

HIV Prevention for Adolescents in Low-Income Housing Developments

Overview

HIV Prevention for Adolescents in Low-Income Housing Developments is a community level HIV prevention program. The program uses multiple components, including educational brochures, free condoms, skill training workshops, follow-up session, and community activities.

The evaluation of the HIV Prevention for Adolescents in Low-Income Housing Developments determined that the program delayed sexual initiation, and increased condom use among sexually active adolescents.

Program Description

Population Served

This program was implemented and evaluated with adolescents aged 12-17 years. Both boys and girls were included in the program, and the population was primarily ethnic minorities.

Setting and Goals

This program was implemented and evaluated between 1998 and 2000 in 15 low-income housing developments in Milwaukee and Racine, Wisconsin; Roanoke, Virginia; and Seattle and Tacoma Washington. The goal of the program was to determine whether or not the effects of HIV prevention efforts are stronger and better maintained when they target not only change in individual risk-reduction beliefs and skills, but also change in the social and peer normative environment. Specifically, the community intervention was designed to: (1) provide workshops and information to help adolescents develop the initial skills to enact change, and (2) through community activities, provide sustained modeling, peer norm and social reinforcement supports for maintaining the avoidance of HIV risk behavior.

Operation/Logistics

The control intervention consisted of standard community AIDS education sessions in the housing development. For all three conditions, condoms and educational brochures were made available. The workshop intervention participants attended two, 3 hour workshops (1 week apart). Boys and girls were separated during the workshops, and the topics covered included: HIV/STD education, skills training to avoid and resist unwanted sexual activity, sexual negotiation skills, condom use skills, and risk behavior self-management. The workshops integrated themes of personal pride and self-respect and were based on previously evaluated interventions. Teens who attended the workshops received \$20 for each session. The community level intervention attended the same workshops described above. The workshops were then followed by a multi-component intervention: (1) follow-up session; (2) participation of opinion leaders in a Teen Health Project Leadership Council (THPLC); THPLC-sponsored activities to create social and environmental supports for HIV risk avoidance; and (4) HIV/AIDS workshops for parents. In order to nominate the THPLC, adolescents in each community were asked to nominate up to three peers from their workshop group who were liked and trusted. Facilitators also nominated three teens from each workshop group based on their leadership, communication, HIV knowledge and motivational skills. The THPLC met weekly with research staff to plan activities, and were active for 6-months developing and implementing four program activities for the enrolled teens and two community-wide events. Teens received \$15 for each meeting attended. The activities involved the development of small media projects, social events, talent shows, musical performances, and festivals. Parents of the enrolled adolescents were also offered a 90-minute workshop focused on HIV/AIDS information and strategies on how to discuss issues related to abstinence and condom use with their teens.

Program Length

The workshop intervention consisted of two, 3 hour workshops. The community level intervention consisted of two, 3 hour workshops, two follow-up sessions, six weekly meetings, and one 90 minute session for parents.

Staffing

Facilitators in the evaluated intervention were trained.

Evaluation

The evaluation of the HIV Prevention for Adolescents in Low-Income Housing Developments program was a random assignment, experimental evaluation conducted in 15 low income housing developments in Wisconsin, Virginia, and Washington. Housing developments were randomly assigned to one of three groups, and each development had 56-350 adolescents aged 12-17 years. All of the housing developments were located in urban areas with high rates of poverty, STDs, and drug use, and were generally representative of housing developments in the U.S.

Housing developments were randomly assigned to participate in either the control intervention, which included and HIV education session, educational brochures, and free condoms; a workshop intervention which included all of the above components as well as two, 3 hour skills training workshops; or the community-level intervention which included all of the above components along with two follow-up sessions and a Teen Health Project Leadership Council which sponsored activities to create social and environmental supports for HIV risk avoidance. The community-level intervention also included workshops for parents. Data were collected at baseline, 3 months after the educational session, and 18 months after baseline.

Participants were distributed equally by gender, had a mean age of 14.5 years, and were primarily ethnic minorities (51% African American, 20% Asian, 10% East African, 5% White, 3% Hispanic, 3% Ukrainian, 2% Russian, 1% Native American, and 5% other.

Findings

At long-term follow-up, adolescents living in the community intervention developments were more likely to have remained abstinent compared to adolescents living in the control developments (85% compared to 76%). At long term follow-up, teen girls were more likely to have continued abstinence as were adolescents who did not have a boyfriend or girlfriend in the year before the baseline. Rates of continued abstinence decreased as age increased.

When comparing rates of condom use at long-term follow-up, those adolescents living in the community level intervention housing developments were more likely to have used a condom at last sex compared to the adolescents in the control development (77% compared to 62%). At short-term follow-up the adolescents in the developments with the workshop intervention had the highest rate of condom use at last sex, but this increase in condom use did not last until long-term follow-up suggesting that additional community support is needed to have a continued impact on condom use rates.

The evaluators suggest that the differences in abstinence rates did not emerge until the long-term follow-up, and suggest that this might be because ongoing community support is important for both initiating and maintaining risk avoidance. This intervention suggests that a multi-component, community intervention can produce considerable, sustained effects on reducing risk behavior.

Resources

Sikkema, K.J., Anderson, E.S., Kelly, J.A., Winett, R.A., Gore-Felton, C., Roffman, R.A., Heckman, T.G., Graves, K., Hoffmann, R.G., and Brondino, M.J. (2005). Outcomes of a randomized, controlled community-level HIV prevention intervention for adolescents in low-income housing developments. *AIDS*, 19: 1509-1516.