

African American Prevention Intervention Network

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Research Synthesis

REDUCTION OF HIGH-RISK SEXUAL BEHAVIOR AMONG HETEROSEXUALS UNDERGOING HIV ANTIBODY TESTING: A RANDOMIZED CLINICAL TRIAL

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Intervention Goal(s): To determine the effects of a small group intervention to promote safer sex and condom use.

Intervention Setting: Waiting room of an STD clinic.

Population: The intervention was designed for sexually active heterosexual adults. The impact of the intervention was evaluated with a sample of adults attending an urban STD clinic in the Los Angeles area, who were willing to receive free and confidential HIV testing. The sample was mostly male (67%), African-American (88%), and employed (57%).

Intervention Objectives

- \$ To increase protected sexual activity, i.e., using condoms during vaginal or anal intercourse.
- \$ To increase concern about getting HIV/AIDS.
- \$ To increase questioning of sexual partners about three aspects of their past behavior: testing for HIV, injection drug use, and number of previous sexual partners.

Description of Intervention: HIV Education, Testing, and Counseling

The intervention was offered to clients of an STD clinic in Los Angeles. The intervention consisted of an educational component and an HIV blood test. The educational component included (a) a written pamphlet that explicitly discussed safer and unsafe sexual acts and explained condom use; (b) a 15-minute video that examined HIV-risk behavior and promoted condom use as well as discussing the risk with sex partners; and (c) a 10-minute, one-on-one counseling session with a physician.

The counseling session focused on assessing personal risk, discussing the elements of HIV testing, and answering any questions about HIV/AIDS or testing.

After completing the educational module, intervention participants had blood drawn for an HIV test. Test results were revealed to intervention participants approximately two weeks after study entry and were accompanied by the same risk reduction message as during the pretest counseling (for seronegative results) or in-depth counseling (for seropositive results).



Evaluation Methods

Eligible clinic attendees who agreed to participate were randomly assigned to the intervention (HIV/AIDS education plus HIV testing) or comparison (HIV/AIDS education only) group. All participants completed a self-administered questionnaire on demographic characteristics, HIV/AIDS knowledge, worry about general health, communication with sexual partners about HIV risk, and self-reported sexual behavior. All participants then received the education component. After completing the education component, all participants were called for the usual clinic blood draw. Those randomly assigned to the HIV testing intervention group were revealed to participants in the intervention group in person or by telephone accompanied by a repeat of the risk-reduction message. Participants in the HIV/AIDS education alone comparison group were given a list of locations for free, anonymous HIV testing.

Only 11% of the comparison group participants who completed the follow-up assessment reported obtaining an HIV test elsewhere. Using an intention-to-treat protocol, these participants were kept in the comparison group. Follow-up questionnaires were mailed eight weeks after the clinic visit. The article reports on the 186 participants (72%) for whom follow-up data were available after repeated mailings and telephone calls. Three of the 124 participants in the intervention group tested positive; they were excluded for other reasons (one revealed homosexual contact, one refused results, and one refused to complete the follow-up questionnaire).

Evaluation Findings

Participants who received the HIV education and testing intervention reported significantly fewer occurrences of unprotected intercourse than did those in the comparison condition.

Source: *Compendium of HIV Prevention Interventions with Evidence of Effectiveness, 1999*, <http://www.healthstrategies.org>. What Intervention Studies Say About Effectiveness, A Resource for HIV Prevention Community Planning Groups. Academy for Educational Development. Funding provided by the Centers for Disease Control and Prevention HIV/AIDS Prevention Research Synthesis Project. Atlanta, Ga.

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

