

Introduction

HIV/AIDS are a significant health burden in the world.¹ African Americans are disproportionately affected by HIV/AIDS. Most African American women contract HIV/AIDS after heterosexual contact.² Considering this, early intervention addressing prevention methods is imperative in dismantling high rates of disease among African American women.³

Objectives

- Understand characteristics of treatment group compared to controls.
- Determine the strength of association between participation in Horizons + GMET HIV intervention programs and perceived sex refusal self-efficacy (SRSE), condom use self-efficacy (CUSE) and partner communication selfefficacy (CSE).

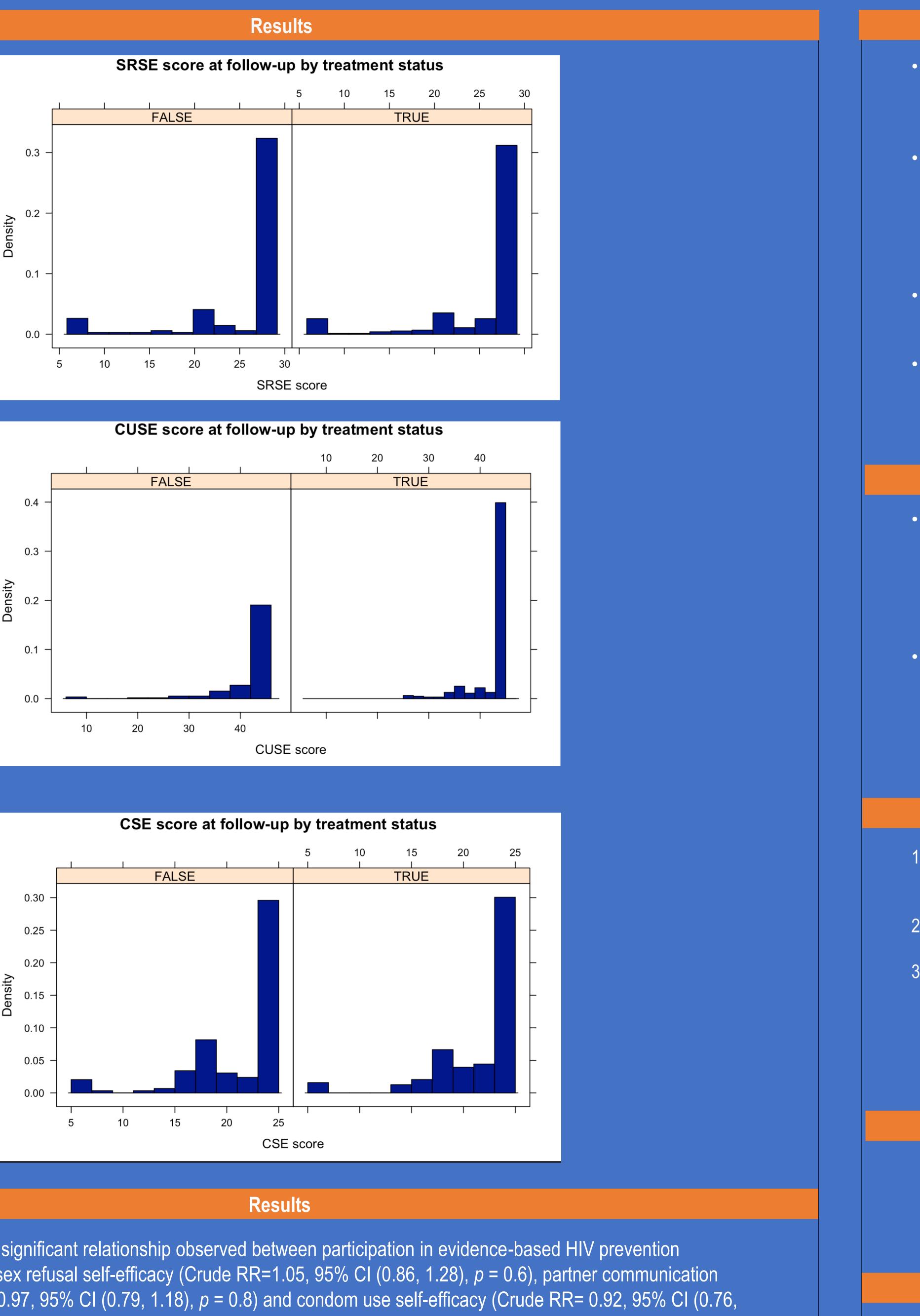
Project N-Liten (2012 - 2014)

