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**Research Synthesis**

**EFFECTIVENESS OF AN INTERVENTION TO REDUCE HIV TRANSMISSION RISKS IN HIV-POSITIVE PEOPLE**

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**Background:** As many as one in three HIV-positive people continue unprotected sexual practices after learning that they are HIV infected. This article reports the outcomes of a theory-based intervention to reduce risks of HIV transmission for people living with HIV infection

**Methods:** Men (n=233) and women (n=99) living with HIV-AIDS were randomly assigned to receive either (1) a five-session group intervention focused on strategies for practicing safer sexual behavior, or (2) a five-session contact-matched, health-maintenance support group (standard-of-care comparison). Participants were followed for 6 months post-intervention

**Results:** The intervention to reduce risk of HIV transmission resulted in significantly less unprotected intercourse and greater condom use at follow-up. Transmission-risk behaviors with non-HIV-positive sexual partners and estimated HIV transmission rates over a 1-year horizon were also significantly lower for the behavioral risk-reduction intervention group.

**Conclusions:** This study is among the first to demonstrate successful HIV-transmission risk reduction resulting from a behavioral intervention tailored for HIV-positive men and women.

**Introduction:**

Studies show that a significant minority of people living with HIV/AIDS continue to practice sexual behaviors that place their partners and themselves at-risk for HIV and other sexually transmitted infections (STIs). Across a wide range of U.S. geographic areas, populations, and settings, the overall rate of continued unprotected intercourse is approximately 33% among people with HIV infection. Given the potentially grave consequences of continued unprotected sexual intercourse among HIV-positive people, there is an urgent need for prevention interventions designed for people living with HIV infection. Thus far, efforts to reduce HIV-transmission risk behavior have concentrated on strategies adapted from interventions for uninfected populations with disappointing results, and HIV antibody testing and counseling results in only modest behavior change in HIV-positive people. However, research does suggest that social support and mental health counseling interventions may have unanticipated positive effects on sexual transmission risk behaviors. For example Coates et al. found that a stress management program for HIV-seropositive men in San Francisco surprisingly reduced numbers of sexual partners. Kelly et al. also reported reductions in sexual risk behaviors following three different mental health treatments.

In the current study, we tested a behavioral intervention designed to assist people living with HIV infection to reduce HIV-transmission risk behaviors. Our intervention model was grounded in Social Cognitive Theory, emphasizing the importance of building behavioral skills, enhancing self-efficacy for practicing risk-reduction behaviors, promoting intentions to change risk behaviors, and developing strategies for behavior change. We tailored our experimental intervention for HIV-positive people and framed the intervention content within the context of managing stress related to HIV disclosure and practicing safer sexual behavior. Because there is evidence that social support groups can affect risk behavior, we used a social support group model as a standard-of-care comparison intervention in a randomized effectiveness trial design. We hypothesized that the behavioral risk reduction intervention would demonstrate less sexual risk behavior, particularly risks posed to HIV-negative sexual partners compared to the social support group condition.

**Source:** *American Journal of Preventive Medicine*, 2001; 21 (2) From the Center for AIDS Research, Medical College of Wisconsin (Kalichman, Rompa, Cage, DiFonzo, Simpson, Austin, Luke Buckles, Kyomugisha, Benotsch), Milwaukee, Wis.; and AIDS Survival Project (Graham), Atlanta, Ga.

