

Women's Research Initiative (WRI) 2012

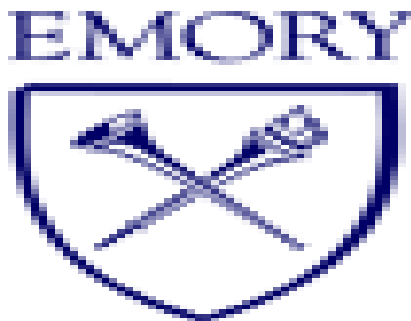
HIV Prevention for Female Adolescents and Young Adult Women: Moving Towards Translation


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Components of Effective HIV Interventions for Adolescent/Young Women

- Effective HIV interventions typically address cultural and gendered factors that:
 - enhance HIV vulnerability
 - facilitate empowerment

It's what's on the inside
that counts...

InsideKimberly.com

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A full-page photograph of Lil' Kim. She is lying on her stomach, propped up on her elbows, wearing a silver sequined halter top. She has voluminous, wavy blonde hair and is wearing heavy makeup, including blue eye makeup, white face paint around her eyes, and large, ornate earrings. She is looking directly at the camera with a slight smile. The background is a light blue wall with large, red, stylized letters 'W' and 'G' visible at the top.

Sex Kitten

LIL' KIM

Is Ready to Roar

RED-LIGHT SPECIAL

**Black Rob's "Whoa!"
Ghostface's Flow
Jagged Edge: Nice 'n' Slow**

NAKED LUXURY

**Mary J. Blige, Solé,
Dalvin DeGrate,
Lil' Zane, Stevie J.**

LISA BONET'S ANGEL HEART

Plus: Toni Braxton



Phenomenal Women

Pretty women wonder where my secret lies.
I'm not cute or built to suit a fashion model's size
But when I start to tell them,
They think I'm telling lies.
I say,
It's in the reach of my arms
The span of my hips,
The stride of my step,
The curl of my lips.
I'm a woman
Phenomenally.
Phenomenal woman,
That's me.



Phenomenal Women

I walk into a room
Just as cool as you please
And to a man,
The fellows stand or
Fall down on their knees.
Then they swarm around me,
A hive of honey bees.
I say,
It's the fire in my eyes,
And the flash of my teeth,
The swing in my waist
And the joy in my feet
I'm a woman. Phenomenally. Phenomenal woman. That's me.

Maya Angelou



Ethnic and Gender Pride

- What do you enjoy about being an African American adolescent female?
- What are some of the challenges of being an African American adolescent female?



Ethnic and Gender Pride

- Who are some of your African American female role models?
- Why are these women role models?



Components of Effective HIV Interventions for Young Women

- Effective should address power imbalances in relationships

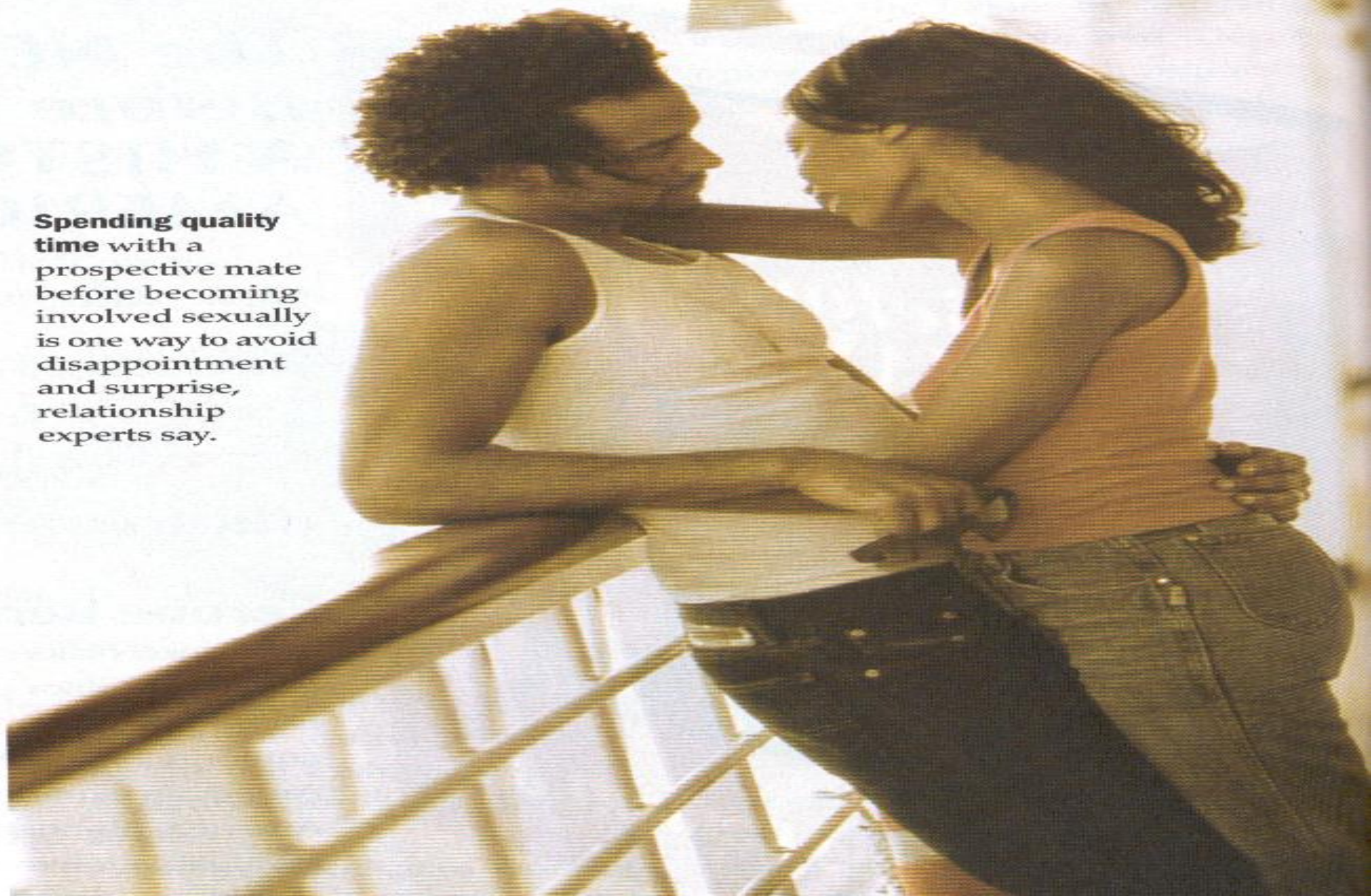
A THIN LINE BETWEEN

LOVE

Dating violence strikes one in every five teenage girls. Could a young woman you know be at risk?

HATE

Spending quality time with a prospective mate before becoming involved sexually is one way to avoid disappointment and surprise, relationship experts say.







Partner Selection: Would you hook-up with him?

- Deon is 26 has a nice ride, a good job in computers and a great sense of humor. Deon is always at the clubs and has lots of female friends. You heard that he cheated on a friend of a friend.
- Anthony is 23 and goes to school at Morehouse. He is real cute and is an Alpha man. He is really smart, but you heard he is pretty mean to his ex-girl friend, and talks down to her a lot.
- Khalil is 24 and was a basketball high school star. He is in shape, drives a hoopty, and also has custody. Khalil is a responsible father. Khalil wants to get married and have more kids. Khalil is thinking about going to college but does not have the money. Khalil works as Manager of the Mail Department at the local mall.



