

# SANKOFA FACT SHEET

## Research Synthesis

### EFFICACY OF RISK-REDUCTION COUNSELING TO PREVENT HUMAN IMMUNODEFICIENCY VIRUS AND SEXUALLY-TRANSMITTED DISEASES: A RANDOMIZED CONTROLLED TRIAL

**AUTHORS:** KAMB, M. L., RISHBEIN, M., DOUGLAS, J. M., RHODES, F., ET AL. (1998).

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**Intervention Goal(s):** To determine the effects of enhanced and brief interactive counseling interventions to reduce high-risk behavior and to prevent new STDs.

**Intervention Setting:** Inner-city STD clinics.

**Population:** Of the 5,758 HIV-seronegative adults who participated in the study, 57% were male and 43% were female; 59% were African-American, 19% were Hispanic, 16% were white, and 6% were of the other racial/ethnic groups. Median age of the participants was 25 years and 24% were <20 years; 54% were unemployed.

### Description of Intervention: Project RESPECT

The Enhanced and Brief Counseling interventions were based on the Theory of Reasoned Action and Social Cognitive Theory. Sessions were interactive and designed to change factors that could facilitate condom use, such as self-efficacy, attitudes, and perceived norms. The study was conducted in Baltimore, Denver, Long Beach, Newark and San Francisco. Health department staff, trained to conduct HIV counseling, delivered the intervention.

The Enhanced Counseling intervention consisted of four sessions, a total of 200 minutes, and was completed in three to four weeks.



**Session 1:** Assessed personal risk, identified barriers to risk reduction, and negotiated a small risk-reduction step achievable in the next week.

**Session 2:** Explored condom use attitudes, discussed prior week's behavior change successes and barriers, and devised a strategy for taking a risk-reduction step before the next session.

**Session 3:** Built condom use self-efficacy, discussed prior week's behavioral goal and barriers and facilitators to condom use, and devised a strategy for taking another risk-reduction step.

**Session 4:** Explored social norms and support for condom use, discussed prior week's behavioral goal successes and barriers, and devised a long-term strategy for consistent condom use.

The Brief Counseling intervention consisted of two sessions, a total of 40 minutes, and was completed in seven to ten days. It was based on the HIV Prevention Counseling recommended by CDC for use with HIV testing since 1993.

**Session 1:** Identical to Session 1 above.

**Session 2:** Received HIV test results, discussed changes, support for changes made, and barriers and facilitators to change, and developed a long-term plan for risk reduction.

**Behavioral Findings:** Participants in both counseling interventions reported significantly higher condom use compared with participants in the comparison condition. Of the counseling participants, 30% fewer had new STDs compared with participants in the didactic message condition. In the counseling interventions, benefits accrued equally to men and women, and STD reduction was higher among adolescents than older participants.

**Source:** Compendium of HIV Prevention Interventions with Evidence of Evidence of Effectiveness, 1999.

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For more information, call the technical assistance analyst at the Mississippi Urban Research Center, 1-866-JSU-MURC (578-6872).

