

Best Practices in STD Prevention



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of Public Health
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OVERVIEW

The following are Best Practices in STD Prevention effectiveness studies compiled by incorporating published sexually transmitted disease (STD and human immunodeficiency virus (HIV) effectiveness studies that have been the result of an exhaustive review of the major journal databases (i.e. MEDLINE/PubMed). The objective of this project is to identify and describe the interventions that reduce the levels of gonorrhea, syphilis, or chlamydia, or positively impact sexual risk behavior in African American and Latino males and/or females, age 15 to 34 in the United States. This review includes publications from 1999 to present.

ORGANIZATION

Section One: Table of Prevention Interventions

The Table of Prevention Interventions highlights characteristics of the populations and interventions for all studies. This table is intended to be a quick reference guide that will assist the reader in selecting an article that targets specific population characteristics and interventions.

Abbreviations used in the table:

DU =	Drug Users	CTR =	Counseling Testing & Referral
HA =	Heterosexual Adults	GLI =	Group Level Intervention
MSM =	Men who have sex with men	ILI =	Individual Level Intervention
Y =	Youth	NEP =	Needle Exchange Programs
AA =	African American	PN =	Partner Notification
L =	Latino/a	PCM =	Prevention Case Management
W =	White	OR =	Outreach
O =	Other	PI =	Public Information
CLI =	Community Level Intervention	NR =	Not Reported

Section Two: Summaries of Prevention Interventions

This section provides a brief summary of each STD intervention. These are organized to emphasize the intervention content and methods. Summaries are ordered alphabetically by author.

Section Three: Citations

This section provides a complete citation of the articles ordered alphabetically by author. The complete citation includes the authors, titles, journal in which it is published, and date of the publication.

Section Two: Summaries of Prevention Interventions

Citation	Target				Gender %		Race/Ethnicity %				Age (Yrs)		Setting	Intervention									
	DU	HA	MSM	Y	M	F	AA	L	W	O	Average	Range		CLI	CTR	GLI	ILI	NEP	PN	PCM	OR	PI	
Bachanas '02	ü			ü		100	100					12-19	Clinic	ü			ü			ü			
Booth '99	ü			ü	ü	ü	ü	ü	ü	ü		14-19	Community drop-in center			ü	ü						
Boyer '00	ü			ü	42	58	ü	ü	ü	ü	17		Clinic	ü			ü						
Cohen '99	ü		ü	ü	ü	ü	45		51	4	NR	>15	Community	ü			ü					ü	
Colon '00				ü	100		100					14-19	Community				ü						
Coyne-Beasley '00				ü	ü	ü	40				NR		African American church	ü		ü							
Crosby '02				ü		100	100					14-19	Community	ü			ü					ü	
Crosby '03				ü		100	100					14-18	School, Clinic	ü			ü						
Crosby '00				ü		100	100				NR		Community	ü			ü						
Crosby '01				ü		100	100					14-19	Community				ü						
DeLamater '00				ü	ü	ü	100					15-19	Clinic				ü					ü	
DiClemente '01	ü			ü		100	100					14-18	Community	ü			ü		ü		ü		
DiClemente '02	ü			ü		100	100					14-18	Community	ü			ü		ü		ü		
Downing '99				ü		100	100				NR		Community				ü			ü			
Ellen '02				ü	36	64	30	16	23	31		14-19	Clinic				ü		ü				
Ennett '99	ü	ü		ü	ü	ü	ü	ü	ü	ü		14-21	Community				ü						
Flom '01	ü	ü		ü	55	45	16	78				18-24	Community				ü	ü					
Foreman '03		ü				100	100					19-33	College				ü						
Fortenberry '02		ü		ü	17	83	83			17		14-21	Clinic				ü						
Hammett '00	ü	ü			ü	ü	ü	ü	ü		NR		Community				ü	ü					
Harvey '02		ü		ü		100	ü	ü				18-25	Community	ü			ü					ü	

