Project SAFE (Standard Version)

Best Evidence - Risk Reduction

INTERVENTION DESCRIPTION

Target Population

 Mexican American and African American women diagnosed with gonorrhea, chlamydia, syphilis, or trichomonas in public health clinics

Goals of Intervention

- Reduce new chlamydia and gonorrhea infections
- Reduce risky sex behaviors

Brief Description

The Standard SAFE intervention is a small group, motivational and skill building intervention to reduce risky sexual behaviors and STDs among minority women. The 3 intervention sessions, delivered to groups of 5–6 women, emphasize recognizing risk, increasing commitment to change behavior, and facilitating the acquisition of protective skills. Women participate in group discussions to increase awareness of AIDS and other STDs and prevention methods, address myths of HIV acquisition, increase awareness of personal risk, and discuss relationship issues and barriers to condom use. Women are taught how to ask partners about their current behaviors, apply condoms, and make safer decisions regarding sexual health. Preventive strategies discussed included abstinence, monogamy, correct condom use, and reducing the number of sex partners. Through videotapes, games, discussions and practice, women learn skills to facilitate communication and negotiation of safer sex, raise feelings of self-efficacy in partner selection and communication about condom use, identify triggers to unsafe sex, and encourage the sharing of information with others to build a support network. Standard STD counseling and testing is also provided to everyone by a nurse clinician.

Theoretical Basis

AIDS Risk Reduction Model

Intervention Duration

• Three 3-hour sessions delivered over 3 weeks; ongoing STD counseling, testing and treatment are also provided to everyone

Intervention Setting

• Research STD clinic

Deliverer

• Ethnically matched female facilitator; a nurse clinician (any ethnicity) provided STD counseling and testing to everyone

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

ARCHIVED INTERVENTION

Delivery Methods

- Counseling
- Demonstrations
- Exercises/games
- Goal setting
- Group discussions

- Lectures
- Printed materials
- Practice
- Role plays
- Video

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through <u>Sociometrics</u> under the name <u>Project SAFE</u>.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in San Antonio, Texas, between 1996 and 2000.

Key Intervention Effects

- Reduced unprotected sex with untreated/incompletely treated partner
- Reduced number of women having multiple sex partners
- Reduced new STDs

Study Sample

The study sample of 775 Mexican American and African American women is characterized by the following:

- 77% Hispanic/Latino, 23% black or African American
- 100% female
- Mean age of 21 years, 80% under 25 years

Recruitment Settings

Research clinic in conjunction with Health Department STD clinic

Eligibility Criteria

Mexican American and African American women were eligible if they were diagnosed with gonorrhea, chlamydia, syphilis, or trichomonas in public health clinics. Additionally, eligible women had to speak English, and be of reproductive age (15 to 45 years old).

Assignment Method

Women were randomly assigned to 1 of 3 groups: Standard SAFE intervention (n = 237), Enhanced SAFE intervention (n = 262), and a Standard Care control (n = 276).

Comparison Group

The Standard Care comparison group was given individual, interactive STD counseling and testing. The session, lasting 15–20 minutes, was delivered by a nurse clinician. Ongoing STD screening and treatment were also provided.

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Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors during the prior year (including unprotected sex with untreated or incompletely treated partner, and number of sex partners) were measured at the 1- and 2-year follow-ups
- Incident STDs (chlamydia or gonorrhea) were measured during the 2-year follow-up

Participant Retention

- Standard SAFE Intervention
 - 92% retained at 1 year
 - 90% retained at 2 years
- Enhanced SAFE Intervention
 - o 90% retained at 1 year
 - 90% retained at 2 years
- Standard Care Intervention
 - 92% retained at 1 year
 - o 93% retained at 2 years

Significant Findings

- At the 1-year follow-up, the women in the *Standard SAFE* intervention were significantly less likely to report unprotected sex with untreated or incompletely treated partners (p = 0.001) than women in standard care.
- In addition, women in the *Standard SAFE* intervention were significantly less likely to report having more than one sexual partner at the 1-year follow-up (p = 0.001), at the 2-year follow-up, (p < 0.005) and across all follow-up (p < 0.002) compared to women receiving standard care.
- Women who received the *Standard SAFE* intervention were significantly less likely to acquire a new STD during the 1st year follow-up (p = 0.006), during the 2nd year follow-up (p = 0.03), and over the entire 2-year follow-up (p < 0.008) than women in the standard care comparison.

Considerations

• The *Enhanced SAFE* intervention, which consisted of the Standard SAFE intervention plus 5 monthly 90-minute support group sessions, compared to the standard care intervention, produced results similar to those of the Standard SAFE intervention. The Standard SAFE intervention is highlighted here since it does not require the optional support group sessions.

Shain, R. N., Piper, J. M., Newton, E. R., Perdue, S. T., Ramos, R., Champion, J. D., & Guerra, F. A. (1999). <u>A randomized, controlled trial of a behavioral intervention to prevent sexually transmitted disease among minority women</u>. *New England Journal of Medicine*, *340*, 93–100.

Shain, R. N., Piper, J. M., Holden, A. E., Champion, J. D., Perdue, S. T., Korte, J. E., & Guerra, F. A. (2004). <u>Prevention of gonorrhea and chlamydia through behavioral intervention: Results of a two-year controlled randomized trial in minority women</u>. *Sexually Transmitted Diseases*, *31*, 401–408.

Researcher: Rochelle N. Shain, PhD

University of Texas Health Science Center at San Antonio

REFERENCES AND CONTACT INFORMATION

7703 Floyd Curl Drive San Antonio, Texas 78229 Email: shain@uthscsa.edu



