

# Intervention Cuts STI Rates Among Black Women

BY SUSAN LONDON  
Contributing Writer

MEXICO CITY — African American women who receive an intervention that includes a package of safer-sex options have a large reduction in the incidence of sexually transmitted infections relative to peers who receive general health promotion, researchers reported at the International AIDS Conference.

"Among women in the U.S., marked

racial as well as regional disparities [in HIV incidence] exist," said lead author Gina M. Wingood, Sc.D., M.P.H., of Emory University in Atlanta. "Specifically, women in the deep southern U.S. are severely affected." A related issue, she noted, is that HIV interventions for women have traditionally focused on the use of condoms and penile-vaginal sex, giving women few options.

To address these issues, Dr. Wingood and her colleagues undertook the STARS (Sisters Talking About Real Solutions) tri-

al. With the database of a health maintenance organization in Georgia, they randomly selected African American women aged 18-29 years and invited those who were sexually active and reported having unprotected vaginal sex in the prior 6 months to participate.

Participating women were randomly assigned to an intervention group or a comparison group, Dr. Wingood said. The intervention, delivered in two 4-hour workshops, focused on fostering ethnic and

gender pride (to enhance self-esteem, self-awareness, and self-worth), increasing awareness of healthy and unhealthy relationships (to address the link between abuse and sexually transmitted infections [STIs]), and introducing a package of safer-sex options known as AMOUR (Abstain from unsafe sex and douching; Mutual stimulation, meaning nonpenetrative sex; Oral sex with protection; Uninfected partners, referring to ensuring that partners do not have STIs; and Regular condom use and reduction of number of partners). The comparison group received a single 4-hour workshop that focused on general health promotion.

The women enrolled in the trial were an average of 24 years old, 57% lived with a family member, and 89% had completed high school. Fully 86% were in relationships, and these relationships were relatively long term, having lasted an average of 23 months. "We know that it is much harder to change your HIV risk practices when you are in a long-term relationship," she commented.

Intention-to-treat analyses were based on 605 women in the intervention group and 243 women in the comparison group. The workshops were completed by 96% and 100%, respectively, and 75% of women in each group completed the trial's 12-month follow-up assessment.

In terms of biologic outcomes at 12 months, women in the intervention group were significantly less likely to have acquired any of four STIs studied (human papillomavirus type 16 or 18, chlamydia, gonorrhea, or trichomoniasis) relative to their counterparts in the comparison group (odds ratio 0.35). In addition, intervention women were significantly less likely to have acquired human papillomavirus infection individually (OR 0.37) and the other, nonviral STIs individually (OR 0.62).

With respect to behavioral outcomes, women in the intervention group had significantly more favorable levels of each of nine risk behaviors, compared with their peers in the comparison group. For example, they were more likely to have asked their main partner to be tested for STIs (OR 1.41) and to have had protected oral sex (OR 2.05), and they were less likely to have douched (OR 0.38) and to have had sex with more than one partner (OR 0.73) or with casual partners (OR 0.66).

Finally, in terms of psychosocial outcomes, relative to their counterparts in the comparison group, women in the intervention group had significantly higher scores on tests of knowledge regarding prevention of STIs and HIV, greater self-efficacy regarding condom use, and lower levels of barriers to safer sex.

"The intervention results may be attributable to providing women [with] a package of female-controlled or female-initiated safer-sex options and allowing them to combine these strategies," Dr. Wingood said, adding that offering this group single prevention strategies may not be realistic. "Future HIV interventions for women may consider expanding their options for safer sex and offering prevention packages," she concluded.

She reported she had no conflicts of interest associated with the study. ■

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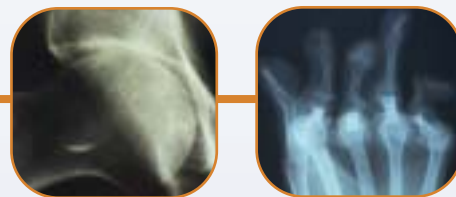
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- **Gout: What's Ahead in Disease Management**  
Robert L. Wortmann, MD, Dartmouth-Hitchcock Medical Center
- **New Paradigms in Managing and Treating Ankylosing Spondylitis**  
Tore K. Kvien, University of Oslo, Past President EULAR 2005-2007
- **Crohn's Disease and Ulcerative Colitis: Challenges of Inflammatory Bowel Disease**  
Sunanda V. Kane, MD, Mayo Clinic College of Medicine
- **Panel Discussion: Collaborative Care of Patients with Immunologic-Based Diseases: A Rheumatology/Dermatology Perspective**  
Daniel E. Furst, MD, Moderator, Kenneth B. Gordon, MD, Christopher T. Ritchlin, MD

### DERMATOLOGY ESSENTIALS FOR THE RHEUMATOLOGIST

- **More Than Skin Deep: Understanding and Managing the Patient With Psoriasis**  
Kenneth B. Gordon, MD
- **Therapeutic Advances in the Treatment of Psoriatic Arthritis**  
Christopher T. Ritchlin, MD, University of Rochester School of Medicine and Dentistry
- **Rashes, Erythema, and Spots: Common Skin Disorders**  
Michael D. Tharp, MD, Rush University Medical Center
- **Weird and Worrisome: Uncommon Skin Diseases**  
Francisco Kerdel, MD, University of Miami

### PROGRAM OVERVIEW

New treatment modalities are being developed in rheumatology based on scientific research breakthroughs in immunology, cytokines, T lymphocytes, B lymphocytes, as well as genetic studies that may result in gene therapies. Rheumatologists and other health care professionals need comprehensive knowledge of the latest developments and techniques in diagnosing and treating rheumatic disorders to ensure the highest standards of patient care. Rheumatologists need to have an understanding of dermatologic co-morbidities that often appear in their patients.

\*Program subject to change.

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### TARGET AUDIENCE

This continuing medical education conference is designed for rheumatologists, nurse practitioners, and physician assistants.

### LEARNING OBJECTIVES

At the conclusion of this conference, participants will be able to:

- Identify the recent advances in the diagnosis, management, and treatment of rheumatic diseases
- Discuss the link between rheumatoid arthritis and inflammatory bowel diseases
- Apply the most current information concerning the pathophysiology of rheumatic disorders to patient care plans
- Recognize and differentiate common as well as rare skin diseases relevant to rheumatic diseases

### ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Elsevier Office of Continuing Medical Education (EOCME) and Skin Disease Education Foundation (SDEF). The EOCME is accredited by the ACCME to provide continuing medical education (CME) for physicians.

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