

HEALTH IMPROVEMENT PROJECT FOR TEENS (HIP TEENS)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Low-income, urban, sexually-active adolescent females

Goals of Intervention

- Reduce unprotected vaginal sex†
- Reduce number of sex partners
- Reduce number of vaginal sex episodes

Brief Description

HIP Teens is a group-level, gender-specific and developmentally tailored sexual risk-reduction intervention. The intervention is delivered to groups of 6-9 adolescent females and is designed to provide HIV prevention information, to increase readiness to reduce risk behaviors, and to instruct, model, and allow sexually active adolescent females to practice interpersonal and self-management skills that facilitate sexual risk reduction and condom use. Sessions include developmentally appropriate strategies such as games, activities, and skits, as well as opportunities for role playing and receiving positive reinforcement from facilitators and other participants. Early sessions practice basic skills and review simple situations. As sessions progress, scenarios become more challenging and draw on participants' experience. Booster sessions at 3 and 6 months post-intervention provide additional reinforcement of the intervention content.

Theoretical Basis

- Information-Motivation-Behavioral (IMB) Skills Model

Intervention Duration

- Four weekly, 120-minute sessions delivered over 1 month and two 90-minute booster sessions at 3 and 6 months post-intervention

Intervention Settings

- Not reported

Delivery Methods

- Game
- Interactive group activity
- Role play

Deliverer

- Women of diverse age, race, ethnicity, discipline and experience
- Skit
- Video clip

INTERVENTION PACKAGE INFORMATION

Information about the HIP Teens intervention package and materials is available online at <http://www.hip4change.com>.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Rochester, New York between 2004 and 2008.

Key Intervention Effects

- Reduced unprotected vaginal sex†

Study Sample

The baseline study sample of 639 adolescent females is characterized by the following:

- 73% black or African American, 16% Hispanic/Latino, 11% mixed/multiracial, 9% other, 8% white
- 100% female
- Mean age of 16 years

Recruitment Settings

Youth development centers, adolescent health services, school-based centers

Eligibility Criteria

Adolescent females were eligible if they were 15-19 years old, unmarried, not pregnant, had not given birth in the past 3 months, and were sexually active in the last 3 months.

Assignment Method

Adolescent females (N = 639) were randomly assigned in groups of eight* to 1 of 2 study arms: HIP Teens (n = 329) or health promotion comparison (n = 310).

Comparison Group

The health promotion comparison group received information, motivation strategies to change specific behaviors, and assertive communication and negotiation exercises to improve general health, including nutrition, breast health and anger management. The format and length (4 weekly, 120-minute sessions and two 90-minute booster sessions at 3 and 6 months post-intervention, delivered to small groups by the same female facilitators) were identical to the HIP Teens intervention and sessions were similarly guided by the IMB Skills model.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors in the past 3 months (including number of all protected and unprotected vaginal and anal sex acts†, number of protected and unprotected vaginal and anal sex acts† with steady and non-steady partners, abstinence, and number of current sexual partners) were measured at 3, 6 and 12 months post-intervention, which translates to during, immediately after, and 6 months after completion of the core intervention and booster sessions.

Participant Retention

- HIP Teens
 - 84% retained at 3 months post-intervention
 - 86% retained at 6 months post-intervention
 - 76% retained at 12 months post-intervention
- Health Promotion Comparison
 - 84% retained at 3 months post-intervention
 - 82% retained at 6 months post-intervention
 - 76% retained at 12 months post-intervention

Significant Findings

- Intervention participants reported significantly fewer unprotected vaginal sex acts[†] than comparison participants at 6 months after completion of the intervention and booster sessions (Adj b = -0.10, SE = 0.03, $p < 0.01$).

Considerations

- This intervention fails to meet the best-evidence criteria because participants were allocated in groups to study arms, but analyses were at the individual level without analytic adjustment.
- At 6 months after completion of the intervention and booster sessions, significant intervention effects were observed on the number of vaginal sex episodes ($p < 0.001$) among all participants, and on the percentage of documented pregnancies among a subgroup of participants for whom medical charts were obtained ($p = 0.009$).
- There were no significant intervention effects on STI incidence at 6 months after completion of the intervention and booster sessions.
- There were significant differences between those lost to follow up and those retained with regards to age, where older participants were more likely than younger participants to be lost to follow up ($p = 0.05$).

*Information obtained from author

†Unprotected sex measured as sex without a condom

REFERENCES AND CONTACT INFORMATION

Morrison-Beedy, D., Jones, S. H., Xia, Y., Tu, X., Crean, H. F., & Carey, M. P. (2013). [Reducing sexual risk behavior in adolescent girls: Results from a randomized controlled trial](#). *Journal of Adolescent Health, 52*, 314-321.

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