

FEMALE AND CULTURALLY SPECIFIC NEGOTIATION INTERVENTION

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Inner city, HIV-negative, heterosexually active African American female drug injectors and crack cocaine smokers

Goals of Intervention

- Reduce HIV risk behaviors among African American women who use crack or inject drugs

Brief Description

The *Enhanced Negotiation* intervention includes 4 individual sessions that focus on the social context of women's daily lives. The intervention explores the meaning of gender-specific behaviors and social interactions, norms and values, and power and control. The intervention emphasizes the local HIV epidemic, sex- and drug-related risk behaviors, HIV risk reduction strategies, and the impact of race and gender on HIV risk and protective behaviors. Intervention sessions teach women correct condom use, safer injection, and communication and assertiveness skills. Women develop and evaluate their short-term goals for communication, gaining control, and developing assertiveness. Women learn to identify unhealthy triggers that can lead them to deviate from their goals and to develop a tailored negotiation and conflict resolution style.

Theoretical Basis

- Theory of Gender and Power
- Theory of Planned Behavior
- Theory of Reasoned Actions
- Social Cognitive Theory
- Transtheoretical Model of Change

Intervention Duration

- Four 20- to 40-minute sessions delivered over a 3- to 4- week time span

Intervention Setting

- Health Intervention Project (HIP) House, the study intervention site

Deliverer

- Female health interventionist and counselor

Delivery Methods

- Counseling
- Develop/plan
- Role plays

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Claire Sterk**, Office of the President, 408 Administration Building, 201 Dowman Drive, Atlanta, GA 30322.

Email: president@emory.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Atlanta, Georgia between 1998 and 2001.

Key Intervention Effect

- Increased condom use with steady partner
- Reduced number of times or percent of times having sex with paying partner
- Reduced trading sex for drugs or money
- Reduced number of drug injections

Study Sample

The study sample of 333 African American drug-using women is characterized by the following:

- 100% black or African American
- 100% female
- Mean age of 38 years

Recruitment Settings

Inner-city neighborhoods

Eligibility Criteria

HIV sero-negative, African American females who were 18 years of age or older, resided in one of the study communities, were not in drug treatment or any other institutional setting, were proficient in the English language, were heterosexually active (vaginal sex with a man at least once during the prior month), and were active injection drug user or crack cocaine user in the past month.

Assignment Method

Women were randomly assigned to 1 of 3 groups: Enhanced Negotiation intervention (n = 99), Enhanced Motivation intervention (n = 94), and NIDA standard† comparison (n = 143).

Comparison Group

- The Enhanced Motivation comparison intervention was comprised of 4 individual-level intervention sessions. In addition to providing basic HIV information as in the NIDA standard, the intervention asked women to consider things they would be motivated to change in their life, reviewed a personal change list to set short- and long-term goals, and discussed personal experiences in achieving short-term goals, including sense of control and feelings of ambivalence.

COMPENDIUM OF EVIDENCE-BASED INTERVENTIONS AND BEST PRACTICES FOR HIV PREVENTION
ARCHIVED INTERVENTION

- The NIDA standard comparison intervention[†] was delivered to individuals over 2–sessions. This intervention focused on the local HIV epidemic, sex- and drug-related risk behaviors, safer sex and drug use, and HIV risk reduction strategies. The intervention also addressed HIV knowledge, and emphasized HIV risk and protective behaviors. Intervention sessions in both comparison interventions were delivered by a female health interventionist/counselor.

Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors (including number of vaginal sex partners, percent consistent condom use by partner type, number of times had any sex by partner type, frequency of sex while high, frequency of alcohol and sex, percent trading sex for money or drugs, and percentage and number of times participants had vaginal, oral, or anal sex with paying partner) measured at 6 months follow-up
- Drug behaviors (including number of heroin or speedball injections) measured at 6 months follow-up

Participant Retention

- Enhanced Negotiation Intervention
 - 96% retained at 6 months
- Enhanced Motivation Intervention
 - 99% retained at 6 months
- NIDA Standard Intervention[†]
 - 94% retained at 6 months

Significant Findings

- At 6-month follow-up, the Enhanced Negotiation intervention group reported significantly greater reductions in the proportion of women who had a paying sex partner ($p < 0.05$), the proportion of women who traded sex for money or drugs ($p's < 0.01$), and the mean number of injections ($p < 0.05$) than women who received the NIDA standard intervention.
- The women in the Enhanced Negotiation intervention also reported significantly greater reductions in frequency of alcohol use during sex ($p < .001$) than women receiving the Enhanced Motivation comparison intervention at 6 months.
- Crack-smoking women who received the Enhanced Negotiation intervention reported a significantly greater reduction in the number of times they had sex with a paying partner ($p < .001$) and a significantly greater increase in condom use with steady partners ($p < .01$) than crack-smoking women receiving the NIDA standard at 6 months. They also reported a significantly greater reduction in the number of sex acts with a paying partner ($p < .001$) than women receiving the Enhanced Motivation intervention at 6 months.

Considerations

- Other outcomes related to intervention goals (number of days injecting heroin or speedball, number of paying partners for vaginal sex) yielded non-significant findings in the hypothesized direction.

[†] National Institute on Drug Abuse (1992). The standard intervention of the cooperative agreement program for AIDS community-based outreach/intervention research. Cooperative Agreement Steering Committee, January 9–10, 1992.

REFERENCES AND CONTACT INFORMATION

Sterk, C. E., Theall, K. P., & Elifson, K. W. (2003). [Effectiveness of a risk reduction intervention among African American women who use crack cocaine](#). *AIDS Education and Prevention*, 15, 15-32.

Sterk, C. E., Theall, K. P., & Elifson, K. W. (2003). [Who's getting the message? Intervention response rates among women who inject drugs and/or smoke crack cocaine](#). *Preventive Medicine*, 37, 119-128.

Sterk, C. E., Theall, K. P., Elifson, K. W., & Kidder, D. (2003). [HIV risk reduction among African-American women who inject drugs: A randomized controlled trial](#). *AIDS and Behavior*, 7, 73-86.

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