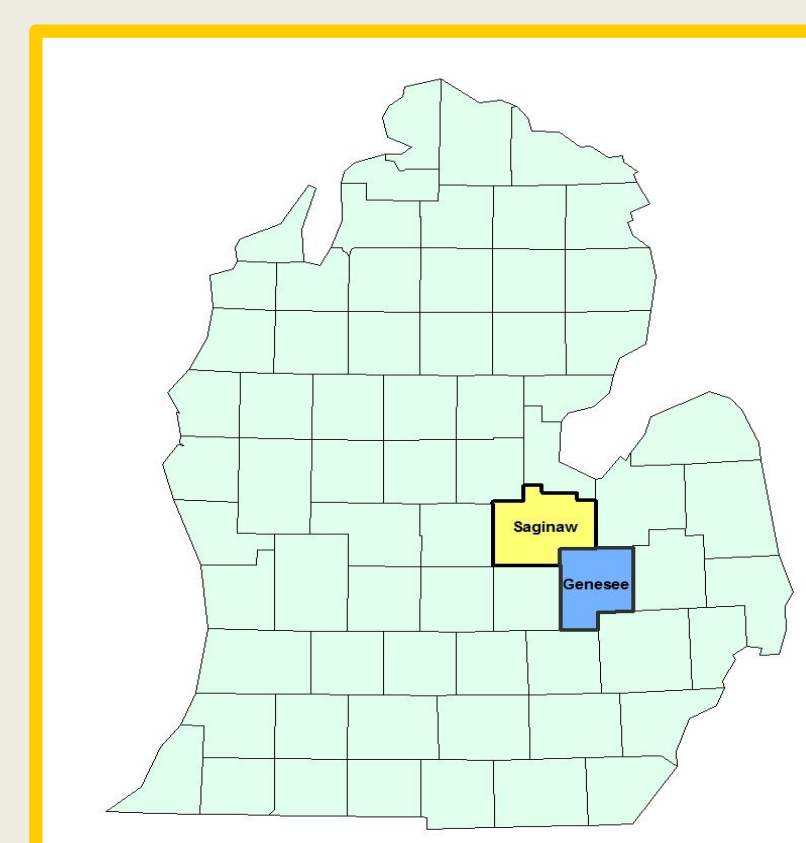
We hypothesized that participating in HOPE parties will directly affect the participants' knowledge, perceived norms, and self-efficacy related to safer sex behaviors. We also hypothesized that changes in these psychosocial factors will improve desired outcomes of communicating with sex partners and safer sex behaviors. In this study, we explore these hypothesized associations between the psychosocial factors and outcomes with the baseline data.



HOPE Intervention

African American young adults (ages 18-24) attended HOPE parties and received education on STIs and safer sex. HOPE parties typically occurred in the homes of volunteer hosts, who invite their friends, family members, and other acquaintances for a 2-hour program. HOPE parties offer participants the opportunity to learn about HIV/STI prevention methods, assess their risk, develop a risk reduction/safer sex behavior plan, and practice communication and decision making skills. HOPE parties include role-playing to identify and address triggers to risky sexual behavior, and develop appropriate responses, as well as demonstrations of male and female condoms, dental dams and lubricants. YOUR Center (Flint, MI) developed the HOPE parties curriculum based on evidence-based sexual health interventions⁵.

Participants in this study lived in Michigan's Genesee and Saginaw Counties, which had comparatively high rates of STIs among African American young adults. In both counties, African Americans had higher rates of HIV, Gonorrhea, and Chlamydia.



References

- 1 Armitage, C. J. and Conner, M. (2001). Efficacy of the Theory of Planned Behaviour: A meta-analytic review. *British Journal of Social Psychology*.
- 2 Godin, G., & Kok, G. (1996). The theory of planned behavior: a review of its applications to health-related behaviors. *American Journal of Health Promotion*.
- 3 Sutton, Stephen; McVey, Dominic; Glanz, Alan. (1999) A comparative test of the theory of reasoned action and the theory of planned behavior in the prediction of condom use intentions in a national sample of English young people. *Health Psychology*.
- 4 Albarracín, D. et. al. (2001) Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin*
- 5 CDC. (2013). *Compendium of Evidence-Based HIV Behavioral Interventions Complete Listing of Risk Reduction Evidence-based Behavioral Interventions*.

Methods

Sample

We analyzed baseline data from 430 HOPE party participants collected at 96 HOPE parties held from March 2011 through September 2013.

All participants self-identified as African American. Most of the participants (59%) lived in Genesee County, the balance (41%) lived in Saginaw County. The average age was 20.5 years old. More than half of our participants were women (63%). Seventy percent of participants had a high school diploma or less. Thirty-one percent reported working full or part time. Fifteen percent of the sample were students (full or part time). Nearly all participants (91%) reported being single; less than half of the participants (47%) were in a committed romantic relationship at the time of the survey.



