WOMEN'S HEALTH PROMOTION (WHP)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

• HIV-negative heterosexual Hispanic women

Goals of Intervention

Eliminate or reduce sex risk behavior

Brief Description

The Women's Health Promotion (WHP) intervention includes twelve intensive 90- to -120-minute sessions delivered over 12 weeks. The WHP consists of four standard HIV education sessions (lasting about 6 to 9 hours) that address HIV transmission and prevention, sexually transmitted diseases, sexual and reproductive anatomy, condom practice, and condom negotiation skills. These sessions use lectures, group discussion, and skill-building exercises and games to teach participants. The eight additional sessions involve speakers on a variety of topics deemed relevant by participants, including general mental health, depression, cervical cancer, non-HIV-related partner communication, diabetes, nutrition, partner violence, oppression, and social justice.

WHP is implemented in small, closed groups comprised of 10 to 16 women, co-facilitated by two bilingual community health educators, and conducted in Spanish.

Theoretical Basis

- Social Cognitive Theory
- Theory of Reasoned Action
- Health Belief Model

Intervention Duration

 Twelve 90- to 120-minute sessions delivered over 12 weeks

Intervention Setting

Community clinic serving largely Hispanic clients

Deliverer

• Two trained bilingual community health educators. The primary facilitator is a respected community leader with experience in HIV education.

Delivery Methods

- Exercises
- Games
- Group discussions

- Lectures
- Practice

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

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact Anita Raj, University of California San Diego School of Medicine, Division of Global Public Health, 9500 Gilman Drive, La Jolla, CA 92093-0507.

Email: <u>anitaraj@ucsd.edu</u> for details on intervention materials.

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Boston, Massachusetts.

Key Intervention Effects

• Increased condom use

Study Sample

The analytic study sample of 162 Hispanic women is characterized by the following:

- 100% Hispanic (55% Dominican, 13% Puerto Rican, 13% Central American, 8% South American)
- 100% female
- 100% heterosexual
- Mean age of 29 years
- 71% completed high school education

Recruitment Settings

Housing projects, clinics, and community service programs (i.e., ESL, GED, and non-HIV health education classes)

Eligibility Criteria

Spanish-speaking Hispanic women were eligible if they were between 18 and 35 years old, engaged in sexual intercourse with a steady male partner during the past 3 months, did not use a condom or engaged in inconsistent condom use with a steady male partner during the past 3 months, did not engage in injection drug use or sex trade in the past 6 months, and had no plan to relocate from their Boston-based community in the next year.

Assignment Method

Women (N = 170) were assigned, in a manner without apparent bias, to 1 of 3 groups: Women's Health Promotion (WHP; n = 56), HIV Intensive Prevention (HIV-IP; n = 44), or wait list control (n = 70).

Comparison Group

The control participants received HIV prevention material and referrals and were on a waiting list for a 12-week HIV prevention program after study completion.

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

ARCHIVED INTERVENTION

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 3 months (including frequency of condom use with main male partner during vaginal sex, condom use every time, and mean number of sex partners) were measured at immediate-post, 3-month, and 15-month follow-ups.
- Communication/negotiation index (including refused to have sex without a condom, demanded partner use a condom) during past 3 months was assessed at immediate-post, 3-month, and 15-month follow-ups.
- HIV testing behavior during past 3 months was assessed at immediate-post, 3-month, and 15-month followups.

Participant Retention

- Women's Health Promotion intervention
 - o 96% retained at 3 months
 - o 75% retained at 15 months
- HIV-IP
 - 91% retained at 3 months
 - 73% retained at 15 months
- Wait List Control
 - 87% retained at 3 months
 - o 77% retained at 15 months

Significant Findings

• Women receiving the WHP intervention were significantly more likely to use condoms during vaginal sex with their main male partner compared to women in the wait list control at the 3-month follow-up (p < .05).

Considerations

- The WHP intervention effect on condom use was not significant at the 15-month follow up.
- The HIV-IP intervention fails to meet the best-evidence or good-evidence criteria because the adjusted analyses did not yield significant findings for the relevant outcomes.

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

REFERENCES AND CONTACT INFORMATION

Raj, A., Amaro, H., Cranston, K., Martin, B., Cabral, H., Navarro, A., & Conron, K. (2001). <u>Is a general women's health promotion program as effective as an HIV-intensive prevention program in reducing HIV risk among Hispanic women?</u> *Public Health Reports, 116*, 599-607.

Amaro, H., Raj, A., Reed, E., & Cranston, K. (2002). <u>Implementation and long-term outcomes of two HIV intervention programs for Latinas</u>. *Health Promotion Practice*, *3*, 245-254.

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