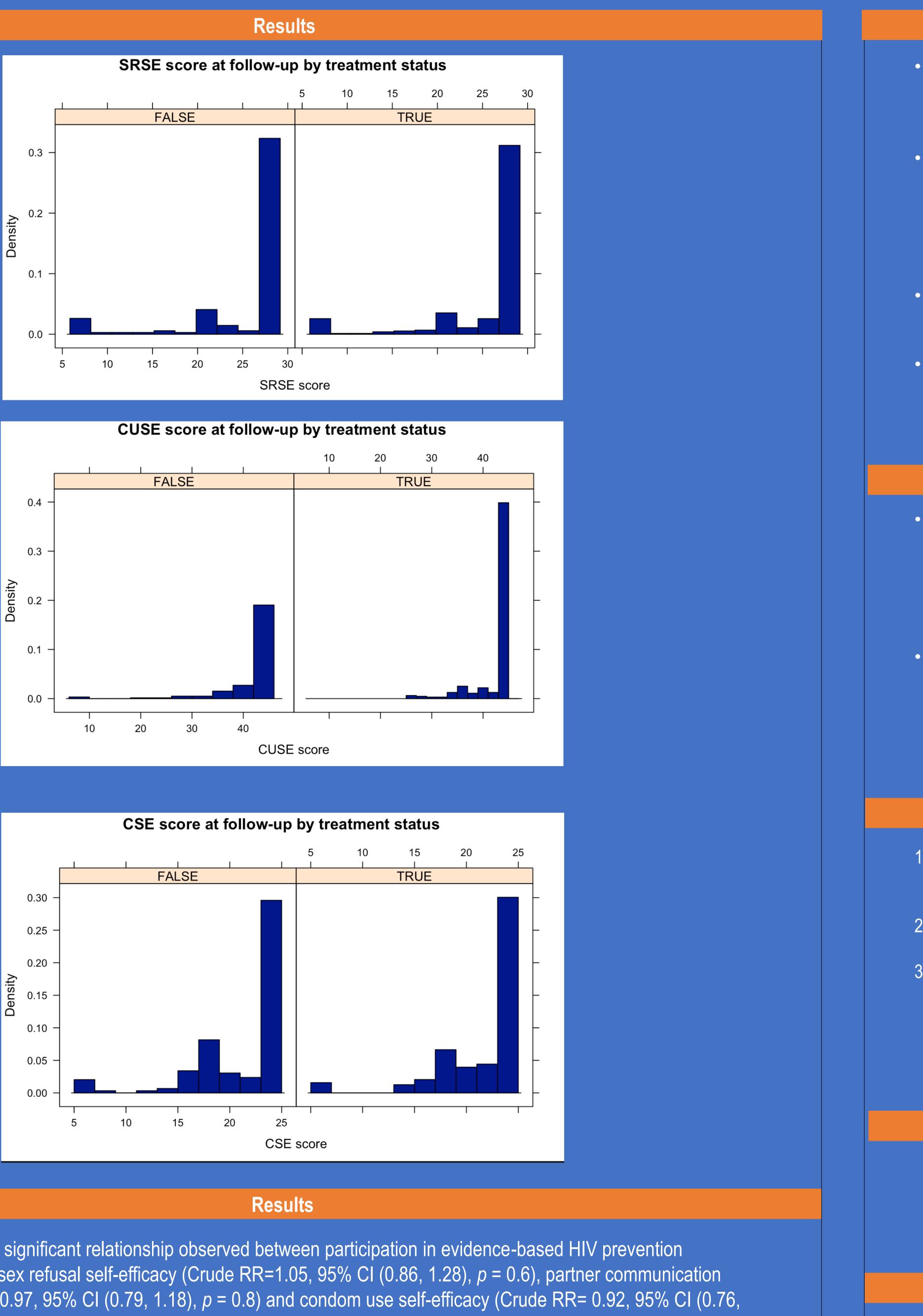
- Randomized controlled trial (RCT)
- Observed 600 African American women ages 18 to 24 years old from Atlanta, Georgia
- Excluded pregnant women and women who reported no sexual activity in the last 90 days
- Women selected for the clinical trial were randomly assigned to Horizons intervention, Horizons and Group motivation enhancement therapy (GMET), or standard-ofcare (control) group
- Data collected in 3-month intervals
- Baseline
- 3-month follow-up
- 6-month follow-up
- 9-month follow-up
- 12-month follow-up