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Heckman '99	ü	ü	ü	100		31		69		NR		Community			ü				
Hutchinson '01		ü	ü		100	ü	ü	ü			19-21	Community			ü			ü	
Irwin '99		ü	ü	65	35	75			25	28	18-73	Clinic			ü				
Jemmott '99			ü	ü	ü	100				13		Community			ü			ü	
Kingree '03	ü		ü	100		100					14-19	Detention facilities			ü				
Klein '99	ü	ü		100		100				NR		Community			ü	ü			
Lauby '00		ü	ü		100	100					15-34	Community	ü		ü			ü	
Li '00	ü		ü	ü	ü	100					9-17	Community, Recreation Centers	ü		ü				
Maxwell '99		ü	ü	53	47	28	59	8	5	21	<27	Clinic			ü	ü			
Milhausen '03			ü			100					14-19	Community	ü		ü				
Miller '02	ü			65	35	26	43	31		NR		Community			ü				
Norris '99		ü	ü	49	51	55	45			20	15-24	Community	ü		ü				ü
Organista '00		ü		ü	ü	100				NR		Community	ü		ü				
Shain '99		ü			100	31	69			NR		Clinic	ü		ü			ü	
Slavinsky '00			ü	100		100					<or=19	Community			ü				
Sneed '01			ü	ü	ü		100				11-19	Community			ü				
Soler '00		ü			100	ü	ü	ü		NR		Clinic			ü				
Stanton '02	ü		ü	ü	ü	100					9-15	Community			ü				
Valois '99	ü		ü	48	52	40		60			14-19	High School			ü				
von Ranson '00			ü		100	80		20		14.5	12-16	Community			ü				
Whaley '03			ü	ü	ü	100				NR		University			ü				
Witte '99	ü	ü		100		100				36		Community			ü				ü
Zimmers '99		ü	ü	100		ü	ü	ü	ü		17-62	Community center	ü		ü				ü

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Study	Population	Intervention	Objectives	Findings
Bachanas et al. (2002)	158 African American girls, ages 12 to 19	Teens completed measures of depression, conduct problems, substance use, peer norms, social support, HIV knowledge, sexual self-efficacy, and sexual behavior.	To describe the risky sexual behavior of an at-risk sample of adolescent girls, to assess psychosocial correlates of risky behavior, and to examine the utility of applying a risk and protective model to predicting teens' risky sexual behavior.	Risk reduction strategies should be introduced during the preteen years. Prevention-oriented interventions aimed at reducing risky behaviors and preventing the development of more significant health or substance abuse disorders are needed.
Booth et al. (1999)	244 runaway and homeless adolescents	Half of study participants received training in a peer-based intervention that included principles derived from the health belief model, while the remaining subjects received no intervention.	To assess HIV-related drug and sex risk behaviors and evaluate factors associated with change in risk behaviors among runaway and homeless adolescents.	Runaways receiving the intervention significantly increased their knowledge about sexual risk behaviors and HIV.
Boyer et al. (2000)	303 sexually experienced, racially diverse adolescents. Many of the study participants were at risk for STDs.	Using constructs from the Information, Motivation, and Behavioral Skills Model (IMB).	To examine the influence of sociodemographic characteristics, STD/HIV knowledge, and psychosocial and behavioral risk factors on sexual risk and STDs in adolescents.	Sociodemographic factors and constructs of the IMB model are associated with adolescents' risk and acquisition of STDs. Teens with such risk profiles should be targeted for risk-reduction intervention.

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Study	Population	Intervention	Objectives	Findings
Cohen et al. (1999)	Sexually active population of the State of Louisiana. More than 33 million condoms were distributed.	A statewide social marketing program made condoms freely available in 1,161 public and private institutions and neighborhoods with high rates of STDs and HIV. Surveys about self-reported condom use were conducted annually.	To explore the impact of the first statewide condom social marketing intervention in the United States.	Condom use at the last sexual encounter increased among African American women (from 28% in 1994 to 36% in 1996), particularly African American women with 2 or more sex partners (from 30% to 48%). Condom use at the last sexual encounter increased among African American men (from 40% in 1994 to an average of 54% in 1996). Syphilis rates (primary, secondary) decreased by 79%, gonorrhea rates decreased by 35%.
Colon et al. (2000)	229 African American male adolescents aged 14 to 19 years,	A health behavior survey that gathered information on demographics, HIV knowledge, perceived certainty of future condom use, present and past use of condoms, and intention to use condoms in the next six months.	To explore the relationship between psychosocial factors and condom use by African American adolescents.	Findings highlight the need to develop HIV prevention curricula for African American male adolescents that not only emphasize the potential risks associated with having multiple sexual partners, but also include components to enhance self-worth and sexual self-efficacy.
Coyne-Beasley et al. (2000)	A sample of clergy leaders from African American churches in the southeastern United States.	The survey asked about priority health topics, prevalence of sexual and drug risk behavior, and the clergy's desire for health education programs.	To investigate the attitudes and beliefs of clergy from African American churches towards sexuality education and the provision of sex education in their churches.	All respondents wanted additional health seminars for their adolescents, 30% of clergy excluded some sexual topics (i.e., anal sex, bisexuality, homosexuality, masturbation, oral sex). Six percent would make condoms available in their churches, but all would allow contraceptive education.

