

SISTERING, INFORMING, HEALING, LIVING, AND EMPOWERING (SiHLE)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Sexually experienced African American adolescent girls

Goals of Intervention

- Reduce sexual risk behaviors
- Reduce sexually transmitted diseases (STDs) and pregnancy
- Enhance skills and mediators of HIV preventive behaviors (i.e., HIV knowledge, condom attitudes, barriers, and self-efficacy)

Brief Description

The *SiHLE* intervention is a small group, skills training intervention to reduce risky sex behavior among African-American adolescent females. Through interactive discussions in groups of 10–12 girls, the intervention emphasizes ethnic and gender pride, and enhances awareness of HIV risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners. Through the use of role plays and cognitive rehearsal, the intervention enhances confidence in initiating safer-sex conversations, negotiating for safer sex, and refusing unsafe sex encounters. In addition, intervention deliverers model proper condom use skills and emphasize the importance of healthy relationships.

Theoretical Basis

- Social Cognitive Theory
- Theory of Gender and Power

Intervention Duration

- Four 4-hour sessions delivered weekly on consecutive Saturdays

Intervention Setting

- Family medicine clinic

Deliverer

- African American female health educator and 2 African American female peer educators

Delivery Methods

- Demonstrations
- Group discussion
- Lectures
- Role plays

INTERVENTION PACKAGE INFORMATION

In August 2013, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (DHAP) **announced** that in accordance with its High Impact Prevention approach, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable and prioritize prevention for persons living with HIV and those persons at highest risk for acquiring HIV. **SiHLE will no longer be funded by DHAP** for diffusion, adoption, and implementation, but the online resources continue to be available. Information, tools, and materials on the **SiHLE** intervention are available online at <https://effectiveinterventions.cdc.gov/>.

The intervention package and training are also available through **Sociometrics** under the name **SIHLE**.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Birmingham, Alabama between 1995 and 2002.

Key Intervention Effects

- Increased consistent condom use
- Reduced unprotected vaginal sex
- Reduced number of new sex partners
- Reduced new chlamydia infections

Study Sample

The baseline study sample of 522 African American adolescent girls is characterized by the following:

- 100% black or African American
- 100% female
- Mean age of 16 years
- 47% had not completed the 10th grade

Recruitment Settings

Community health agencies

Eligibility Criteria

Participants were considered eligible if they were African American, female, between 14 and 18 years of age, and if they reported vaginal intercourse during the previous 6 months.

Assignment Method

Participants were randomly assigned to one of two groups: SiHLE intervention (n = 251) and a time-equivalent general health promotion comparison intervention (n = 271).

Comparison Group

The general health promotion intervention consisted of four 4-hour sessions that emphasized nutrition and exercise. An African American female health educator and peer educators led the intervention over 4 consecutive Saturdays.

Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors in the past 30 days and past 6 months (including consistent condom use, condom use at last sex, percent condom protected vaginal sex acts, number of unprotected vaginal sex acts, new vaginal sex partner, frequency of applying condom on sex partner, and frequency of discussing HIV-preventive practices with sex partners) were measured 6- and 12-months post-intervention.
- Incident STDs (including chlamydia, gonorrhea, or trichomonas infection) were measured during the 12 month follow-up.

Participant Retention

- SiHLE Intervention
 - 90% retained at 6 months
 - 87% retained at 12 months
- Health Promotion Intervention
 - 90% retained at 6 months
 - 89% retained at 12 months

Significant Findings

- Participants in the SiHLE intervention reported significantly greater increases in consistent condom use, percentage of condom-protected vaginal sex acts, frequency of applying condoms on a sex partner, and condom use during last sex over the 6- and 12-month follow-up periods than participants in the comparison intervention.
- In addition, the SiHLE intervention group reported significantly fewer new vaginal sex partners and episodes of unprotected vaginal sex during the 6- and 12-month follow-up periods than the comparison group.
- Women in the SiHLE intervention group were significantly less likely to acquire a new chlamydia infection over 12 months of follow-up than women in the comparison group.

Considerations

- Women in the SiHLE intervention group were significantly less likely to report being pregnant ($p < .05$) relative to the comparison group at 6 months, but this finding was not sustained at 12 months.

REFERENCES AND CONTACT INFORMATION

DiClemente, R. J., Wingood, G. M., Harrington, K. F., Lang, D. L., Davies, S. L., Hook, E. W., 3rd, . . . Robillard, A. (2004). [Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial](#). *JAMA Journal of the American Medical Association*, 292, 171–179.

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