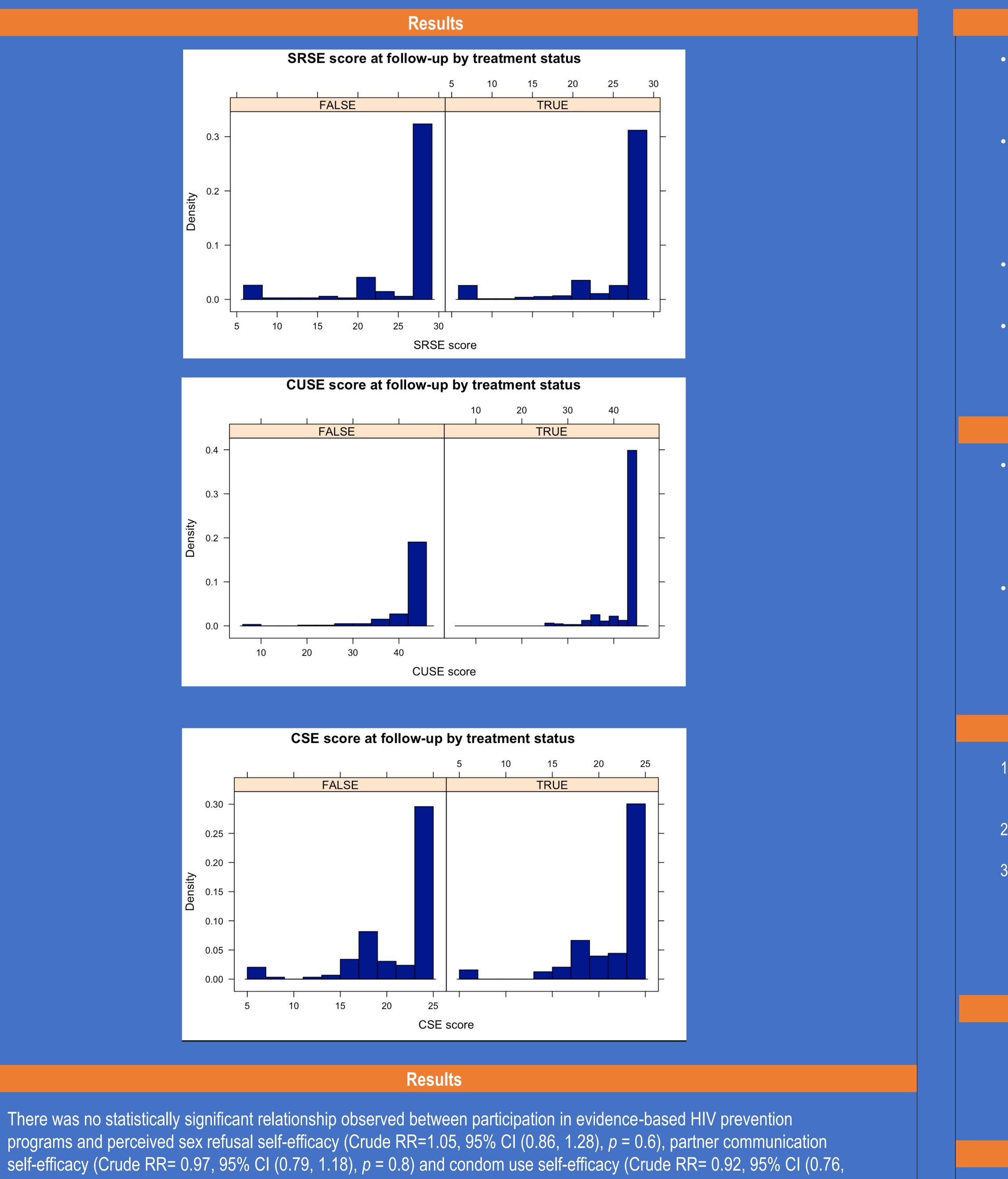
Methods

- Predictor:
- Treatment assignment: Horizons, Horizons and GMET or standard-of-care (controls)
- Covariates: age, high school diploma attainment, employment status, prior STD diagnosis and financial dependence
- Outcomes
- Sex refusal self efficacy score (28-point scale)
- Condom Use self-efficacy (45-point scale)
- Partner communication self-efficacy (24-point scale)
- Statistical Analysis
- Bivariate analysis of characteristics
- Cox proportional hazards regression
- Model 1: Treatment assignment and SRSE scores
- Model 2: Treatment assignment and CUSE scores
- Model 3: Treatment assignment and CSE scores

Boost her confidence! The relationship between HIV prevention programs and sexual self-esteem By Dorah Labatte







1.12), p = 0.4).



Discussion

• We cannot clinically prove that the intervention was impactful on perceived condom use self efficacy scores. Mean scores were similar between treatment and control groups at 12-month follow up.

• The intervention improved sex refusal self-efficacy and partner communication self efficacy scores in both the treatment and control group. However, we cannot clinically prove there is an association between participation in the HIV prevention program, SRSE, and CSE scores.

• Study strengths

• RCT design minimizes bias and establishes causality

Study Limitations

• Didn't investigate factors related to self-efficacy scores mentioned in past literature (i.e. partner abuse, partner violence, marital status, etc.)

Conclusion

 We cannot confirm boosting sexual self-esteem will reduce sexual risk behaviors (i.e. condom nonuse) among black female adolescents. Therefore, additional studies observing this interaction is imperative in further constructing HIV prevention programs targeting African American youth.

 Researchers should also conduct further studies investigating the influence of HIV prevention programs on sexual self-esteem while observing partner dynamics (i.e. partner abuse, sexual orientation, financial dependence on partner, etc.)

References

1. World Health Organization. HIV/AIDS Fact sheet. https://www.who.int/news-room/fact-sheets/detail/hivaids. Accessed July 2021

2. Center for Disease Control. HIV Surveillance Report. https://www.cdc.gov/hiv/statistics/overview/index.html 3. Center for Disease Control. Compendium of Evidence-Based interventions and best practices for HIV Prevention.

https://www.cdc.gov/hiv/pdf/research/interventionresear ch/compendium/rr/cdc-hiv-horizons-best-rr.pdf

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