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Study	Population	Intervention	Objectives	Findings
Crosby et al. (2002)	522 African American adolescent girls recruited from schools and clinics in Birmingham, Alabama.	A health behavior survey.	The relationship between family and sexual activity-related factors.	Girls living with a mother in a supportive family were more likely to use condoms when having sex, less likely to have recent emotional abuse from their sex partners, less fear and higher self-efficacy in negotiating use of a condom, and fewer partner-related barriers to safer sex.
Crosby et al. (2003)	179 African American adolescent females 14 to 18 years old from schools and health clinics.	An in-depth survey and interview at baseline and again six months later.	To identify which condom promotion strategies improve effectiveness of condom use among a high-risk sample of African American adolescent females reporting sexual activity with a steady male partner.	To improve effectiveness of individual level STD/HIV prevention programs designed for this population program emphasis should be on reducing barriers to condom use, teaching partner communication skills, and fostering positive peer norms relevant to condom use.
Crosby et al. (2000)	522 African American female adolescents enrolled in a STD and HIV prevention intervention trial.	Frequency of unprotected vaginal sex (UVS) assessed by interview using a 6-month recall period.	To determine the associations between the frequency of UVS and female adolescents' perceptions, particularly their perceptions of relationship dynamics.	Adolescents' perceptions of relationship dynamics played an integral role in explaining female adolescents' frequency of UVS with both steady and casual partners. Female adolescents in steady relationships differ from those in casual relationships relative to their prevention needs.

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Study	Population	Intervention	Objectives	Findings
Crosby et al. (2001)	A purposeful sample of sexually active African American females (n = 522)	A structured interview and provided vaginal swab specimens for STD testing. Subsequent to the interview, adolescents demonstrated their condom application skills using a penile model. A nine-item scale assessed adolescents' perceived self-efficacy to apply condoms. Sexual risk behaviors assessed by interview were noncondom use at last intercourse and the last five intercourse occasions for steady and casual sex partners as well as any unprotected vaginal sex in the past 30 days and the past six months.	To assess condom application ability and the relationship between perceived ability and demonstrated ability.	Adolescents may unknowingly be at risk for HIV and STD infection owing to incorrect condom application. Further, high-demonstrated ability to apply condoms was not related to safer sex or STDs.
DeLamater et al. (2000)	562 African American males, ages 15 to 19.	A culturally appropriate videotape was developed to promote condom use among African American males.	The impact of a culturally appropriate STD/AIDS education intervention on African American male adolescents' sexual and condom use behavior.	At posttest, "videotape" and "health educator" participants demonstrated greater condom use knowledge; "health educator" participants indicated greater self-efficacy and stronger condom use intentions with steady partners.

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Study	Population	Intervention	Objectives	Findings
DiClemente et al. (2001)	522 sexually active African American adolescent females 14 to 18 years old.	A theory-guided survey and structured interview. Multivariate analyses, controlling for observed covariates, were used to identify the association of less frequent parent-adolescent communication with multiple assessed outcomes.	To examine associations between parent-adolescent communication about sex-related topics and the sex-related communication and practices of adolescent females with partners.	The findings demonstrate the importance of involving parents in HIV/STD and pregnancy prevention efforts directed at female adolescents.
DiClemente et al. (2002)	522 sexually active African American adolescent females.	Cross-sectional study, using a questionnaire and a structured interview.	To examine associations between having male sex partners who were typically older and adolescent females' STD/HIV-associated sexual risk behaviors.	Many adolescent females who have sex partners who are at least two years older do not favor the adoption and maintenance of behaviors that protect against STD or HIV infection. Prevention programs could include training designed to help adolescent females overcome barriers to safer sex with older male partners.
Downing et al. (1999)	30 primarily heterosexual, welfare-dependent, African American mothers.	Staff trained women to conduct HIV/STD education as peer volunteers. The theory-based educational components consisted of role model stories developed by women about their experiences with HIV/STDs and discussion groups to build behavioral and communication skills.	A descriptive analysis of a peer education HIV/STD risk reduction program for women living in housing developments.	Descriptive data from peer volunteers can provide an important perspective on small group, peer-based community HIV/STD reduction interventions.

