IMARA (INFORMED, MOTIVATED, AWARE, and RESPONSIBLE about AIDS)



Best-Evidence for the Risk Reduction Chapter

POPULATION

➤ Black or African American adolescent girls

KEY INTERVENTION EFFECTS

Reduced sexually transmitted infection (STI) incidence

BRIEF DESCRIPTION

IMARA (Informed, Motivated, Aware, and Responsible about AIDS) is a gender and culturally tailored STI/HIV prevention intervention that includes two group sessions, six hours each, with adolescent girls and their female caregivers.

- Created from three evidence-based interventions: <u>SISTA</u> (Sisters Informing Sisters about Topics on AIDS),
 <u>SiHLE</u> (Sistering, Informing, Healing, Living, and Empowering), and <u>Project Style</u> (Strengthening the Youth Life Experience).
- The sessions focus on positive self-image, ethnic and gender pride, mother-daughter communication, maternal monitoring, and adolescent STI/HIV risk behaviors.
- Participants discuss the impact of social perceptions and behaviors, devise caregiver monitoring plans, review safe sex knowledge and learn new skills, identify adolescent triggers of risk behavior, and create personalized risk-reduction plans to manage triggers.
- Parts of the curriculum are delivered separately to mothers and daughters covering parallel content, and
 parts of the curriculum bring dyads together in a single group. Daughters' STI results are kept confidential
 from mothers.

DURATION: Two 6-hour group sessions on 2 consecutive Saturdays

SETTING: Research center (Chicago, Illinois)

STUDY YEARS: 2012 – 2017

STUDY DESIGN: Two-arm group randomized controlled trial

DELIVERERS: Black or African American women facilitators (trained over a month) with backgrounds in psychology, Bachelor's or Master's degrees, and previous experience leading groups and working with youth

in health settings

DELIVERY METHODS: Action plans, Audio visuals, Group activities, Group discussion, Peer communication,

Skills building

STUDY SAMPLE

The analytic study sample of N = 199 Black or African American adolescent girls is characterized by the following:

- 99% Black or African American persons
- 2% Persons who identify as Hispanic or Latina regardless of race
- 100% female persons

STRUCTURAL COMPONENTS

There are no structural components reported for this study.

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Among girls who provided STI data at both timepoints, the risk of a new STI was 43% lower for IMARA participants than health promotion control participants (Relative Risk, [RR] = 0.57, 95% Confidence Interval [CI]: 0.37-0.88).
 - Using an intent-to-treat analysis with the last observation coded forward for 192 participants (seven participants were excluded because three were unconfirmed for STI treatment at baseline and four were not tested at baseline), there was significant protective effect of IMARA against STIs compared to the health promotion control (RR = 0.63, 95% CI: 0.43 0.91).

CONSIDERATIONS

• Fidelity: To evaluate treatment fidelity to the IMARA curriculum, facilitators rated their adherence to curricular activities at the end of each workshop. Ratings were reviewed by the project director following each workshop session and discussed during supervision along with any concerns and need for additional training. Annual refresher trainings were conducted to prevent facilitator drift from the curriculum. Treatment fidelity based on facilitator reports was 97%.

ADVERSE EVENTS

• The author did not report adverse events.

FUNDING

• National Institute of Minority Health and Health Disparities (grant number R01MD006198)

PRIMARY STUDY

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PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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