HEALTHY LOVE

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Black women

Goals of Intervention

- Increase consistent condom use and other latex barriers
- Reduce unprotected sex with male partners
- Reduce number of sex partners
- Increase sexual abstinence
- Promote HIV testing and receipt of test results

Brief Description

Healthy Love is a single-session, small-group (4-15 women) intervention delivered to pre-existing groups of black women (e.g., friends, sororities) in settings of their choosing. It delivers HIV prevention information and teaches condom use skills in a highly interactive, festive, and non-judgmental manner. *Healthy Love* eroticizes safer sex and creates a safe space where women can connect with their sexuality in ways that are positive and self-loving, rather than shameful or degrading. Activities are designed to empower women to share their personal stories about heterosexual relationships and HIV risks, and to increase their capacity to take protective actions. This is accomplished by helping participants improve their knowledge about transmission and prevention of HIV and other sexually transmitted infections (STIs), self-efficacy for condom use and negotiation, and attitudes about HIV testing. The *Healthy Love* session consists of 3 modules containing an opening, 11 content-focused components, and a closing. The first 3 components provide basic information (HIV/AIDS facts, STI facts, and the Look of HIV). The remaining 8 interactive components engage group members on topics such as rating their personal risks for contracting HIV and other STIs, practicing correct male and female condom use, negotiating condom use with male partners, and demonstrating their increased knowledge concerning HIV risks and protective actions. At the end of the workshop, participants receive male and female condoms, dental dams, HIV risk reduction brochures, and information on where to obtain HIV counseling and testing services.

Theoretical Basis

- Health Belief Model
- Social Cognitive Theory
- Transtheoretical Model

Intervention Duration

- One 3 to 4 hour session

Intervention Setting
- Settings of participants' choosing including their homes, college campuses, churches and community centers

Deliverer
- Trained black female facilitator

Delivery Methods
- Demonstration
- Discussion
- Exercises
- Game
- Lecture
- Practice
- Printed material
- Risk reduction supplies

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. **Healthy Love will no longer be funded by DHAP**.

For details on intervention materials please contact **Dázon Dixon Diallo**, SisterLove Inc. P.O. Box 10558, Atlanta, GA 30310. Email: ddiallo@sisterlove.org

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Atlanta, Georgia between 2006 and 2007.

Key Intervention Effects
- Increased condom use

Study Sample
The baseline study sample of 313 women is characterized by the following:
- *97% black or African American, 3% Caribbean, Central or South American*
- *100% female*
- *Mean age of 31.3 years, range: 18-69*
- *43.8% completed high school/GED or less*

Recruitment Settings
Print media; local radio public service announcements; electronic communication; informational mailings to local AIDS service organizations, county health departments, medical clinics, and community centers; outreach at faith-based organizations and CBOs serving African immigrants, college health fairs, community events, and SisterLove-sponsored activities.

Eligibility Criteria

Women were eligible if they were self-identified as black, at least 18 years of age, English speakers, not pregnant or planning to become pregnant in the next 6 months, had not participated in a group-level HIV prevention intervention in the past 6 months, and did not have religious beliefs that prohibit male or female condom use.

Assignment Method

Thirty groups of women, pair-matched according to group type (e.g., church groups, friendship groups, etc.), were randomly assigned to 1 of 2 study groups: Healthy Love (n = 15 groups; 161 women assessed) or HIV101 comparison (n = 15 groups; 152 women assessed). In each group, all women were offered the intervention and were assessed.

Comparison Group

The HIV101 workshop was delivered as a single 2-3-hour session to groups of 4-15 women by a trained black female facilitator. The facilitator used a didactic, lecture-style format, and the session consisted of an opening, one module containing the first three components of Healthy Love (HIV/AIDS facts, STI facts, and the Look of HIV), and a closing. At the end of the workshop participants received male and female condoms, dental dams, HIV risk reduction brochures, and information on where to obtain HIV counseling and testing services.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors (including condom use during vaginal sex with any male partner and primary male partner, unprotected vaginal and anal sex with any male partner and primary male partner, sexual abstinence, and number of sex partners during past 3 months) were measured at immediate, 3, and 6 months post-intervention.

Participant Retention

- Healthy Love
  - 72% retained at 3 months
  - 75% retained at 6 months

- HIV101 Comparison
  - 76% retained at 3 months
  - 77% retained at 6 months

Significant Findings

- Among women who were sexually active at baseline and 3-month assessments, a significantly greater proportion of intervention participants reported consistent condom use (defined as using a condom “almost every time” or “each and every time”) at 3 months post-intervention than comparison participants ($p = .039$, one-tailed test).* Additionally, intervention participants were more likely than comparison participants to use condom more often at 3 months post-intervention ($p = .034$, one-tailed test).*

Considerations

- The intervention fails to meet the best-evidence criteria due to using a one-tailed test and not adjusting for clusters.
- The significant findings reported in the published paper for condom use during vaginal sex with any male partner and with primary male partner at the 3-month assessment were based on the analyses that

classified participants into 2 categories: No condom use (never) vs. any condom use (combining "each and every time", "almost every time", "sometimes" and "almost never"). The re-analysis by the authors with a more stringent condom use measure (i.e., consistent condom use) met the good-evidence criteria as described under "significant findings".

- There were also significant intervention effects on condom use at last vaginal, anal, or oral sex with any male partner at the 3- and 6-month follow-ups. Authors confirmed most sexually active women had vaginal sex, less than half of women reported oral sex, and there were no significant between-group differences in oral or vaginal sex at any assessment. Thus, the condom use at last sex outcome was more likely to reflect condom use for last vaginal sex, providing additional confirmation for the efficacy of the intervention.
- There were no significant intervention effects on abstinence and unprotected vaginal sex with any male partner or with a primary male partner at any assessment.
- At the 6-month follow-up, intervention participants were significantly more likely to report HIV testing and receipt of test results than comparison participants (OR = 2.30, 95% CI = 1.10, 4.81, $p < .05$).
- The first 5 groups (n = 40 women) were administered an incorrect version of the 3-month follow-up survey and thus had missing data on all sexual risk outcomes. Missing data due to attrition or other reasons did not exceed 40% and there is no differential missing-ness because assigned pairs were matched on participant characteristics.

REFERENCES AND CONTACT INFORMATION

Diallo, D. D., Moore, T. W., Ngalame, P. M., White, L. D., Herbst, J. H., & Painter, T. M. (2010). Efficacy of a single-session HIV prevention intervention for black women: A group randomized controlled trial. *AIDS and Behavior, 14*, 518-529.

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