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Study	Population	Intervention	Objectives	Findings
Ellen et al. (2002)	Mixed ethnicity youths aged 14 to 19 years.	Interviews at baseline and at six months about perception of risk for STDs (PRSTD), attitudes about condoms, self-efficacy, normative expectations, and condom use.	To determine whether partner-specific measures of PRSTD predict partner-specific condom use six months later among high-risk and low-risk youth.	There was no association between PRSTD with a casual sex partner and condom use in this cohort or between PRSTD for main or casual sex partners and condom use in the Health Maintenance Organization (HMO) teen clinic cohort. Interventions that target high-risk adolescents should focus on PRSTD with a main sex partner.
Ennett et al. (1999)	327 runaway and homeless youth in Washington, DC	Interviews with a purposive sample of youth	To describe the personal social networks of these youth and examine network characteristics associated with risky behaviors.	Youth without a social network are significantly more likely to report current illicit drug use, multiple sex partners, and survival sex than youth with a network.
Flom et al. (2001)	Mixed ethnicity household sample (n = 363) and a targeted, street-recruited sample of cocaine, heroin, crack, or injection drug users (n = 165) aged 18 to 24 years in an inner-city neighborhood.	In-person interviews with both a probability household sample and a targeted, street-recruited sample of cocaine, heroin, crack, or injection drug users.	To determine how stigmatized drug use is related to sexual risk behaviors and network characteristics among youth.	Crack use and drug injection are associated more strongly with increased sexual risk among women than among men. Young users of the more stigmatized drugs are at much greater network and behavior risk for STD.
Foreman (2003)	Fifteen women aged 19 to 33 years, who were full-time students attending a four-year university in Texas.	Semi-structured in-depth interviews.	To understand and describe the safer sex decision-making processes of a group of African American college women.	Women employed emotional and philosophical strategies to determine their safer sex behavior. Strategies involved the use of a "self-defined" sexual arrangements hierarchy. The resulting hierarchy also guided the safer sex behavior of these women

Section Two: Summaries of Prevention Interventions

Study	Population	Intervention	Objectives	Findings
Fortenberry et al (2002)	251 participants aged 14 to 21 years (83% female; 83% African American) diagnosed with gonorrhoea, chlamydia, trichomonas, or non-gonococcal urethritis or sexual contacts of infected partners.	Structured interview at treatment, one-month post-treatment, and three months post-treatment.	To evaluate sexual behavior (including abstinence), sex partner change, and condom use during the three-month period following treatment for <i>Neisseria gonorrhoeae</i> , <i>Chlamydia trachomatis</i> , <i>Trichomonas vaginalis</i> , or non-gonococcal urethritis.	Many adolescents adopt, at least temporarily, risk reduction behaviors such as abstinence or increased condom use.
Hammett et al. (2000)	743 of drug-using women and female sexual partners of male injection drug users in Bridgeport, Connecticut; Providence, Rhode Island; and San Juan, Puerto Rico.	A face-to-face survey of convenience samples.	To obtain potential users' perspectives on vaginal microbicides from a population of women at high risk for HIV.	Latinas have significantly higher predicted likelihood of use of vaginal microbicides with primary and paying partners than African American and Whites.
Harvey et al. (2002)	112 women aged 18 to 25 years and were primarily Hispanic and African American.	Face-to-face interviews to (a) describe who women perceive as more powerful and who makes sexual decisions within their heterosexual relationships, (b) explore the association between relationship power and sexual decision-making dominance, and (c) examine the relationship of power and decision making regarding condom use to condom use behavior.	To examine the associations among relationship power, sexual decision-making dominance, and condom use within a sample of women at risk for HIV/STDs.	Condom use was significantly higher among women who reported that they make decisions alone or with their partner as about using condoms compared to those who reported that their partner makes those decisions.