Components of Effective HIV Interventions for Young Women

- Effective HIV interventions should model correct condom use and employ skills training in assertiveness and negotiation of condom use



Session 3: Sexual Communication

- Passive Communication

Voice: Not telling your partner how you really feel

Body: Head down, soft spoken, eyes not direct

- Aggressive Communication

Voice: Threatening, punishing and demanding

Body: Finger pointing, yelling

- Assertive Communication

Voice: Communicate feelings in a nonthreatening way

Body: Head up high, shoulders back



Sexual Vignette

- You're Breakin' My Love Flow

You are at a party that is winding down. You have been flirting with Sam all night, and he is responding to you. Sam asks you to come back to his house. You are in the heat of the moment and you ask him to use a condom. He says he doesn't want to because it would break his love flow. How would you respond to Sam in a **Passive, Aggressive, and a Assertive** manner?

SiHLE

(pronounced shee•lay)



- SiHLE is a CDC-defined Evidence Based HIV Intervention
- African American girls 14-18 years old
- Funded by NIMH

Sisters

Informing

Healing

Living

Empowering

Effects of the HIV Intervention for African-American Female Adolescents

<u>STDs and Sexual Behaviors</u>	<u>OR</u>	<u>95% CI</u>	<u>P-value</u>	
Lower rates of chlamydia	0.2	(0.03 – 0.9)	.04	
More consistent condom use (30 days)	2.01	(1.3 – 3.2)	.003	
More consistent condom use (6 months)	2.3	(1.5 – 3.5)	.0001	
Greater percent condom use at last sex	3.9	(2.6 – 6.0)	.0001	
Fewer had a new sex partner	0.4	(0.2 – 0.8)	.01	
<u>Gendered Mediators of Safer Sex</u>	<u>Int.</u>	<u>Comp.</u>	<u>%RC</u>	<u>P-value</u>
Fewer partner barriers to safer sex	39.5	41.2	-10.9	.002
Greater frequency of sex communication	8.9	8.3	15.5	.001

Effects of HIV Intervention for African-American Female Adolescents with a History of GBV [N = 146]

<u>STDs and Sexual Behaviors</u>	<u>OR</u>	<u>95% CI</u>	<u>P-value</u>
Lower rates of STDs	0.47	(0.25 – 0.87)	.02
More consistent condom use (30 days)	2.7	(1.2 – 5.9)	.01
Greater % condom use at last sex	3.7	(1.8 – 7.7)	.0001
<u>Gendered Mediators of Safer Sex</u>	<u>Int.</u>	<u>Comp. %RC</u>	<u>P-value</u>
Fewer partner barriers to safer sex	40.5	42.9 -5.5	.05
<u>Gender-Based Violence (GBV)</u>	<u>OR</u>	<u>95% CI</u>	<u>P-value</u>
Experience of GBV	1.0	(.19 – 5.2)	.99

Efficacy of an HIV Prevention Intervention for African American Adolescent Girls

A Randomized Controlled Trial

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ADOLESCENTS ARE ACKNOWLEDGED as a population at increased risk of human immunodeficiency virus (HIV) infection.¹⁻⁵ Among adolescents, African American girls are a subgroup at particularly high risk of HIV infection. A seroepidemiologic study of Job Corps applicants reported that HIV prevalence among African American adolescent girls was significantly higher than among their white or Hispanic female peers (4.9 vs 0.7 and 0.6 per 1000, respectively) and exceeds that of white, Hispanic, and African American male adolescents (0.8, 1.5, and 3.2 per 1000, respectively). African American adolescent girls in the South had the highest prevalence (6.4 per 1000) relative to adolescents from other geographic regions.⁶

Recent meta-analyses and reviews indicate that theoretically derived and empirically based HIV interventions can

Context African American adolescent girls are at high risk for human immunodeficiency virus (HIV) infection, but interventions specifically designed for this population have not reduced HIV risk behaviors.

Objective To evaluate the efficacy of an intervention to reduce sexual risk behaviors, sexually transmitted diseases (STDs), and pregnancy and enhance mediators of HIV-preventive behaviors.

Design, Setting, and Participants Randomized controlled trial of 522 sexually experienced African American girls aged 14 to 18 years screened from December 1996 through April 1999 at 4 community health agencies. Participants completed a self-administered questionnaire and an interview, demonstrated condom application skills, and provided specimens for STD testing. Outcome assessments were made at 6- and 12-month follow-up.

Intervention All participants received four 4-hour group sessions. The intervention emphasized ethnic and gender pride, HIV knowledge, communication, condom use skills, and healthy relationships. The comparison condition emphasized exercise and nutrition.

Main Outcome Measures The primary outcome measure was consistent condom use, defined as condom use during every episode of vaginal intercourse; other outcome measures were sexual behaviors, observed condom application skills, incident STD infection, self-reported pregnancy, and mediators of HIV-preventive behaviors.

Results Relative to the comparison condition, participants in the intervention reported using condoms more consistently in the 30 days preceding the 6-month assessment (unadjusted analysis, intervention, 75.3% vs comparison, 58.2%) and the 12-month assessment (unadjusted analysis, intervention, 73.3% vs comparison, 56.5%) and over the entire 12-month period (adjusted odds ratio, 2.01; 95% confidence interval [CI], 1.28-3.17; $P=.003$). Participants in the intervention reported using condoms more consistently in the 6 months preceding the 6-month assessment (unadjusted analysis, intervention, 61.3% vs comparison, 42.6%), at the 12-month assessment (unadjusted analysis, intervention, 58.1% vs comparison, 45.3%), and over the entire 12-month period (adjusted odds ratio, 2.30; 95% CI, 1.51-3.50; $P<.001$). Using generalized estimating equation analyses over the 12-month follow-up, adolescents in the intervention were more likely to use a condom at last intercourse, less likely to have a new vaginal sex partner in the past 30 days, and more likely to apply condoms to sex partners and had better condom application skills, a higher percentage of condom-protected sex acts, fewer unprotected vaginal sex acts, and higher scores on measures of mediators. Promising effects were also observed for chlamydia infections and self-reported pregnancy.

Conclusion Interventions for African American adolescent girls that are gender-tailored and culturally congruent can enhance HIV-preventive behaviors, skills, and mediators and may reduce pregnancy and chlamydia infection.

JAMA. 2004;292:171-179

www.jama.com

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A Randomized Controlled Trial of an HIV Sexual Risk–Reduction Intervention for Young African-American Women

Ralph J. DiClemente, PhD, Gina M. Wingood, ScD, MPH

Objective.—To evaluate the efficacy of a community-based social skills human immunodeficiency virus (HIV) prevention intervention to enhance consistent condom use.

Design.—A randomized, single-blind controlled trial.

Setting.—Bayview–Hunter’s Point neighborhood of San Francisco, Calif, a predominantly African-American community that is economically disadvantaged.

Participants.—A sample of 128 sexually active, heterosexual, African-American women 18 through 29 years of age was recruited using street outreach techniques. Participants completed a structured baseline interview; 100 women (78.1%) completed 3-month follow-up interviews.

