

HORIZONS

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Intended Population

- Heterosexually active African American adolescent females seeking sexual health services

Goals of Intervention

- Reduce sexually transmitted diseases (STDs)
- Increase condom use
- Increase communication with male partners about safer sex and STDs
- Increase male partners accessing STD services

Brief Description

HORIZONS is a group-level, gender- and culturally tailored STD/HIV intervention for African American adolescent females seeking sexual health services. The intervention comprises 2 group sessions (4 hours each) and 4 individual telephone calls (15 minutes each) conducted over 9 months after the group sessions. The 2 group sessions are implemented on 2 consecutive Saturdays with approximately 8 participants per session. The 4 individual follow-up calls are designed to reinforce prevention concepts discussed in group sessions. Both group sessions and phone contacts are conducted by African American women health educators. The interactive group sessions foster a sense of cultural and gender pride and emphasize diverse factors contributing to adolescents' STD/HIV risk, including individual factors (STD/HIV risk-reduction knowledge, perceived peer norms supportive of condom use, and condom use skills), relational factors (persuasive communication techniques to enhance male partner responsibility for condom use), sociocultural factors (encouragement to reduce douching), and structural factors (male partners' access to services). Participants role play informing male sex partners about their STD status and encouraging partners to seek STD screening/treatment. Participants also receive \$20 vouchers redeemable by their male partner(s) towards the cost of STD services.

Theoretical Basis

- Social Cognitive Theory
- Theory of Gender and Power

Intervention Duration

- Two 4-hour group sessions on 2 consecutive Saturdays, followed by 4 (15-minute) telephone contacts approximately every 2.5 months over approximately 9 months

Intervention Setting

- Public community clinic

Deliverer

- African American women health educators

Delivery Methods

- Discussion
- Exercises
- Game
- Practice
- Printed material
- Role play
- Telephone reinforcement
- Vouchers for STD services

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [Sociometrics](#) under the name [HORIZONS](#).

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Atlanta, Georgia between 2002 and 2006.

Key Intervention Effects

- Reduced chlamydial infection
- Increased condom use

Study Sample

The baseline study sample of 715 adolescent females is characterized by the following:

- 100% Black or African American
- 100% female
- Mean age of 18 years, range: 15-21 years
- 65% in school

Recruitment Settings

- Waiting area of a public community clinic

Eligibility Criteria

Adolescent girls were eligible if they self-identified as African American, were 15-21 years of age, and reported vaginal intercourse in the past 60 days. Adolescents who were married, currently pregnant, or attempting to become pregnant were excluded from the study.

Assignment Method

Adolescent girls (N = 715) were randomly assigned to 1 of 2 groups: HORIZONS intervention (n = 348) or Enhanced Standard of Care (n = 367).

Comparison Group

The Enhanced Standard of Care comparison was a 1-hour group session, facilitated by an African American woman health educator, comprising a culturally and gender-appropriate STD/HIV prevention video, a question-and-answer session, and a group discussion. Participants received telephone contacts every 2.5 months to update locator information, with no additional HIV/STD education or reinforcement.

Relevant Outcomes Measured and Follow-up Time

- Incident chlamydial infection was measured at 6 and 12 months after completion of the 2 group sessions; this translates to approximately 3 months after the second and fourth telephone reinforcement calls, respectively.
- Sex behaviors (including condom use during last sex; proportion of condom-protected sex acts during the last 14 and 60 days; and consistent condom use during the last 14 and 60 days) were measured at 6 and 12 months after completion of the 2 group sessions; this translates to approximately 3 months after the second and fourth telephone reinforcement calls, respectively.

Participant Retention

- HORIZONS intervention
 - 86% retained at approximately 3 months after the second telephone reinforcement call
 - 83% retained at approximately 3 months after the fourth telephone reinforcement call
- Enhanced Standard of Care comparison
 - 86% retained at approximately 3 months after the second telephone reinforcement call
 - 86% retained at approximately 3 months after the fourth telephone reinforcement call

Significant Findings

- Across the 2 follow-up time periods, there were significantly fewer new chlamydial infections ($p = .039$) and recurrent chlamydial infections ($p = .023$) among participants receiving the HORIZONS intervention than participants receiving the Enhanced standard of care.
- Across the 2 follow-up time periods, intervention participants were significantly more likely than comparison participants to report condom use at last sex ($p = .005$) and consistent condom use during the past 14 days ($p = .04$) and past 60 days ($p = .01$). Significant intervention effects were also found for these 3 condom use outcomes at the second follow-up (approximately 3 months after the fourth telephone reinforcement call; $p = .01$, $p = .01$, $p = .007$, respectively).
- Across the 2 follow-up time periods, intervention participants reported a significantly greater proportion of condom-protected sex acts during the past 14 days ($p = .004$) and past 60 days ($p = .0001$) than comparison participants. Significant intervention effects were also found for these 2 condom use outcomes at the second follow-up (approximately 3 months after the fourth telephone reinforcement call; $p = .001$, $p = .002$, respectively). The intervention effect on the proportion of condom-protected sex acts during the past 60 days was also significant at the first follow-up (approximately 3 months after the second telephone reinforcement call; $p = .0001$).

Considerations

- The HORIZONS intervention also showed significant effects on reducing douching behavior and increasing communication with male sex partners about safer sex.

REFERENCES AND CONTACT INFORMATION

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