

HIV EDUCATION AND TESTING

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Inner-city sexually active heterosexual STD clinic patients

Goals of Intervention

- Eliminate or reduce sex risk behaviors

Brief Description

The *HIV Education and Testing* intervention consists of an educational component and an HIV blood test for STD patients. The educational component includes a (a) written pamphlet that explicitly discusses safe and unsafe sexual acts and explains condom use; (b) 15-minute video that examines HIV risk behavior, promotes condom use, and discusses potential risks with sex partners; and (c) 10-minute, one-on-one counseling session with a physician. The counseling session, which includes all usual aspects of HIV pretest counseling, focuses on assessing personal risk, discussing the elements of HIV testing, and answering any questions about HIV/AIDS or testing. After completing the educational module, intervention participants have blood drawn for an HIV test. Test results are revealed approximately 2 weeks after study entry and are accompanied by the same risk reduction messages as those presented during the pre-test counseling (for seronegative results) or in-depth counseling (for seropositive results).

Theoretical Basis

- None specified

Intervention Duration

- Two sessions approximately two weeks apart (one prior to and one after HIV testing)

Intervention Setting

- Inner-city STD clinic

Deliverer

- A physician (educational module) and clinic nurse (for the clinic blood draw)

Delivery Methods

- Counseling
- Pamphlets
- Video

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Neil Wenger**, UCLA Med-GIM & HSR, BOX 951736, 911 Broxton Plaza, Los Angeles, CA 90095.

Email: nwenger@mednet.ucla.edu for details on intervention materials.

VALUATION STUDY AND RESULTS

The original evaluation was conducted in Los Angeles, CA in 1988.

Key Intervention Effects

- Reduced unprotected sex with last partner

Study Sample

The analytic study sample of 186 STD clinic patients is characterized by the following:

- 88% black or African American, 12% other
- 67% male, 33% female
- 100% heterosexual
- Mean age of 27 years, range: 18-66 years
- 84% completed high school education

Recruitment Settings

Inner-city STD clinic

Eligibility Criteria

STD clinic patients were eligible if they were over 18 years of age, not homosexual or bisexual, able to speak English, and able to provide a follow-up address for the follow-up questionnaire to be mailed to them.

Assignment Method

Participants (N = 256) were randomly assigned to 1 of 2 groups: AIDS education + HIV testing intervention (n = 125) or AIDS education only comparison (n = 131).

Comparison Group

The comparison group received the same AIDS educational module as the intervention group, but not the on-site HIV testing. They were offered a list of locations for free anonymous HIV antibody testing.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during the past month (including the number of sex partners, the number of episodes of vaginal and anal intercourse and of oral sex with and without a condom with all sex partners, and the number of sex acts with the most recent partner) were assessed at least 8 weeks post baseline, which translate to approximate 6 weeks after intervention.

Participant Retention

- AIDS Education + HIV testing
 - 72% retained at approximately 6 weeks after intervention
- AIDS Education only
 - 74% retained at approximately 6 weeks after intervention

Significant Findings

- Intervention participants were significantly more likely than comparison participants to report having avoided vaginal or anal intercourse without a condom with their last sexual partner at 6 weeks after intervention ($p = .05$).

Considerations

- This intervention fails to meet the best-evidence criteria due to a short follow-up time.
- At 6 weeks after intervention, a significantly greater percentage of intervention participants used a condom, had only oral sex, or stated that they knew their partner's HIV serostatus was negative compared to comparison participants ($p < .003$). The difference between the groups in protected sexual activity was greater when knowledge of a partner's risk factors was taken into account.
- Although both intervention and comparison groups received the AIDS Education module, the intervention effect should be considered in the context of AIDS Education and HIV testing combined rather than HIV testing only.

REFERENCES AND CONTACT INFORMATION

Wenger, N. S., Linn, L. S., Epstein, M., & Shapiro, M. F. (1991). [Reduction of high-risk sexual behavior among heterosexuals undergoing HIV antibody testing: A randomized clinical trial](#). *American Journal of Public Health*, 81, 1580-1585.

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