Intervention.—Women randomized to the social skills intervention completed five sessions that emphasized ethnic and gender pride, HIV risk–reduction information, sexual self-control, sexual assertiveness and communication skills, proper condom use skills, and developing partner norms supportive of consistent condom use. Women randomized to the HIV education condition participated in a single session that provided HIV risk–reduction information. Women randomized to the delayed HIV education control condition received no HIV risk–reduction information until all follow-up interviews were completed.

Main Outcome Measures.—Consistent condom use, HIV risk–reduction knowledge, sexual self-control, sexual assertiveness, sexual communication, and partner norms supportive of consistent condom use.

Results.—Compared with the delayed HIV education control condition, women in the social skills intervention demonstrated increased consistent condom use (adjusted odds ratio [OR], 2.1; 95% confidence interval [CI], 1.03 to 4.15; $P=.04$), greater sexual self-control (adjusted OR, 1.9; 95% CI, 1.00 to 3.60; $P=.05$), greater sexual communication (adjusted OR, 4.1; 95% CI, 1.67 to 10.01; $P=.002$), greater sexual assertiveness (adjusted OR, 1.8; 95% CI, 1.01 to 3.27; $P=.05$), and increased partners’ adoption of norms supporting consistent condom use (adjusted OR, 2.1; 95% CI, 1.08 to 3.87; $P=.03$). No statistically significant differences in outcome variables were observed between the HIV education condition relative to the delayed HIV education control condition.

Conclusion.—Community-based HIV risk–reduction programs that are gender relevant and culturally sensitive and provide social skills training can effectively enhance consistent condom use.

(*JAMA*. 1995;274:1271-1276)

over, seroepidemiological surveys from various populations indicate that, relative to other ethnic groups, African-American women have markedly higher human immunodeficiency virus (HIV) prevalence rates. In a study of childbearing women, seroprevalence rates for African-American women were six to 15 times higher than for white women.² Similarly, HIV prevalence rates among African-American women applicants to the Job Corps training program more than doubled between 1988 and 1992, not only exceeding rates for white and Hispanic women, but also exceeding rates for African-American men.³

Reducing the risk for HIV among sexually active African-American women requires the use of prevention strategies that effectively inhibit viral transmission.^{4,5} A primary HIV prevention strategy is to use a condom during each episode of sexual intercourse.⁶ When used correctly and consistently, condoms effectively prohibit the transmission of viral pathogens, including HIV.⁷⁻¹⁰ For economically disadvantaged African-American women, numerous behavioral, sociocultural, and gender-related factors may reduce their compliance with consistent condom use and increase their risk for HIV infection. These factors include competing socioeconomic stressors and power imbalances experienced by many African-American women in heterosexual relationships.¹¹⁻¹⁴ Unfortunately, the development and implementation of culturally sensitive, gender-relevant HIV prevention programs designed to promote the adoption and maintenance of consistent condom use among African-American women lags behind prevention efforts for other risk populations.^{15,16}

The present study used a randomized, single-blind controlled design to evaluate the efficacy of a community-based HIV sexual risk–reduction intervention to enhance the adoption and maintenance of consistent condom use

AFRICAN-AMERICAN women are disproportionately affected by the acquired immunodeficiency syndrome (AIDS) epidemic.¹ Surveillance data for 1994 indicate that African-American women were approximately 16 times more likely to be diagnosed with AIDS than white women (63 per 100 000 vs four per 100 000). More-

From the School of Public Health, Department of Health Behavior (Drs DiClemente and Wingood), School of Medicine, Department of Pediatrics, Division of Adolescent Medicine (Dr DiClemente), Center for AIDS Research (Drs DiClemente and Wingood), and the Center for Health Promotion (Drs DiClemente and Wingood), University of Alabama, Birmingham.

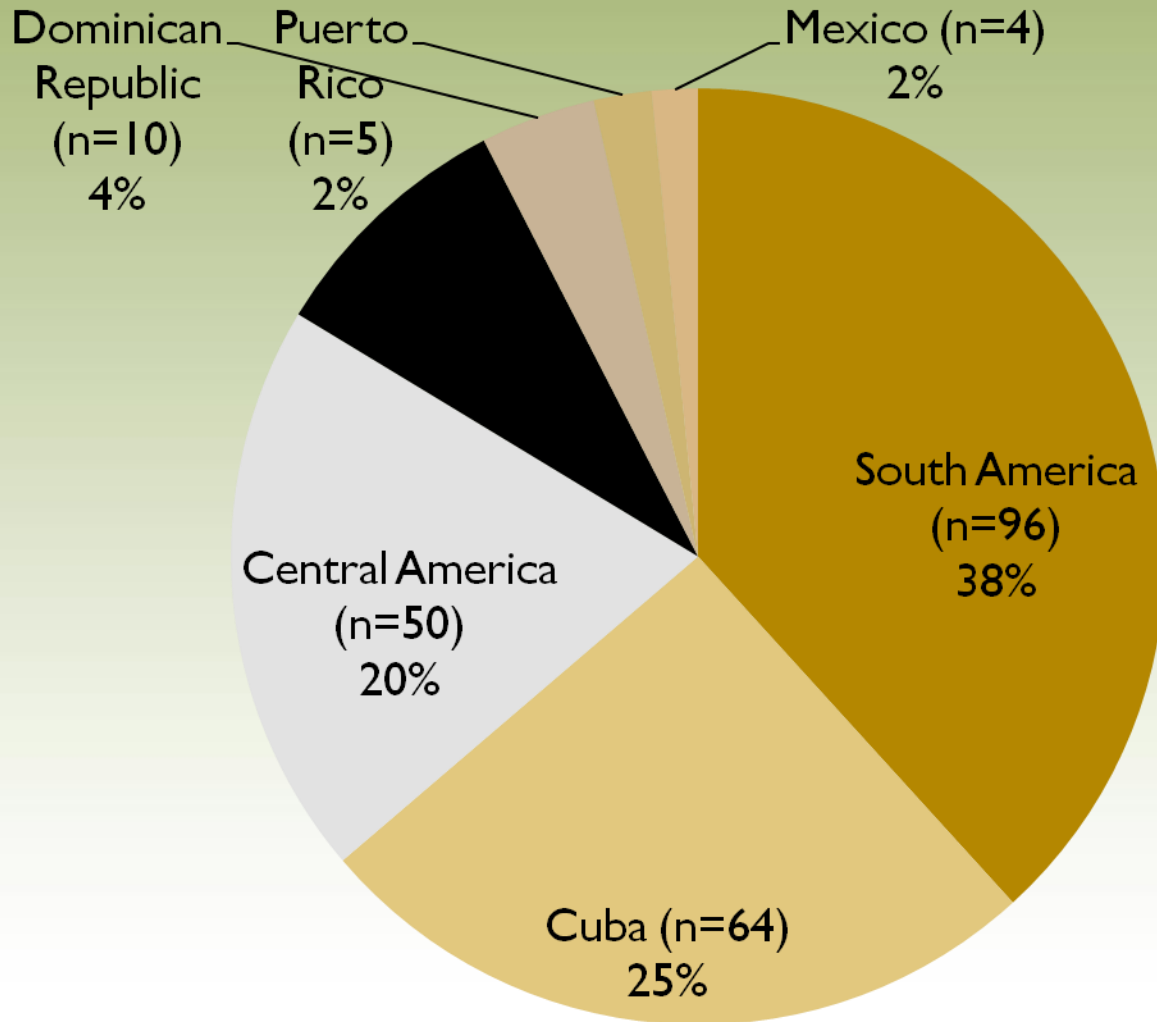
Reprint requests to the School of Public Health, Department of Health Behavior, 1825 University Blvd, Suite 121, Birmingham, AL 35294-2010 (Dr DiClemente).

