

SiHLE: Sistas, Informing, Healing, Living, Empowering

Program Description

SiHLE: Sistas, Informing, Healing, Living, Empowering is designed to specifically address the STI/HIV/AIDS prevention needs of African-American adolescent girls. Research has shown that this subgroup of the general population is at higher risk than their White or Hispanic peers. SiHLE was originally implemented in the South, where adolescent HIV prevalence was higher than any other geographic region in the U.S. The program incorporates components of ethnic and gender pride.

The evaluation of the program determined that compared to a control group, program participants has reducing their number of partners, increased condom use, and reduced unprotected sex for one year. For six months the program also reduced the pregnancy rate and for a year it reduced the STD rate.

Population Served

In the evaluated program, participants were girls seeking health services at community health agencies. Eligible participants were African American between the ages of 14 and 18 who had engaged in vaginal intercourse within the previous six months. At baseline, 522 girls, aged 14-18, completed the baseline survey and were randomized into either the HIV-prevention intervention (n=251) or the general health control group (n=271).

Settings and Goals

The SiHLE program was implemented in a clinic setting, but is also suitable for use in a variety of community organizations that provide services to African American girls. The goal of the SiHLE program was to reduce STD risk among program participants.

Main Messages

The HIV-prevention intervention was grounded in social cognitive theory and the theory of gender and power. Participants explored issues related to ethnic and gender pride, risk reduction strategies (including correct and consistent condom use), negotiating safer sex, and healthy relationships as they relate to practicing safer sex.

Operation/Logistics

The SiHLE intervention is a small group, skills training intervention which uses interactive discussions in groups of 10-12 girls, the intervention emphasizes ethnic and gender pride, and enhances awareness of HIV risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners. Through the use of role plays and cognitive rehearsal, the intervention enhances confidence in initiating safer-sex conversations, negotiating for safer sex, and refusing unsafe sex encounters. In addition, intervention deliverers model proper condom use skills and emphasize the importance of healthy relationships.

Length of the Intervention

The intervention included 16 hours of instruction which were delivered in 4 four hour segments.

Components

The program uses a variety of components including group discussion, lectures, peer counseling and instruction, and role play. The topics covered by the intervention include behavioral skills development, information about contraceptive access, contraceptive education, a focus on self-efficacy and self-esteem, and basic sexuality/HIV/STD education.

Staffing

In the original implementation, a female African American health educator delivered the intervention, assisted by two African American peer educators. There was no formal training for either the health educator or the peer educators. However, their respective roles are clearly delineated in the booklets of the Facilitator's Manual which are available to replicate the

program. You may wish to develop a training program for future health educators in your milieu.

Evaluation

Type

SiHLE was evaluated using a randomized evaluation model. Girls were randomized into either the intervention group or a similarly time intensive control group which was a health promotion group emphasizing exercise and nutrition. All of the participants were African American females aged 14 to 18 who presented at the clinic for a variety of health services.

Findings

At the six-month follow-up, intervention girls reported using condoms more consistently in the previous 30 days than did their control group counterparts (intervention, 75.3% vs. control, 58.2%). At the 12-month follow-up, intervention girls reported more consistent condom use both in the previous 30 days (intervention, 73.3% vs. control, 56.5%) and during the entire 12-month review period (adjusted odds ratio, 2.30; 95% CI, 1.51-3.5; $P < .001$). In general, at the 12-month point, intervention girls were more likely to have used a condom at last intercourse, and less likely to have had a new sexual partner in the last 30 days. They also had better condom application skills and a higher percentage of condom-protected sex acts than their control-group peers. Promising effects were also observed for chlamydia infections and self-reported pregnancy.

Contact Information and Resources

Evaluation Contact

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The SiHLE program is available through the PASHA archive at
<http://www.socio.com/srch/summary/pasha/full/passt23.htm>

More information is also available on the CDC website at
<http://www.cdc.gov/Hiv/topics/research/prs/resources/factsheets/SiHLE.htm>

DiClemente, R. J., Wingood, G. M., Harrington, K. F., et al. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial. *Journal of the American Medical Association*, 292, 171-179