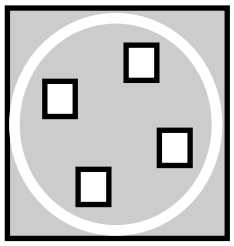

Program Abstract

Summary

The *SiHLE* intervention was developed specifically to address the STI/HIV/AIDS prevention needs of African-American adolescent girls. Research has shown that this subgroup of the general population is at higher risk than their White or Hispanic peers. *SiHLE* was originally implemented in the southern United States, where adolescent HIV prevalence was higher than any other geographic region in the U.S.

Participants were selected from girls seeking health services at four community health agencies. To be eligible to participate, girls needed to be African American between the ages of 14 and 18 and have engaged in vaginal intercourse within the previous six months. At baseline, 522 sexually active African-American girls, aged 14-18, completed the baseline survey and were randomized into either the HIV-prevention intervention (n=251) or the general health control group (n=271). Each group received a four-session, 16-hour intervention that was offered on consecutive Saturdays.

The HIV-prevention intervention was grounded in social cognitive theory and the theory of gender and power. Participants explored issues related to ethnic and gender pride, risk reduction strategies (including correct and consistent condom use), negotiating safer sex, and healthy relationships as they relate to practicing safer sex.

At the six-month follow-up point, intervention girls reported using condoms more consistently in the previous 30 days than did their control group counterparts (intervention, 75.3% vs. control, 58.2%). At the 12-month follow-up, intervention girls continued to report more consistent condom use both in the previous 30 days (intervention, 73.3% vs. control, 56.5%) and during the entire 12-month review period (adjusted odds ratio, 2.30; 95% CI, 1.51-3.5; $P<.001$). In general, at the 12-month point, girls in the intervention group were more likely to have used a condom at last intercourse, and less likely to have had a new sexual partner in the last 30 days. They also had better condom application skills and a higher percentage of condom-protected sex acts than their control-group peers. Promising effects were also observed for chlamydia infections and self-reported pregnancy.

Program Abstract (continued)

Focus	☐	Primary pregnancy prevention	☐	Secondary pregnancy prevention	☑ STI/HIV/AIDS prevention
Original Site	☐	School-based	☐	Community-based	☑ Clinic-based

Suitable for Use In: *SiHLE* is suitable for use in community based organizations and clinics that provide services to adolescent African-American girls.

Approach

- ☐ Abstinence
- ☑ Behavioral Skills Development
- ☐ Community Outreach
- ☑ Contraceptive Access
- ☑ Contraceptive Education
- ☐ Life Option Enhancement
- ☑ Self-Efficacy/Self-Esteem
- ☑ Sexuality/HIV/AIDS/STI Education

Original Intervention Sample

Age, Gender	The baseline sample was 100% female, ranging in age from 14 to 18.
Race/ Ethnicity	All participants were African American.

Program Components

- ☐ Adult Involvement
- ☐ Case Management
- ☑ Group Discussion
- ☑ Lectures
- ☑ Peer Counseling/Instruction
- ☐ Public Service Announcements
- ☑ Role Play
- ☐ Video
- ☐ Other

Program Abstract (continued)

Program Length

SiHLE is delivered in four 4-hour sessions for a total of 16 hours.

Staffing Requirements/ Training

In the original implementation, a female African-American health educator delivered the intervention, assisted by two African-American peer educators. There was no formal training for either the health educator or the peer educators. However, their respective roles are clearly defined in the booklets of the Facilitator's Manual. You may wish to develop a training program for future health educators in your setting.

Notes about Evaluation

This program contains a copy of the exit interview for girls used to collect baseline and follow-up data during the original evaluation of this program. (Please refer to the "Original Evaluation Materials" booklet.) Additional resources for evaluation are also included:

(1) *Prevention Minimum Evaluation Data Set (PMEDS)*, a generic questionnaire that can be adapted to suit most prevention programs, and

(2) *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 teens, 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

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