The AMIGAS

HIV Risk Reduction Intervention



Participant Country of Origin



Effects of AMIGAS on continuous outcomes

GEE Model Baseline-6 Month Assessment

VARIABLES	% Relative change (95% CI)	P
% condom use 90 days	55.98 (29.26, 82.70)	.00001
% condom use 30 days	46.11 (19.58, 72.64)	.0007
Unprotected vaginal sex 90 days	-30.39(-60.36, -0.43)	.007
Unprotected vaginal sex 30 days	-31.67 (-65.42, 2.08)	.06

Effects of AMIGAS on psychosocial mediators

GEE Model Baseline-6 Month Assessment

VARIABLES	% Relative change (D/C X 100%) (95% CI)	P
Machismo	4.41 (1.13, 7.70)	.008
HIV Knowledge	3.05 (0.58, 5.51)	.02
Condom Barriers	8.46 (4.55, 12.37)	.00001
Negotiation Self-efficacy	10.21 (5.64, 14.78)	.00001
Power in Relationship	4.32 (0.60, 8.04)	.02
Condom Use Self-efficacy	10.46 (6.42, 14.51)	.00001

SAHARA

S = Sistas

A = Accessing

H = HIV/

A = AIDS

R = Resources

A = At “a click”



SISTA on an Interactive DVD

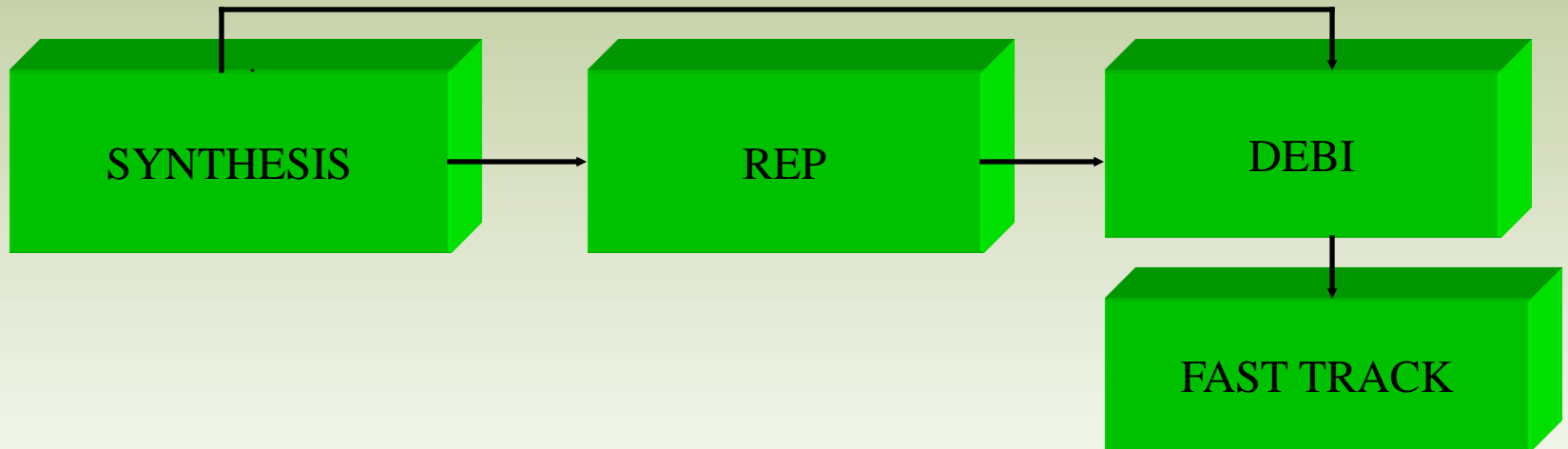


CDC's Diffusion of Effective Behavioral Interventions (DEBI)



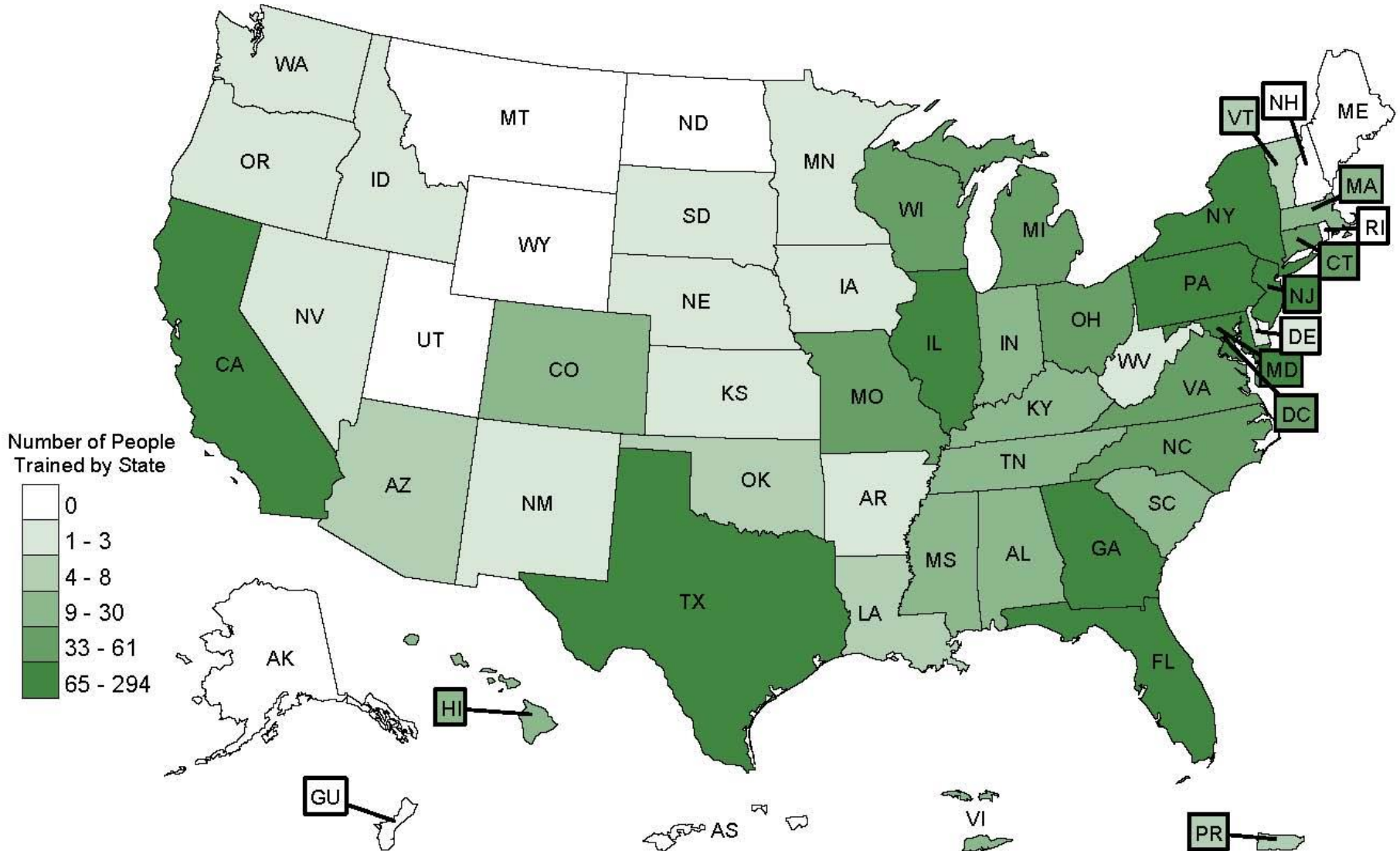
Scaling up HIV interventions locally and domestically for female adolescents and young adult women

