



Program Abstract

Summary

Among adolescents, sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV), have disproportionately affected African American females.

In addition to individual-level risk behaviors, other complex factors contribute to these observed differences in infection rates. *HORIZONS* was developed to address a broader range of risk factors, including personal, relational, sociocultural, and structural factors. The overall goals of the program are to reduce recurrent STIs and enhance STI/HIV preventive behaviors among female African American adolescents.

HORIZONS is a two-session STI-prevention program developed for small groups of sexually-active African American adolescent girls. The sessions are interactive, and engage participants in role-play, poetry reading, condom-use practice, and self-reflection exercises.

HORIZONS was evaluated with a randomized control trial that included both a control and intervention condition. Data were collected from the subjects at baseline, 6-months and 12-months post-completion of the program. Participants in the intervention condition were 35% less likely to acquire chlamydia than participants in the control condition after 12 months (RR, 0.65; 95% CI, 0.42 to 0.98; $P=.04$). Overall, at the 12-month follow-up, participants in the intervention condition had higher proportions of condom protected sex acts in the previous 14 days ($P=.004$) and 60 days ($P<.001$) than participants in the control condition. The participants in the intervention condition were also more likely to report consistent condom use during the past 14 days, 60 days, and during their last sexual activity ($P=.04$, $P=.01$, and $P=.005$, respectively) at this time point. The participants in the intervention condition reported reduced douching at the 12-month follow-up as compared to the control condition ($P=.001$). *HORIZONS* also improved (between baseline and the 12-month follow-up) psychosocial mediators of HIV/STI preventive behavior such as partner communication frequency, condom use self-efficacy, and STI/HIV prevention knowledge ($P=.04$, $P<.001$, and $P<.001$, respectively).

Results suggest that *HORIZONS* can reduce risks for chlamydia infection; enhance HIV/STI preventative sexual behaviors and promote mediating psychosocial constructs of HIV/STI preventive behaviors.

Program Abstract (continued)

Focus	<input type="checkbox"/> Primary pregnancy prevention	<input type="checkbox"/> Secondary pregnancy prevention	<input checked="" type="checkbox"/> STI/HIV/AIDS prevention
Original Site	<input type="checkbox"/> School-based	<input type="checkbox"/> Community-based	<input checked="" type="checkbox"/> Clinic-based
Suitable for Use In:	<i>HORIZONS</i> was designed for use, and was evaluated, in a clinic setting with African American young women who were seeking sexual health services. However, the intervention may also be suitable for use in other community-based settings.		
Approach	<input checked="" type="checkbox"/> Abstinence <input checked="" type="checkbox"/> Behavioral Skills Development <input type="checkbox"/> Community Outreach <input checked="" type="checkbox"/> Contraceptive Access <input checked="" type="checkbox"/> Contraceptive Education <input type="checkbox"/> Life Option Enhancement <input checked="" type="checkbox"/> Self-Efficacy/Self-Esteem <input checked="" type="checkbox"/> Sexuality/HIV/AIDS/STI Education		
Original Intervention Sample	Age, Gender	The original sample consisted of 715 adolescent females aged 15-21 (mean age = 17.8 years, SD = 1.72)	
	Race/Ethnicity	All of sample (100%) self-identified as African American or black.	
Program Components	<input type="checkbox"/> Adult Involvement <input type="checkbox"/> Case Management <input checked="" type="checkbox"/> Group Discussion <input checked="" type="checkbox"/> Lectures <input type="checkbox"/> Peer Counseling/Instruction <input type="checkbox"/> Public Service Announcements <input checked="" type="checkbox"/> Role Play <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Other: Voucher for STI services for male partner		
Program Length	<i>HORIZONS</i> is delivered in two workshop-style sessions, each lasting approximately four hours, including a meal/snack break. In the original implementation, the workshops were offered on successive Saturdays.		

Program Abstract (continued)

In addition, participants received four telephone calls (approximately 15 minutes in length) over the 12 months following the intervention in order to reinforce the concepts discussed in the group setting.

Staffing Requirements/ Training

In its original implementation, *HORIZONS* was co-facilitated by two African American female health educators in small groups (the average group size was 6-8 participants).

Notes about Evaluation

The following resources for evaluation are also included:

- (1) Evaluation Instruments used in the evaluation of the original implementation of *HORIZONS*.
- (2) *Prevention Minimum Evaluation Data Set (PMEDS)*, a generic questionnaire that can be adapted to suit most prevention programs, and
- (3) *Local Evaluator Consultant Network Directory*.

These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Before using these or any survey instruments with your clients, it is very important that consent be received from the appropriate people in your community (e.g., school officials, parents, etc.). Most programs can benefit from outside help in designing and carrying out an evaluation. Your local university may be a good place to look for outside help—or you may refer to the *Local*

Evaluator Consultant Network Directory. For further information, call PASHA staff (see below).

Contact Information

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Bibliography

DiClemente, R.J., Wingood, R.M., Rose, E.S., Sales, J.M., Lang, D.L., Caliendo, A.M., Hardin, J.W., & Crosby, R.A. (2009). Efficacy of sexually transmitted disease/human immunodeficiency virus sexual risk-reduction intervention for African American adolescents seeking sexual health services. *Archives of Pediatric & Adolescent Medicine*, *163* (12), 1112-1121.