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Study	Population	Intervention	Objectives	Findings
Heckman et al. (1999)	253 MSM (79 African American and 174 White).	Behavioral research on the HIV/STD risks issues confronting MSM. Multivariate analyses of covariance, controlling for group differences in age, education, and income.	To determine if African American and White MSM report different rates of HIV/STD risk behaviors and differ in characteristics indicative of risk.	African American MSM were less open about their sexual orientation, scored lower in HIV/STD risk behavior knowledge, had more female sexual partners, and more frequently used cocaine in association with sex relative to White men who have sex with men.
Hutchinson et al. (2001)	234 African American, Hispanic/Latina, and non-Hispanic White females aged 19 to 21 years.	Open-ended questioning regarding sexual protective strategies was included in a larger cross-sectional survey on sexual risk.	To identify the sexual protective strategies of late adolescent heterosexual women.	Seven primary sexual protective strategies were identified from participants' responses: using condoms, abstaining or postponing sexual intercourse, getting tested for HIV and STDs, selecting safe partners, negotiating condom use, talking about sexual risk histories, and limiting the number of sexual partners.
Irwin et al. (1999)	The sample of 3,025 study participants was 75.3% African American and 63.5% male, aged 18 to 73 years, of mean age 28.1 years.	Patients were asked to report sexual activity and condom use while STD symptoms were present.	A cross-sectional survey of STD patients assessed sexual activity and condom use during the time between STD symptom onset and clinic attendance.	These data suggest patient groups with behaviors likely to enhance STD transmission could be targeted for educational messages.

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Study	Population	Intervention	Objectives	Findings
Jemmott et al. (1999)	496 inner-city African American adolescents.	Randomized controlled trial.	To test the effects of a theory-based culturally sensitive HIV risk-reduction intervention and examine the generality of its effects as a function of the facilitator's race and gender and the gender composition of the intervention group.	Adolescents who received the HIV risk-reduction intervention reported less HIV risk-associated sexual behavior, including unprotected coitus, than did their counterparts in the control condition. The effects of the HIV risk-reduction intervention did not vary as a function of the facilitator's race or gender, participant's gender, or the gender composition of the intervention group.
Kingree et al. (2003)	210 African American, male adolescents who were being held in juvenile detention facilities.	A questionnaire and bivariate analyses.	To examine substance use and risky sexual behavior (RSB) in a specific incident.	The association between participant marijuana use and condom nonuse, and the association between partner marijuana use and no prior discussion of sexual risks. Findings suggest that marijuana use should be addressed in interventions that aim to prevent STDs and unwanted pregnancies among adolescent detainees.
Klein et al. (1999)	131 women, mostly African American, residents of Washington, DC who used crack and/or injected drugs during the previous 30 days.	Structured interviews, semi-structured interviews, and informal firsthand observation.	The study entailed introducing these women to the female condom, exposing them to an HIV risk reduction intervention teaching them how to use it and how to negotiate its use with their sexual partner(s).	Women's perceptions of the female condom prior to and subsequent to using it, women's partners' perceptions of the female condom after being introduced to it, and potential barriers to use.

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Study	Population	Intervention	Objectives	Findings
Lauby et al. (2000)	Low-income, African American women in four urban communities in Portland, OR.	The theory-based behavioral intervention was implemented. It was evaluated with data from pre- and post-intervention cross-sectional surveys in matched intervention and comparison communities.	Examine the effects of a multisite community level HIV prevention intervention on women's condom use behaviors.	After two years of intervention activities, increases in rates of talking with main partners about condoms were significantly larger in intervention communities than in comparison communities (P = .03). Intervention communities also had significant increases in the proportion of women who had tried to get their main partners to use condoms (P = .01).
Li et al. (2000)	1,159 urban, low-income, African American children and adolescents aged 9 to 17 years.	Three cross-sectional surveys were conducted in 1992 (n = 455), 1994 (n = 355), and 1996 (n = 349). Both multivariate analysis of variance and correlation analysis were performed.	To examine gender and age differences among selected population groups in perceived monitoring by parents, and the association of perceived parental monitoring with family characteristics, health risk behaviors, and risk perceptions.	Females perceived themselves to be more monitored than did males. In general, the perceived parental monitoring tended to decrease with advancing age of the youth. The strong inverse correlation between perceived parental monitoring and adolescent risk behavior suggests that parental monitoring initiatives may be an effective intervention tool.
Maxwell et al. (1999)	376 patients younger 27 years at six STD clinics operated by the Los Angeles County Department of Health Services.	Face-to-face interviews with young patients. Assessment included several attitudinal variables and AIDS risk behaviors.	To assess the most salient correlates of condom use for young Hispanics and African Americans in Los Angeles County STD clinics as a first step toward designing a short clinic-based intervention.	Offering educational group sessions and attractive means for carrying condoms to patients in STD clinics may have the potential to increase condom use.