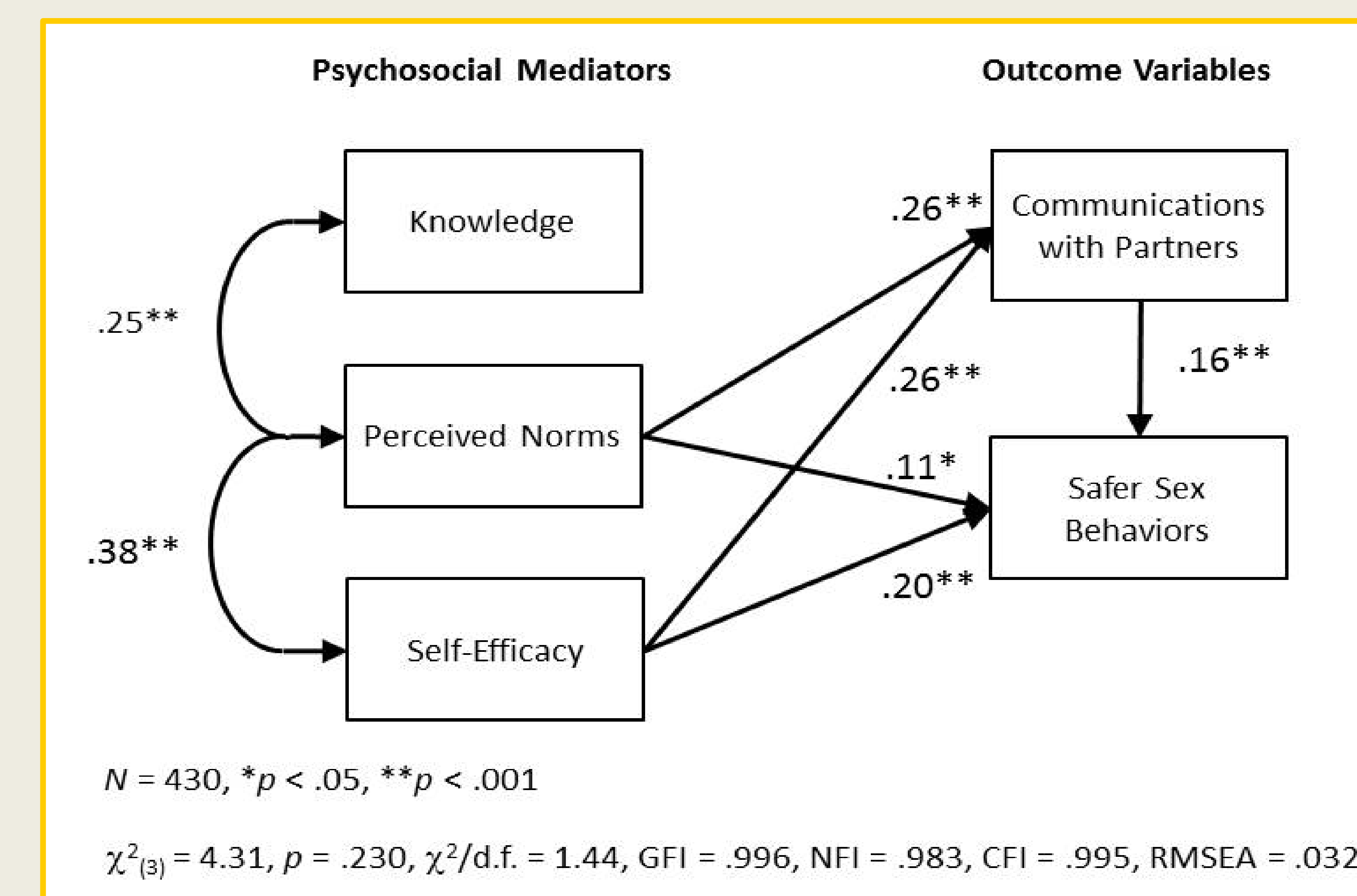
Scales

We adapted multi-item scales of psychosocial predictive factors:

- **Perceived norms** (9 items, adapted from Kelly, 1990, $\alpha = .56$): condoms, number of partners, sex while drunk or high and sexual histories
- **Efficacy** (15 items, adapted from Helwig-Larson, 1994, $\alpha = .80$): condom and dental dam use, partner communication, HIV/STD tests, drugs and alcohol, partner exclusivity, reducing sex partners and refusing sex
- **Knowledge** (15 items, adapted from Davis, 1998, $\alpha = .71$): HIV transmission, condoms, HIV testing, STIs, partner exposure and condoms
- **Communication with partners**: (6 items, adapted from Eastman-Mueller, 2006, $\alpha = .81$): condoms, sexual histories, HIV/STD tests, initiation of sexual activity, learning about partner, HIV/STD status, and intravenous drug use
- **Index of Safer Sex Behaviors**: (8 items, adapted from Cupitt, 1998) unprotected sex, substance use before sex, number of sexual partners, and STD testing

Results

Structural Equation Modeling



We used structural equation modeling with our baseline data from HOPE parties to validate our theoretical model. The model (as depicted above) has an excellent fit to the data. All paths shown are statistically significant and all statistically significant paths are shown (this is the parsimonious model).

Knowledge is only related to Communications with Partners and Safer Sex Behaviors through the mediated relationships through Perceived Norms.

Both Perceived Norms and Self-Efficacy uniquely predicted Communications with Partners and Safer Sex Behaviors. Communications with Partners also uniquely predicted Safer Sex Behaviors.

This model explained 14% of the variance in Communications with Partners and 8% of the variance in Safer Sex Behaviors.

Discussion

The findings provide some implications for HIV/STI interventions for young adults:

- The model is a good fit for sexual behaviors for African American young adults.
- Safer sex knowledge is essential to safer sex interventions, but not sufficient. HIV/STI education programs need to include elements that enhance self-efficacy and modify perceptions of peer normative behaviors.
- Improving partner communication skills centered around safer sexuality may be an effective way to increase adoption of healthier sex behaviors.
- Practical applications such as role playing may be more effective in increasing the adoption of healthy sex behaviors.