

**SAN KO FA FACT SHEET**

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**Research Synthesis****A RANDOMIZED, CONTROLLED TRIAL OF A BEHAVIORAL INTERVENTION TO PREVENT SEXUALLY TRANSMITTED DISEASE AMONG MINORITY WOMEN**

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**Abstract**

**Background** African-American and Hispanic women are disproportionately affected by sexually transmitted diseases, including the acquired immunodeficiency syndrome (AIDS). In the effort to reduce infection rates, it is important to create and evaluate behavioral interventions that are specific to the target populations.

**Methods** We enrolled women with nonviral sexually transmitted diseases in a randomized trial of a sex and culture-specific behavioral intervention. The intervention consisted of three small-group sessions of three to four hours, each designed to help women recognize personal susceptibility, commit to changing their behavior, and acquire necessary skills. The control group received standard counseling about sexually transmitted diseases. The design of the intervention was based on the AIDS Risk Reduction Model and ethnographic data on the study populations. Participants in both groups underwent screening, counseling, and an interview before randomization and at the 6- and 12-month follow-up visits. The principal outcome variable was subsequent chlamydial or gonorrheal infection, which was evaluated on an intention-to-treat basis by logistic-regression analysis.

**Results** A total of 424 Mexican-American and 193 African-American women were enrolled; 313 were assigned to the intervention group and 304 to the control group. The rate of participation in the intervention was 90 percent. The rates of retention in the sample were 82 and 89 percent at the 6- and 12-month visits, respectively. Rates of subsequent infection were significantly lower in the intervention group than in the control group during the first 6 months (11.3 vs. 17.2 percent,  $P=0.05$ ), during the second 6 months (9.1 vs. 17.7 percent,  $P=0.008$ ), and over the entire 12-month study period (16.8 vs. 26.9 percent,  $P=0.004$ ).

**Conclusions** A risk-reduction intervention consisting of three small-group sessions significantly decreased the rates of chlamydial and gonorrheal infection among Mexican-American and African-American women at high risk for sexually transmitted disease.

**Source:** *New England Journal of Medicine* 1999; 340: 93-100

**Content and Objectives of the Intervention****Session 1. Recognition of risk**

1. Increase awareness that minorities are disproportionately affected by AIDS.
2. Address myths.
3. Encourage acceptance of responsibility for infection.
4. Discuss the selection of sex partners.
5. Provide information about sexually transmitted diseases.
6. Increase awareness of personal risk.

**Session 2. Commitment to change**

1. Provide information about the prevention of sexually transmitted diseases and the importance of early treatment.
2. Extend a prescription against having unprotected sex.
3. Teach what to ask partners about current behavior and history.
4. Teach the use and erotic application of condoms.
5. Discuss barriers to condom use and how to overcome them.
6. Discuss what women want from a relationship.
7. Teach decision-making skills.

**Session 3. Acquisition of skills**

1. Increase skills for communicating and negotiating about sex.
2. Facilitate recognition that sexual enjoyment is appropriate for women.
3. Teach basic skills to deal with sexual dysfunction resulting from condom use.
4. Raise feelings of self-efficacy in communication about condom use.
5. Increase skills in erotic application of condoms through additional practice.
6. Identify and discuss triggers to unsafe sex.
7. Set goals.
8. Facilitate bonding and mutual support within the group.
9. Acknowledge problems of economic and physical survival.
10. Encourage the sharing of information with others to build a support network for risk reduction.