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Study	Population	Intervention	Objectives	Findings
Milhausen et al. (2003)	663 rural and 3,313 non-rural adolescents.	Adolescents who completed the 1999 Youth Risk Behavior Survey (YRBS) Survey were selected.	To determine differences between African American adolescents on STD/HIV sexual-risk behaviors and precursors to these risk behaviors.	African American rural adolescents, particularly females, may have greater risk for STD/HIV infection than do their nonrural counterparts.
Miller (2002)	257 non-injection heroin users from New York City (racially/ethnically diverse: 26% African American, 43% Latino).	A face-to-face survey.	To examine the extent to which sex partner characteristics, including partner support, influence sex risk practices among a population of non-injecting heroin users.	Men are significantly less likely than women to have partners who used drugs, receive support from their partners, use heroin with their partners and have partners at known risk of being STD/HIV infected.
Norris et al. (1999)	1,062 heterosexual, low-income, African American and Hispanic youth aged 15 to 24 years from Detroit.	Data were drawn from personal interviews.	To describe (a) demographic characteristics, (b) sexual history, (c) perceived HIV susceptibility, and (d) current sexual behavior, condom use, and alcohol and marijuana use of heterosexual, low-income African American and Hispanic youth categorized as relatively monogamous, serial monogamous, or nonmonogamous.	Many group differences were found. Relatively monogamous youth were most likely to be female and Hispanic and to have engaged in unprotected intercourse. Serial monogamous youth were younger and most likely to have used condoms at last intercourse. Nonmonogamous youth initiated intercourse earlier and were most likely to have experienced oral and anal intercourse and to have used alcohol and marijuana. Risk-reduction programs may need to be tailored differently to accommodate the needs of these three distinct subgroups of youth. Risk-reduction programs may need to be tailored differently to accommodate the needs of these three distinct subgroups of youth.

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Study	Population	Intervention	Objectives	Findings
Organista et al. (2000)	501 adult male and female Mexican migrant laborers.	Snowball sampling was used to carry out survey.	To explore predictors of condom use with occasional sex partners and regular sex partners, as well as carrying condoms	Carrying condoms was predicted by procondom social norms, less negative attitudes toward condoms, condom self-efficacy, worry about contracting HIV/AIDS, and women were more likely than men to carry condoms when both men and women were married.
Shain et al. (1999)	A total of 424 Mexican Americans and 193 African American women were enrolled; 313 were assigned to the intervention group and 304 to the control group.	The intervention consisted of three small-group sessions of three to four hours each designed to help women recognize personal susceptibility, commit to changing their behavior, and acquire necessary skills.	In the effort to reduce infection rates, it is important to create and evaluate behavioral interventions that are specific to the target populations.	Rates of subsequent infection were significantly lower in the intervention group than in the control group during the first six months (11.3 vs. 17.2 percent, $P=0.05$), during the second six months (9.1 vs. 17.7 percent, $P=0.008$), and over the entire 12-month study period (16.8 vs. 26.9 percent, $P=0.004$). A risk-reduction intervention significantly decreased the rates of chlamydial and gonorrheal infection.
Slavinsky et al. (2000)	562 "high risk" (defined as having four or more partners in the last year or having been diagnosed with an STD in the last year) HIV negative African American men.	A baseline behavioral survey followed to detect an incident STD.	To determine if self-reported behavioral factors are predictive of incident STDs in a group of high-risk, HIV negative African American men.	Self-reported behavioral factors, such as substance use and sexual practices, do not seem to be a good measure of STD risk among a group of high risk.

