Gender-Specific HIV Prevention Intervention for Adolescent Girls: Unanticipated Evidence for Broad Sexual Risk Reduction

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It is hoped that the information provided in this presentation will be helpful to attendees in familiarizing themselves with a sexual risk reduction intervention for adolescent girls. Subjects covered in this presentation represent my views and not those of the University of South Florida.
About HIPTeens

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Background

HIV infections in adolescent girls & young women across the globe

- More than 50% of individuals infected with HIV are women and girls
- Girls 15-19 have the highest rates of gonorrhea and chlamydia relative to similarly-aged boys and women
- Account for 60% of all new infections
- Women become infected at younger ages than men, usually by older men

Despite the negative impact of sexual risk behaviors to teen girls, there are still few gender specific evidence-based interventions with documented long-term behavioral outcomes.
Adolescence: Window of Opportunity

Studies in countries with generalized AIDS epidemics show that women become infected at younger ages than men, usually by older men. Men’s infections tend to occur at later ages.
Components of Successful Interventions

- Theoretically-driven
- Tailored to specific population, culturally relevant
- Focus on skill enhancement rather than knowledge alone
- Intervention implemented in accessible points in the community
- Facilitators reflect the demographics of the population
Steps in Developing HIPTeens

Step 1. Identify population’s existing level of HIV-prevention IMB

Step 2. Design population-specific intervention strategies

Step 3. Methodologically rigorous evaluation research
Participants
Randomized to HIV risk-reduction intervention or structurally equivalent health-promotion control groups

- Sexually-active, urban adolescent girls
- Ages 15-19 (M=16.5)
- N=738
- African American 69%
- Economically Disadvantaged 69%
HIPTeens RCT

Enroll

HIV → 4 Sessions → Booster → Booster → Data

CTL → 4 Sessions → Booster → Booster → Data

Data Points:
- Pre*
- 1 wk post
- 3 mo post
- 6 mo post*
- 12 mo post*

* STI Test
Data Collection, Analysis, & Fidelity

Data collection: audio computer-assisted self-interviewing (ACASI) through laptop computers at enrollment sites

Analysis: compared responses of girls randomized to the intervention and control groups at 3, 6, and 12 months post-intervention to identify differences between groups

Fidelity: achieved through continuous process evaluation and uniform facilitator and recruiter training.
Designing Population-specific Intervention Strategies

- Information
- Behavioral Skills
- Motivation
- Outcomes

- Role Plays
- Team Building
- Games
- Media

2-hour sessions
Information

Educational materials concerning HIV infection and AIDS

Certain aspects of HIV-related information are especially important for girls to know, e.g.

Information delivered via games, flash cards, and videos

Information is necessary but not sufficient to change behaviors
Motivation

Information can be motivating if personally relevant

Presented local epidemiological data: risk opportunity

Video of people living with HIV matched to the gender and ethnicity of the group can heighten awareness.

Motivational exercises are tailored to girls’ unique motives: e.g., compromising their fertility.
Behavioral Skills

HIV prevention behavioral skills are actions that can be performed to reduce HIV risks and includes three steps:

1. Risky Situation management skills - Identifying risk situations or "triggers"
2. Problem solving skills – dealing with risky situations and barriers to risk reduction
3. Condom use and safer skills - proper use and application of male and female condoms
Goal: Expanding the “Menu” of Risk Reduction Choices
Results: Statistically Significant Changes

- Fewer episodes of vaginal sex at all follow-ups
- Fewer episodes of unprotected vaginal sex at 3 and 12 month follow-ups
- Decrease in total number of partners at 6 month follow-up
Unanticipated Results

Significantly higher rates of abstinence at 3 and 12 month follow-ups

Medical record audits documented 50% reduction in positive pregnancy tests at 12-months
Challenges

WEAPONS

FOOD & HOUSING

PROTESTORS

MALE PARTNERS

MONEY-MAKING SCHEMES

GANG INVOLVEMENT
## Conclusions

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<tr>
<th>Evidence-Based Practice</th>
<th>Sexual Risk Behavior Reduction</th>
<th>Unintended Positive Results</th>
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| • Demonstrated long-term behavioral outcomes | • Significant behavioral risk reductions  
  • ↓ Unprotected sex  
  • ↓ Total # of sexual episodes  
  • ↓ # partners | • 50% reduction of positive pregnancy tests  
  • ↑ Sexual abstinence |
| • Gender-tailored, manualized, brief intervention | | |
# National Recognition of HIPTeens

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<th>CDC</th>
<th>HHS</th>
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| • Has been identified by the CDC as meeting **PRS criteria for Good evidence of efficacy**  
• Will be disseminated through the CDC | • Recognized by U.S. Health and Human Services as meeting intervention effectiveness criteria based on the **Teen Pregnancy Prevention (TPP) Evidence Review** |

http://www.cdc.gov/hiv/prevention/research/compendium/rr/complete.html  
Habits

“Habit is habit and not to be flung out of the window ... but coaxed downstairs one step at a time.”

Mark Twain