Moving from Research to Practice



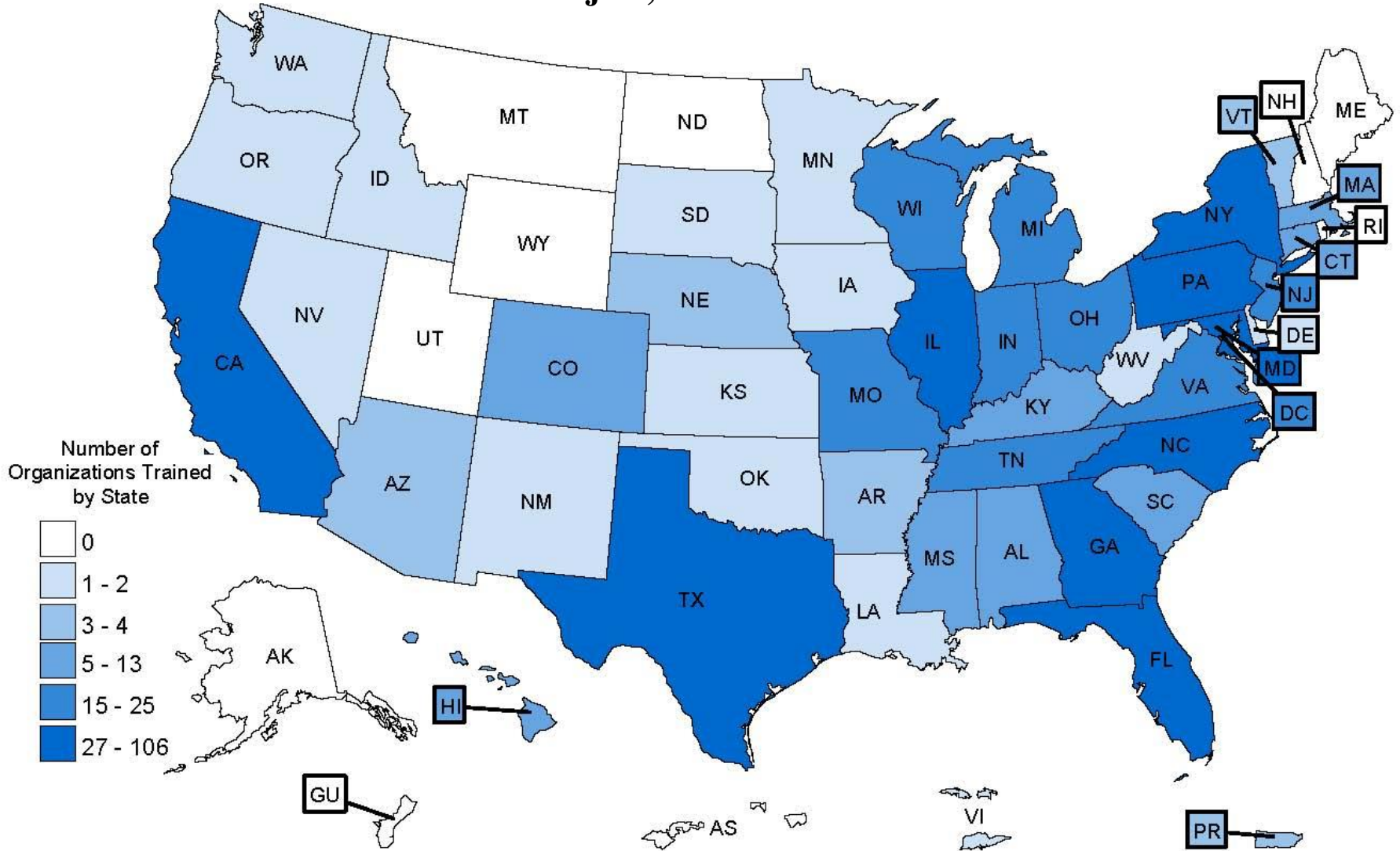
People Trained in SISTA

DEBI Project, 1/1/2003 – 12/1/2009



Organizations Trained in SISTA

DEBI Project, 1/1/2003 – 12/1/2009

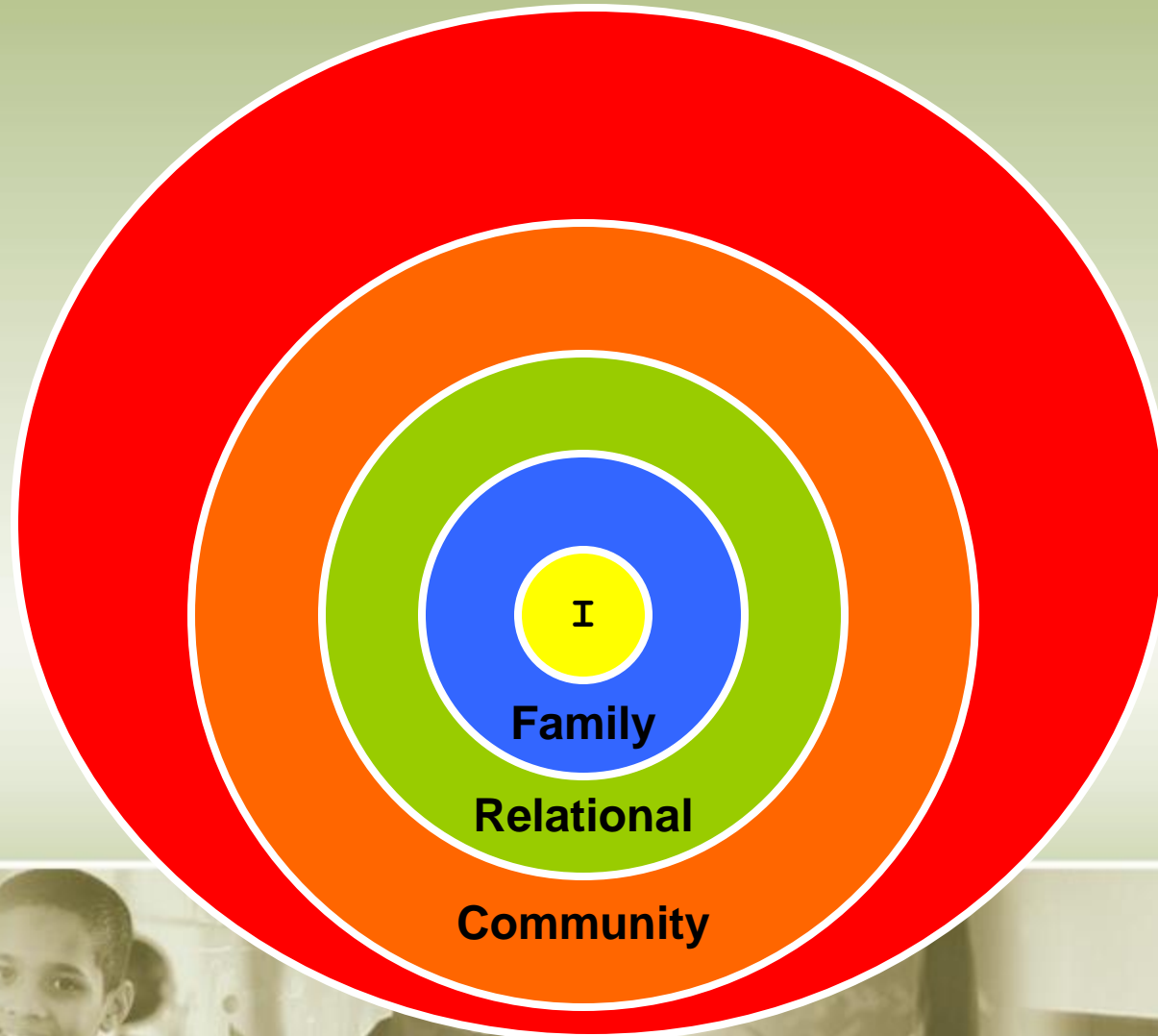


Rollout of EBIs for Female Adolescents and Young Women



- A Top – Down approach to HIV prevention with insufficient concern given to organizational and community context of implementation.
- Challenge sustaining EBIs - staff turnover, limited finances...

Levels of HIV Prevention





Paradigm Shift: Moving Towards Translational Research

- HIV prevention strategies for adolescent females and young women have reported success in controlled research however it is unclear whether interventions are feasible and sustainable outside the research environment, where finances may be limited.
- Thus the challenge in translating these intervention approaches into practice



Moving Towards Translational Research

- The public health impact of this translation might be larger and more far reaching than any additional intervention and or laboratory discovery.
- Translational research focuses on integrating research evidence into practice and policy.
- Translational research goes beyond efficacy, *context* is the heart of translational research.



Collaborating with Social Institutions for HIV Prevention in Young Women

- Contextualize young women's lives to address HIV
- Embrace young women's worthiness, self love, self preservation, sense of community
- Address gender and cultural norms
- Sustain HIV interventions for young women
- What social institutions in the South may affect the social lives of African American women impacted by HIV?




Church Involvement: Pre-grant award phase

- Assess capacity to become involved in research on HIV and women (illustrate risk, address condom use, GBV and HIV testing)
- Assess interest to collaborate and address HIV and women
- Describe translational research process
- Define the funding process (what is a grant?)
- Develop a church IRB
- Discuss process to adapt to intervention to create faith-based HIV intervention for young women.





We have a vision of an HIV-free generation



Success is the
ability to go from
failure to failure
without losing your
enthusiasm----
Winston Churchill



Study Goals (NIH, CDC)

Create a social norm at faith institutions supportive of safer sex practices among AA women attending church by:

- 1) Adapt SISTA to create a faith-based SISTA intervention
- 2) Implement faith-based SISTA, in naturally occurring channels, known as ministries: **women's ministry, health ministry, college ministry, HIV ministry, singles ministry**
- 3) Evaluate ability of ministries to sustain faith-based SISTA and HIV testing , reduce HIV stigma



