

COMMUNAL EFFECTANCE – AIDS PREVENTION (CE-AP)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Low-income, single, inner-city females attending urban clinics

Goals of Intervention

- Reduce HIV transmission risk behaviors and sexually transmitted diseases (STDs)
- Enhance HIV-preventive psychosocial and structural factors

Brief Description

The *Communal Effectance—AIDS Prevention (CE-AP)* intervention is a small group (3–6 women) intervention that emphasizes negotiation skills training and the idea that women’s sexual behavior not only affects themselves but also those around them. Women are taught to protect themselves from HIV infection through cognitive rehearsals, role plays, discussions, and interactive videos. The intervention sessions provide women with general HIV and AIDS prevention information, and instruct women how drugs and alcohol can lead to risky sex behaviors. The sessions also offer condom use skills and teach women how to take control of their sexual encounters. Women are also taught skills on how to refuse unwanted sexual propositions and how to negotiate sexual safety with their partners. The final 3 sessions emphasize the maintenance of behavior change, review skills and techniques discussed in earlier sessions, and focus on relapse prevention.

Theoretical Basis

- Social Learning Theory
- Conservation of Resources (COR) Theory
- Theory of Gender and Power

Intervention Duration

- Six sessions lasting 1.5 to 2 hours each delivered over 2 to 3 months

Intervention Setting

- Hospital and free-standing community-based clinics

Deliverer

- Trained female facilitators

Delivery Methods

- Cognitive rehearsal
- Demonstrations
- Goal setting
- Group discussions
- Lectures
- Role plays
- Videos

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Stevan E. Hobfoll**, Rush Medical College, Department of Behavioral Sciences, 1645 W. Jackson Boulevard, Suite 400, Chicago, IL 60612.

Email: stevan_hobfoll@rush.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in a medium-sized mid-western city between 1995 and 1999.

Key Intervention Effects

- Reduced unprotected vaginal or anal sex

Study Sample

The baseline study sample of 935 women is characterized by the following:

- 55% black or African American, 42% white, 3% Hispanic/Latino, Asian or other
- 100% female
- Mean age of 21 years

Recruitment Settings

Hospital-based and free-standing community-based health clinics serving lower income populations

Eligibility Criteria

Single women or women in a short-term cohabitating relationship (i.e., less than 6 months) were eligible if they were between the ages of 16 and 29 years, and free of major medical problems. Pregnant women were eligible only if they had not reached their third trimester.

Assignment Method

Women were randomly assigned to one of three groups: HIV prevention intervention (n = 361), general health promotion intervention (n = 368), or standard care control (n = 206).

Comparison Group

The health promotion intervention consisted of six sessions that focused on the negative consequences of smoking, alcohol, and drug use, with some mention of safer sexual behavior, and dieting. Like the HIV prevention intervention, the six health sessions sought to enhance mastery, assertiveness, and positive expectancy and focused on negotiation skills training. The standard care control group received the standard care offered by the hospital, which included minimal didactic information provided by nursing staff concerning safer sex and HIV prevention.

Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors during the prior 2 months (including condom use during anal or vaginal sex, and number of sex partners) were measured at the 6–7-month post-intervention follow-up.
- Incident STDs (including gonorrhea, chlamydia, trichomonas, syphilis, Herpes Simplex Virus-II and HIV) were measured at the 6–7 month-post-intervention follow-up.

Participant Retention

- HIV Prevention Intervention
 - 79% retained at 6 – 7 months
- Health Promotion Comparison
 - 74% retained at 6 – 7 months
- Standard Care Control
 - 77% retained at 6 – 7 months

Significant Findings

- At the 6 to 7-month follow-up, women who received the HIV prevention intervention reported significantly fewer episodes of unprotected vaginal or anal sex than women in the standard care group ($p < .001$).

Considerations

- Among women with a prior STD, those in the HIV prevention group were significantly less likely to test positive for an STD at follow-up than women in the health promotion group ($p < .005$). There was no difference, however, when comparing the HIV prevention group to the standard care group.

REFERENCES AND CONTACT INFORMATION

Hobfoll, S. E., Jackson, A. P., Lavin, J., Johnson, R. J., & Schröder, K. E. (2002). [Effects and generalizability of communally oriented HIV-AIDS prevention versus general health promotion groups for single, inner-city women in urban clinics](#). *Journal of Consulting and Clinical Psychology*, 70, 950-960.

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