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
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 & HATE

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

<table>
<thead>
<tr>
<th>STDs and Sexual Behaviors</th>
<th>OR</th>
<th>95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower rates of chlamydia</td>
<td>0.2</td>
<td>(0.03 – 0.9)</td>
<td>.04</td>
</tr>
<tr>
<td>More consistent condom use (30 days)</td>
<td>2.01</td>
<td>(1.3 – 3.2)</td>
<td>.003</td>
</tr>
<tr>
<td>More consistent condom use (6 months)</td>
<td>2.3</td>
<td>(1.5 – 3.5)</td>
<td>.0001</td>
</tr>
<tr>
<td>Greater percent condom use at last sex</td>
<td>3.9</td>
<td>(2.6 – 6.0)</td>
<td>.0001</td>
</tr>
<tr>
<td>Fewer had a new sex partner</td>
<td>0.4</td>
<td>(0.2 – 0.8)</td>
<td>.01</td>
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</table>

<table>
<thead>
<tr>
<th>Gendered Mediators of Safer Sex</th>
<th>Int.</th>
<th>Comp.</th>
<th>%RC</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer partner barriers to safer sex</td>
<td>39.5</td>
<td>41.2</td>
<td>-10.9</td>
<td>.002</td>
</tr>
<tr>
<td>Greater frequency of sex communication</td>
<td>8.9</td>
<td>8.3</td>
<td>15.5</td>
<td>.001</td>
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</table>
# Effects of HIV Intervention for African-American Female Adolescents with a History of GBV [N = 146]

<table>
<thead>
<tr>
<th>STDs and Sexual Behaviors</th>
<th>OR</th>
<th>95% CI</th>
<th>P-value</th>
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</thead>
<tbody>
<tr>
<td>Lower rates of STDs</td>
<td>0.47</td>
<td>(0.25 – 0.87)</td>
<td>.02</td>
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<tr>
<td>More consistent condom use (30 days)</td>
<td>2.7</td>
<td>(1.2 – 5.9)</td>
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<tr>
<td>Greater % condom use at last sex</td>
<td>3.7</td>
<td>(1.8 – 7.7)</td>
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</table>

<table>
<thead>
<tr>
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<th>Int.</th>
<th>Comp.</th>
<th>%RC</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer partner barriers to safer sex</td>
<td>40.5</td>
<td>42.9</td>
<td>-5.5</td>
<td>.05</td>
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<table>
<thead>
<tr>
<th>Gender-Based Violence (GBV)</th>
<th>OR</th>
<th>95% CI</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Experience of GBV</td>
<td>1.0</td>
<td>(.19 – 5.2)</td>
<td>.99</td>
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</tbody>
</table>
Efficacy of an HIV Prevention Intervention for African American Adolescent Girls: A Randomized Controlled Trial

Ralph J. DiClemente, PhD
Gina M. Wingood, ScD, MPH
Kathy F. Harrington, MPH, MAEd
Delia L. Lang, PhD, MPH
Susan L. Davies, PhD, MED
Edward W. Hook III, MD
M. Kim Oh, MD
Richard A. Crosby, PhD
Vicki Stover Hertzberg, PhD
Angelita B. Gordon, MS
James W. Harden, PhD
Shan Parker, PhD, MPH
Alyssa Robillard, PhD, MSPH

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 sexual 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.

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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, and 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 condition received no HIV risk—reduction information until all follow-up interviews were completed.

Measurements.—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 supportive of 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.—These HIV risk—reduction programs that are gender relevant and culturally sensitive and provide social skills training can effectively enhance consistent condom use.

AFRICAN-AMERICAN women are disproportionately affected by the acquired immunodeficiency syndrome (AIDS) epidemic. 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). Moreover, 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. 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.

Reducing the risk for HIV among sexually active African-American women requires the use of prevention strategies effective in reducing rates for African-American women.

A primary HIV prevention strategy is to use a condom during each episode of sexual intercourse. When used correctly and consistently, condoms effectively reduce the risk for HIV transmission. For economically disadvantaged African-American women, numerous behavioral, social, cultural, and economic 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. 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 is hindered by prevention efforts for other risk populations.

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.
The AMIGAS HIV Risk Reduction Intervention
Participant Country of Origin

- Dominican Republic (n=10) 4%
- Puerto Rico (n=5) 2%
- Mexico (n=4) 2%
- Central America (n=50) 20%
- South America (n=96) 38%
- Cuba (n=64) 25%
### Effects of AMIGAS on continuous outcomes

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>% Relative change (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>% condom use 90 days</td>
<td>55.98 (29.26, 82.70)</td>
<td>.00001</td>
</tr>
<tr>
<td>% condom use 30 days</td>
<td>46.11 (19.58, 72.64)</td>
<td>.0007</td>
</tr>
<tr>
<td>Unprotected vaginal sex 90 days</td>
<td>-30.39(-60.36, -0.43)</td>
<td>.007</td>
</tr>
<tr>
<td>Unprotected vaginal sex 30 days</td>
<td>-31.67 (-65.42, 2.08)</td>
<td>.06</td>
</tr>
</tbody>
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Effects of AMIGAS on psychosocial mediators

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

$S = Sistas$

$A = Accessing$

$H = HIV/$

$A = AIDS$

$R = Resources$

$A = At \text{ “a click”}$
SISTA on an Interactive DVD
Scaling up HIV interventions locally and domestically for female adolescents and young adult women
Moving from Research to Practice

- SYNTHESIS
- REP
- DEBI
- FAST TRACK
People Trained in SISTA
DEBI Project, 1/1/2003 – 12/1/2009

[Map showing the number of people trained by state in the U.S., with color coding indicating the range of trained individuals.]
Organizations Trained in SISTA
DEBI Project, 1/1/2003 – 12/1/2009

Number of Organizations Trained by State
- 0
- 1 - 2
- 3 - 4
- 5 - 13
- 15 - 25
- 27 - 106
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

1. I
2. Family
3. Relational
4. Community
5. Societal/cultural
• 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
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

can operate from modest church budgets
Sustaining & Cultivating Social Norms Supportive of HIV for Women and Girls within African American Churches
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

**SISTA**
African-American Women
18 - 30 years of age

**SiHLE**
African-American Female Teens
14 – 18 years of age

**WiLLOW**
HIV+ Women

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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
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

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

Vision is the art of seeing what is not visible