Study Logistics

- Atlanta area churches

Megachurches and smaller churches

- Church Advisory Board (working with all levels)

Pastors, First Lady, Elders, Deacons, Ministry Directors, Ministry Members and Church Attendants

- Participant recruitment sources

Pulpit announcements, church website, video announcements, health fairs, ministry leaders, posters, word of mouth, women's conferences



Church involvement: Post award phases

- Adapting SISTA to create a faith-based SISTA HIV intervention
- Reviewing the study survey
- Reviewing HIV testing procedures
- Recruiting participants
- Being trained to disseminate the faith-based HIV intervention
- Disseminating and sustaining the faith-based HIV intervention



Faith-Based Adaptation: Ethnic and Gender Pride

- What do you enjoy about being a Christian, African American young women?
- What are some of the challenges of being a Christian, African American young women?
- How does the church contribute to these joys and challenges?



Faith-based Adaptations :
Condom Use and Negotiation

- No Condom Distribution Allowed in Church
- Last Sunday, I met a man during “passing the peace” (welcoming hugs). While we were hugging he kissed me on my neck and he touched my bottom. When we sat down he passed me a note asking me to step out in the hall for a minute. He walked me to an unused classroom and we started kissing, he wanted to have sex but I didn’t have any condoms. I didn’t want to ruin the moment so I had sex with him. He says he wants to “hook up again” but I don’t know what to say.



Faith-based Adaptations

- Excuse: God will understand if we do it just once. He's the one that put this sexual desire in us in the first place.
- **Comeback**: Yes God put the desire in us but he also told us when to use the desire.
- Excuse: The Bible says to be fruitful and multiply. Don't you want to have my baby?
- **Comeback**: Yes; however, the commandment was given to married couples.
- Excuse: You know you are the one I'm going to marry, so it is okay to start now.
- **Comeback**: The man that I marry would not pressure me to doing something that is against what I stand for.

HIV Prevention in Churches

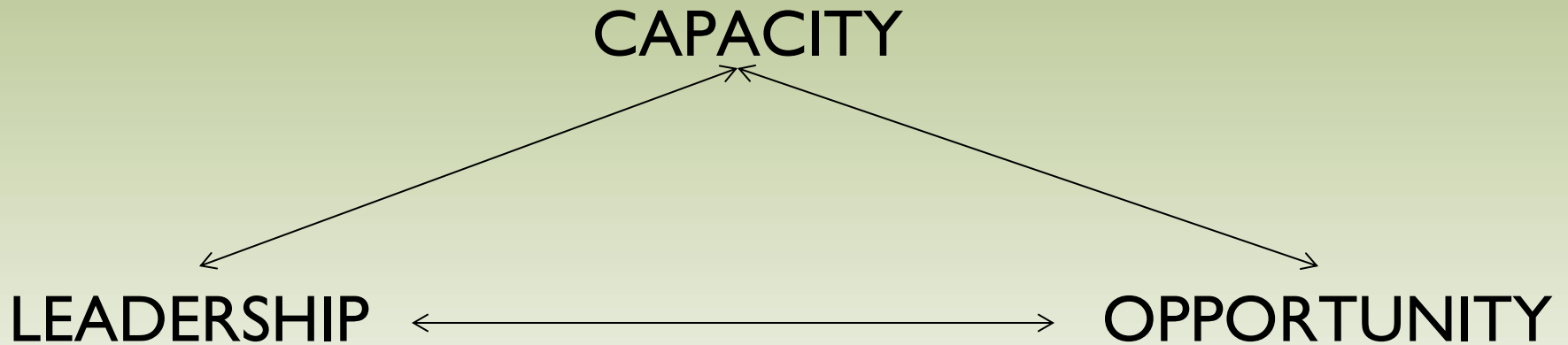




HIV Interventions: Impact on Sustaining & Social Norms African American Churches are Credible

- Larger congregation size - “reach”
- Sufficient human resources - “infrastructure”
- History of congregation to provide social services
- Congregational perception as having motivational skills
- Pastoral leadership supportive of health ministries
- Social influence of Pastor & leadership of key lay people “nurses”
- Recognize opportunity/awareness of unmet health need

