

FIO (FUTURE IS OURS)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Heterosexual women in family planning clinics

Goal of Intervention

- Reduce unsafe sexual encounters (unprotected vaginal or anal sex occasions)

Brief Description

FIO (Future Is Ours) is a small group, cognitive-behavioral intervention. The interactive sessions allow women to connect with each other by sharing their feelings about relationships with men, values and personal vulnerability. Women learn to understand and personalize their risk for HIV and other STDs, identify barriers to safer sex, and gain practical knowledge about a range of risk-reduction strategies, including male and female condoms and mutual HIV testing. The intervention provides women with the skills necessary to communicate and negotiate safer sex with their partners (including how to identify and respond to abuse in relationships), and how to solve problems to avoid relapses. A single booster session reviews progress and reinforces the skills learned in the intervention in the supportive group environment.

Theoretical Basis

- AIDS Risk Reduction Model
- Social Learning Theory

Intervention Duration

- Eight 2-hour sessions delivered over 8 weeks, followed by a 2-hour booster session delivered about 7 months after completion of the intervention

Intervention Setting

- Planned Parenthood clinic

Deliverer

- Two female facilitators, with at least one matching the ethnic background of the majority of participants

Delivery Methods

- Demonstrations
- Exercises
- Goal setting
- Group discussions
- Lectures
- Printed materials
- Role plays
- Video

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. **FIO will no longer be funded by DHAP.**

For details on intervention materials please contact **Anke A. Ehrhardt**, Herbert Pardes Building of the New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032. Email: aae1@columbia.edu

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Brooklyn, New York between 1994 and 1997.

Key Intervention Effect

- Reduced unprotected vagina/anal sex occasions
- Increased safer sex or no unprotected vaginal/anal sex

Study Sample

The study sample of 360 women is characterized by the following:

- 73% black or African American, 17% Hispanic/Latino, 10% white, 0.3% Asian
- 100% female
- Mean age of 22 years
- 82% had a high school education

Recruitment Settings

Planned Parenthood clinic

Eligibility Criteria

Participants were considered eligible if they were between 18 and 30 years of age, spoke fluent English, and were heterosexually active within the past year. Women who received a blood transfusion between 1980 and 1985, reported injection drug use during the past year, were HIV-positive, or were pregnant or trying to become pregnant were excluded.

Assignment Method

Participants were randomly assigned to 1 of 3 groups: 8-session intervention (n = 112), 4-session intervention (n = 128), and an assessment-only control (n = 120).

Comparison Group

Women assigned to the control group received only the baseline, 1-, 6-, and 12-month assessments.

Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors during the previous 3 months (including total number of unprotected vaginal and/or anal sex occasions and the proportion of male or female condom-protected vaginal or anal sex occasions) were measured at 1, 6 and 12 months post-intervention.
- Follow-ups occurred at 1, 6, and 12 months after the 8 small group sessions. The 12-month follow-up translates to approximately 5 months after the booster session.

Participant Retention

- 8-Session FIO Intervention
 - 92% retained at 1 month
 - 89% retained at 6 months
 - 98% retained at 12 months
- 4-Session FIO Intervention
 - 94% retained at 1 month
 - 95% retained at 6 months
 - 96% retained at 12 months
- Assessment-only Control
 - 90% retained at 1 month
 - 87% retained at 6 months
 - 96% retained at 12 months

Significant Findings

- At 5 months post-booster, women in the 8-session FIO intervention group reported significantly fewer unprotected vaginal or anal intercourse occasions ($p < .001$) and a greater proportion of condom-protected occasions than women in the control group.
- Among women engaging in unprotected sex at baseline, those assigned to the 8-session intervention were twice as likely to report decreased unprotected sex (OR = 2.08, 95% CI = 1.06, 4.10, $p = .03$) and reported significantly fewer unprotected vaginal or anal intercourse occasions ($p < .001$).

Considerations

- Significant effects for the 8-session intervention were reported at the 12-month follow-up, which occurred approximately 5 months after completion of the booster session.
- The 4-session intervention, which covered comparable content to the 8-session intervention, was not found to significantly reduce sex risk behaviors at either the 6- or 12-month follow-ups.

REFERENCES AND CONTACT INFORMATION

Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Leu, C. S., Miller, S. & Levin, B. (2002). [A gender-specific HIV/STD risk reduction intervention for women in a health care setting: Short- and long-term results of a randomized clinical trial](#). *AIDS Care*, *14*, 147–161.

Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Yingling, S., Adams-Skinner, J., & Smart-Smith, L. (2002). HIV/STD risk and sexual strategies among women family planning clients in New York: Project FIO. *AIDS and Behavior*, *6*, 1–13.

Miller, S., Exner, T. M., Williams, S. P., & Ehrhardt, A. A. (2000). [A gender-specific intervention for at-risk women in the USA](#). *AIDS Care*, *12*, 603-612.

Exner, T. M., Hoffman, S., Dworkin, S. L., & Ehrhardt, A. A. (2003). [Beyond the male condom: The evolution of gender-specific HIV interventions for women](#). *Annual Review of Sex Research*, *14*, 114–136.

Exner, T. M., Hoffman, S., Parikh, K., Leu, C., & Ehrhardt, A. A. (2002). [HIV counseling and testing: Women's experiences and the perceived role of testing as a preventive strategy](#). *Perspectives on Sexual and Reproductive Health*, *34*, 76–83.

Hoffman, S., Koslofsky, S., Exner, T. M., Yingling, S., & Ehrhardt, A. A. (2000). At risk or not? Susceptibility perceptions of women using family planning services in an AIDS epicenter. *AIDS and Behavior*, *4*, 389–398.

Hoffman, S., Exner, T. M., Leu, C., Ehrhardt, A. A., & Stein, Z. (2003). [Female-condom use in a gender-specific family planning clinic trial](#). *American Journal of Public Health*, *93*, 1897–1903.

Melendez, R. M., Hoffman, S., Exner, T., Leu, C. & Ehrhardt, A. A. (2003). [Intimate partner violence and safer sex negotiation: Effects of a gender-specific intervention](#). *Archives of Sexual Behavior*, *32*, 499–511.

Researcher: Anke A. Ehrhardt, PhD

Herbert Pardes Building of the New York State Psychiatric Institute
1051 Riverside Drive
New York, NY 10032

Email: aae1@columbia.edu

