# SALUD, EDUCACION, PREVENCION y AUTOCUIDADO (SEPA)

**Good Evidence – Risk Reduction** 

# **INTERVENTION DESCRIPTION**

## **Target Population**

• Low income, urban Mexican and Puerto Rican women

## **Goals of Intervention**

• Eliminate or reduce sex risk behaviors

#### **Brief Description**

SEPA is a six-session, culturally-tailored, small-group, skills building intervention designed to prevent high-risk sexual behaviors among low-income Mexican and Puerto Rican women. The intervention, delivered to groups of 11-13 women, promotes self-efficacy, builds skills and focuses on topics including: HIV/AIDS in the community, human anatomy and sexuality, education about HIV and other STDs, condom use, negotiation of safer sex, and preventing domestic violence. The intervention content and prevention messages are delivered using several methods, including: group discussions, videos, hands-on activities, role playing, skills demonstration, quizzes, and homework to build self-efficacy. Skills building activities focus on the correct use of male and female condoms, effective skills in communication, assertiveness, and negotiating safer sex with partners, and problem solving. After each session, their homework is to educate their peers about what they have learned. The intervention is sensitive to Latinas' values and beliefs and addresses issues relevant for this population, such as intimate partner violence.

#### **Theoretical Basis**

Social Cognitive Theory

#### **Intervention Duration**

Six weekly sessions

# **Intervention Setting**

Not reported

# Deliverer

• Bilingual and bicultural Latinas, certified as HIV counselors and instructors in both English and Spanish

#### **Delivery Methods**

- Demonstrations
- Exercises
- Group discussion
- Practice

- Role modeling (educating peers)
- Role play
- Video

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

# **INTERVENTION PACKAGE INFORMATION**

In August 2013, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (DHAP) **announced** that in accordance with its High Impact Prevention approach, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable and prioritize prevention for persons living with HIV and those persons at highest risk for acquiring HIV.

For details on intervention materials, please contact **Nilda Peragallo Montano**, University of North Carolina at Chapel Hill School of Nursing, Carrington Hall, CB #7460, Chapel Hill, NC 27599-7460. Email: <u>npm@email.unc.edu</u>

# **EVALUATION STUDY AND RESULT**

The original evaluation was conducted in Chicago, Illinois between 1999 and 2001.

#### **Key Intervention Effects**

• Increased condom use

#### **Study Sample**

The baseline study sample of 454 Latinas is characterized by the following:

- 100% Hispanic/Latino (85% Mexican, 15% Puerto Rican)
- 100% female
- 7% 18-20 years of age, 22% 21-25 years, 27% 26-30 years, 32% 31-39 years, and 11% 40+ years
- 62% completed less than high school education, 19% completed high school, 19% completed more than high school

#### **Recruitment Settings**

Community agencies (e.g., Head Start Program, health clinics serving Latinas), other establishments (grocery stores, laundromats), and in the community (through Latino radio station announcements and Latino newspaper ads)

#### **Eligibility Criteria**

Hispanic women between 18 and 44 years were eligible if they were between the ages of 18 and 44 and sexually active 3 months prior to recruitment. Recruitment targeted low-income women.

#### **Assignment Method**

Women (N = 657) were randomly assigned to 1 of 2 groups: SEPA (n = 404) or comparison (n = 253).

#### **Comparison Group**

The comparison group was provided counseling for HIV testing and a pamphlet listing free HIV testing sites.

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

#### **Relevant Outcomes Measured and Follow-up Time**

• Sex behaviors during past 3 months (including percent of times having vaginal, anal, or oral sex while using a condom) were measured at 6 weeks, 3 and 6 months after baseline, which translates to immediate post-intervention and approximately 1.5 and 4.5 months after intervention.

#### **Participant Retention**

• SEPA Intervention

59% retained at 1.5 months after intervention
60% retained at 4.5 months after intervention
(65% retained at either follow-up and in analyses)

Control group

61% retained at 1.5 months after intervention
71% retained at 4.5 months after intervention
(75% retained at either follow-up and in analyses)

#### **Significant Findings**

• Across the 2 follow-ups, intervention participants were significantly more likely than control participants to report consistent condom use during vaginal sex (p = .006).

#### Considerations

- This intervention fails to meet the Best Evidence criteria due to a short follow-up time, low retention rates, and no intent-to-treat analyses.
- Across the 2 follow-ups, intervention participants, compared to control participants, had significantly greater partner communication about HIV issues (p < .001), HIV knowledge (p = .006), and risk-reduction behavioral intentions (p < .001).</li>
- Analytic sample excludes those intervention participants who completed less than 3 of the 6 sessions (i.e., excluding if exposed to less than 50% of the intervention).
- A five-session adaptation of SEPA was conducted from 2008 to 2010 with adult Hispanic women in South Florida.
  - A significantly greater percentage of intervention participants reported using condoms than comparison participants at 12 months post-baseline, which translates to 6 months post-intervention (49% vs. 35%; X2 = 7.45, OR = 1.77; p = 0.01).
  - However, this finding did not meet PRS Best Evidence or Good Evidence criteria because the measure for condom use did not provide sufficient certainty of reducing sexual risk of HIV transmission, due to no information regarding reducing frequency of unprotected sex or increasing consistent condom use or proportion of sex acts that were protected.

# **REFERENCES AND CONTACT INFORMATION**

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Peragallo, N., DeForge, D., Khoury, Z., Rivero, R., & Talashek, M. (2002). Latinas' perspectives on HIV/AIDS: Cultural issues to consider in prevention. *Hispanic Health Care International*, *1*, 11–22.

Peragallo, N., Gonzalez-Guarda, R. M., McCabe, B. E., & Cianelli, R. (2012). <u>The efficacy of an HIV risk reduction</u> intervention for Hispanic women. *AIDS and Behavior, 16*, 1316-1326. [adaptation; see considerations]

Researcher: Nilda Peragallo Montano, DrPH, RN, FAAN University of North Carolina at Chapel Hill Dean and Professor, School of Nursing Carrington Hall, CB #7460 Chapel Hill, NC 27599-7460 Email: npm@email.unc.edu