Sustaining & Cultivating Social Norms Supportive of HIV for Women and Girls within African American Churches







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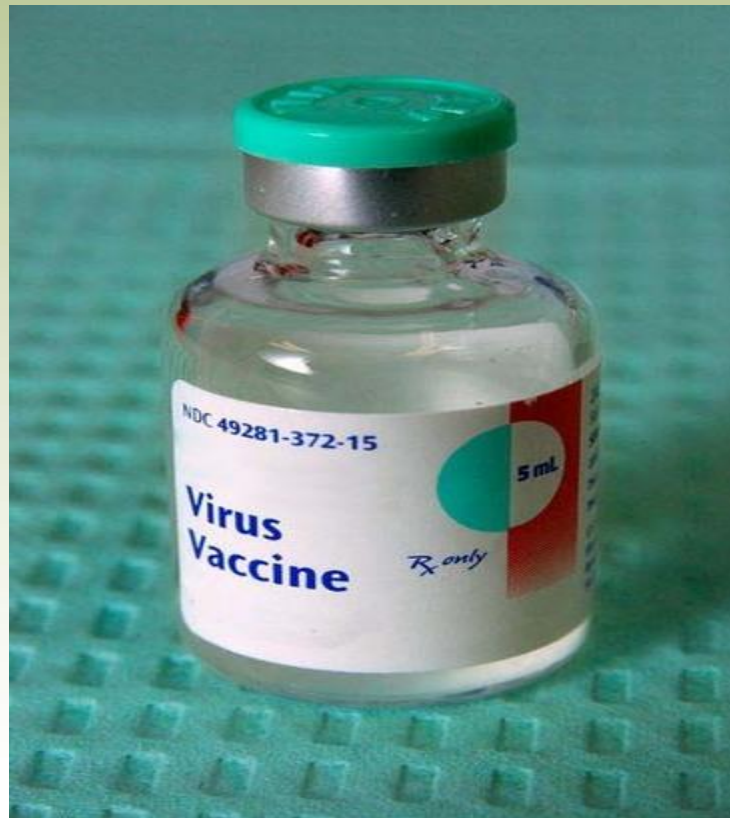
THANK YOU!!!



Adolescents in Birmingham participate in a HIV intervention group that emphasizes ethnic and gender pride, HIV knowledge, and communication skills.

Exploring Other Sexual Health Conditions Affecting Women

Enhancing HPV Vaccine Uptake among African-American Girls
(Merck, 2008)



Session 2: HIV Risk-Reduction Knowledge

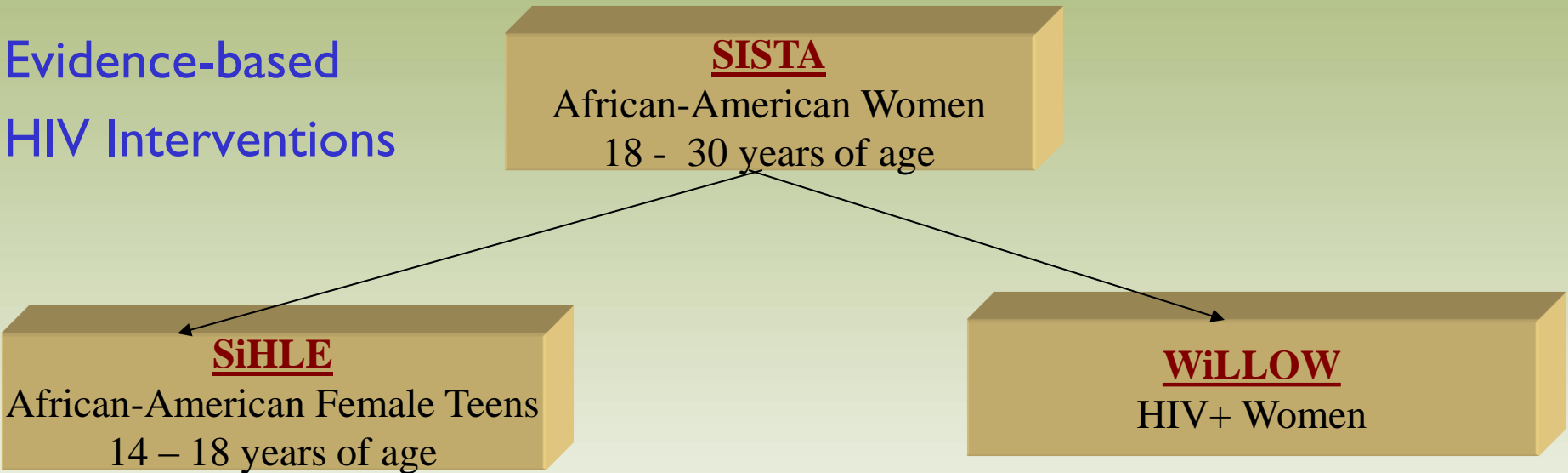
- *Discuss social factors that may increase African-American women's HIV risk (sexual networks)
- *Discuss behavioral factors that may increase African-American women's HIV risk (douching)
- *Discuss strategies to reduce HIV risk
- *Show movie "AIDS Me and My Baby" that motivates women to stay safe for themselves and their baby.





The Continuum of HIV Interventions for Women & Girls

CDC-Defined
Evidence-based
HIV Interventions



Wingood GM, DiClemente RJ. Enhancing adoption of effective-behavioral HIV interventions: Promotion of a suite of HIV prevention interventions for African-American women. *AIDS Education & Prevention*. 2007



Disseminating EBIs for Women & Teens

- Wingood et al. received a CDC grant to develop the *dissemination materials* for the national diffusion of SISTA, SiHLE and WiLLOW:
 - - Implementation manual
 - - Evaluation manual (impact & process measures)
 - - Frequently Asked Questions manual
 - - Train-the-Trainer manual
 - - Adaptation Guide
- SISTA, SiHLE and WiLLOW are amongst CDC's most *widely disseminated* interventions.

Group Administered Module

- Condom Skills Training

What it means to
be healthy.