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Study	Population	Intervention	Objectives	Findings
Sneed et al. (2001)	618 Latino adolescents aged 11 to 19 years.	Face-to-face interviews.	To examine the specific reasons Latino adolescents did or did not use condoms at first intercourse and their specific reasons for their perceived risk for contracting HIV/STDs.	Sexually active adolescents were more likely to perceive themselves at risk for contracting HIV/STDs than adolescents that had not had sex. Males were significantly more likely to report using condoms for protection at first intercourse than females.
Soler et al. (2000)	393 low-income non-Hispanic African American, Hispanic, and non-Hispanic White women.	Questionnaires were completed by sexually active women attending family planning and STD clinics.	Women's protection against HIV and STDs depends upon their ability to negotiate safer sex. It is important to know how cultural norms and gender roles, which vary by ethnicity, may either constrain or encourage negotiation of condom use.	African American and Hispanic women reported higher levels of consistent condom use (15 - 17%) than did White female (4%). Nearly all African American and White female (90 - 95%) said that they were extremely or somewhat comfortable talking about condoms with their partner, whereas 76% of Hispanic female did so.
Stanton et al. (2002)	383 low-income, urban African Americans aged 9 to 15 years.	Assessed self-reported behaviors and perceptions of peer risk involvement and parental supervision and communication.	To explore the long-term contributions of perceived peer and parental influences on adolescent risk and protective behaviors	Parents should be included in adolescent risk-reduction intervention efforts. Inclusion of friends and/or changing youth perceptions of peer involvement may also be effective intervention strategies.

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Valois et al. (1999)	3,805 respondents (1,506 African American and 2,299 White public high school students).	CDC and Prevention Youth Risk Behavior Survey were used to secure usable sexual risk-taking, substance use, and violence/aggression data.	To examine the relationship between number of sexual partners and selected health risk behaviors in a statewide (North Carolina) sample of public high school students.	For African American females, alcohol, tobacco, marijuana use, and dating violence behaviors were the strongest predictors of an increased number of sexual partners; White females had similar predictors with the addition of physical fighting. For White males, alcohol, tobacco, marijuana use, physical fighting, carrying weapons, and dating violence were the strongest predictors of an increased number of sexual intercourse partners. African American males had similar predictors with the addition of binge alcohol use. Prevention of adolescent sexual and other health risk behaviors calls for creative approaches in school and community settings and will require long-term intervention strategies focused on adolescent behavior changes and environmental modifications.
von Ranson (2000)	174 girls (mean age = 14.5). 80% African American.	A longitudinal study of adolescent romantic relationships.	To examine risk of STD acquisition in adolescent girls over a three-year period analyses.	Girls with a lower IQ may need to have information presented in a more concrete manner, with a focus on the present rather than the future. The targets of these prevention programs should continue to emphasize delaying initiation, as well as partner selection.

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Study	Population	Intervention	Objectives	Findings
Whaley et al (2003)	171 African American, undergraduate, single, heterosexual, and sexually active students.	A self-report questionnaire was administered, including items related to demographic and background information, sexual activity, condom use behavior, and knowledge, attitudes, and beliefs about HIV/AIDS, to participants in groups of 10 - 30 students in university classroom settings.	To compare condom use for pregnancy prevention only, disease prevention only, and both pregnancy and STD prevention (i.e., dual prevention) in terms of their AIDS-related health beliefs, conventional sexual behavior, and unconventional sexual behavior.	Participants who used condoms to prevent pregnancy only were less likely to be female, perceived themselves to be less susceptible to HIV/AIDS, perceived fewer barriers to condom use, and reported fewer vaginal sex partners.
Witte et al. (1999)	101 African American, never married, New York City women exchanging sex for money and drugs.	A face-to-face survey of female condom use.	To describe knowledge of and experience with the female condom, and examine the acceptability of female condom use as an alternative barrier method for HIV/STD prevention.	Women who were single and never married were more likely to use the female condom than those who were married, separated, divorced, or widowed. Women who lived with someone having drug or alcohol problems were more likely to use female condoms.
Zimmers et al (1999)	100 women ages ranged from 17 to 62 years. One fifth were African American or Hispanic.	To view of an instructional video, to try the condom and report to the researcher. Video viewing was unrelated to liking the product and future intent to use.	To evaluate the effect of a video presentation on reported use of and satisfaction with the female condom.	Almost three quarters of those who used the condoms reported they liked and would use them.

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