National Adaptations of SiSTA

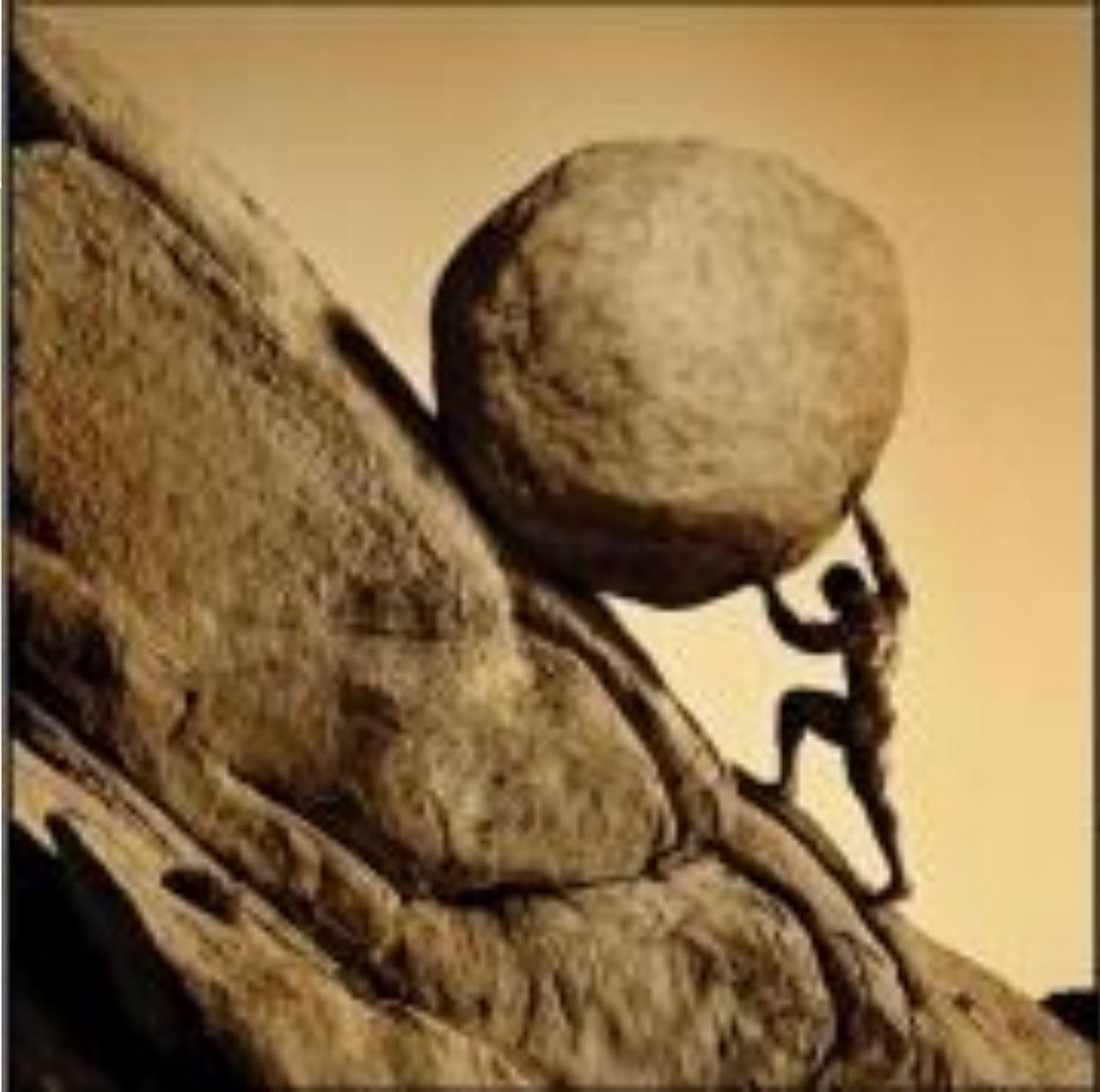
- SiSTA for Japanese women
- SiSTA for Southeast Asian women
- SiSTA for Haitian women
- SiSTA for Creole women
- SiSTA for incarcerated women
- SiSTA for sex workers
- SiSTA for Transgendered men (Twista)

A man does
what he must
— in spite of
personal
consequences
, in spite of
obstacles and
dangers, and
pressures —
and that is the
basis of all
human
morality.

John F. Kennedy

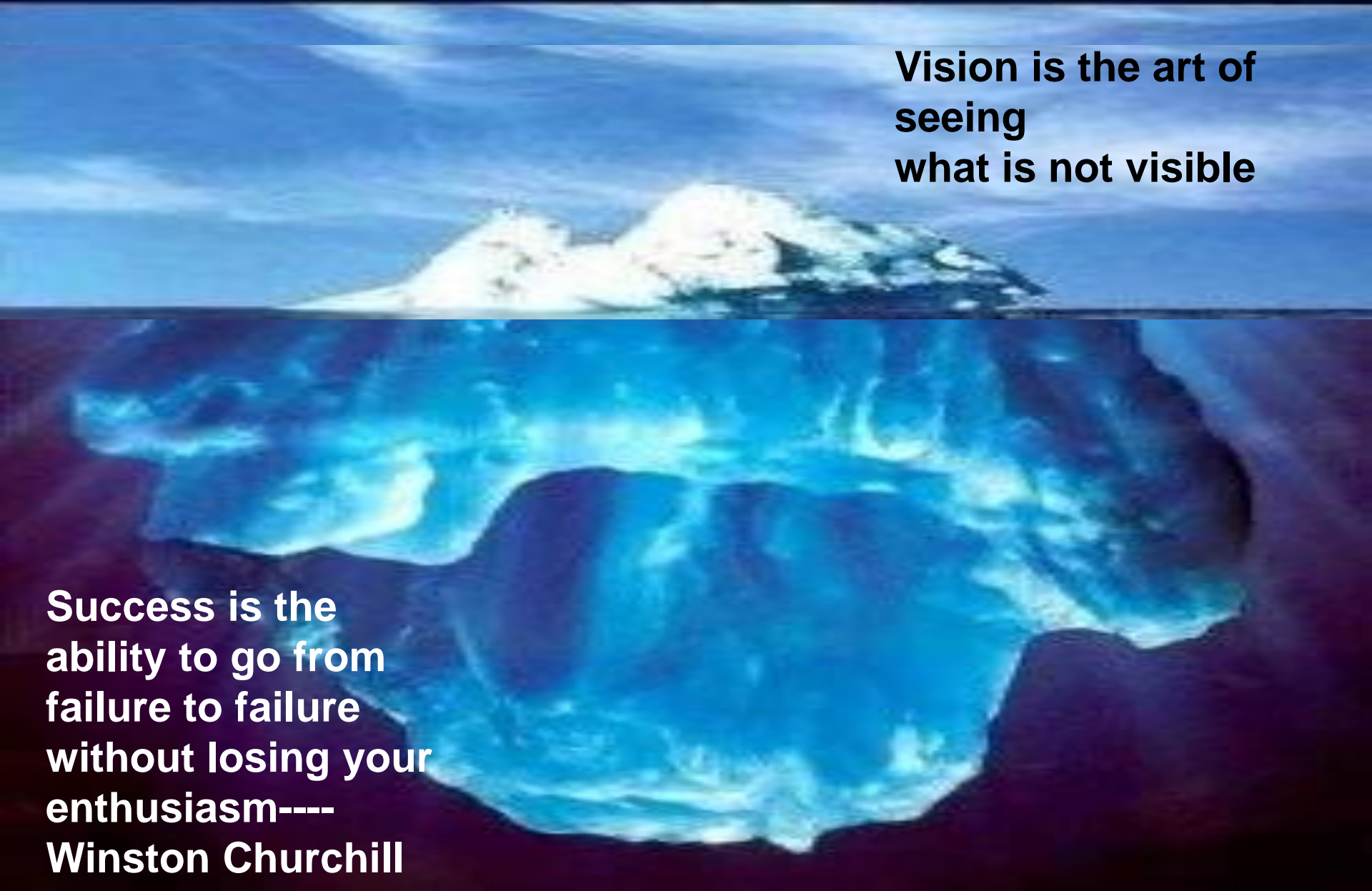
Profiles in Courage

(1956)





We have a vision of an HIV-free generation



**Vision is the art of
seeing
what is not visible**

**Success is the
ability to go from
failure to failure
without losing your
enthusiasm----
Winston Churchill**

Types of Translational Science

