SISTER TO SISTER

Sister to Sister:
An HIV Risk Reduction Intervention for African American Women

FACT SHEET

Program Overview

Sister to Sister is a brief (20-minute), one-on-one, skill-based HIV/sexually transmitted disease (STD) risk-reduction behavioral intervention for sexually active African American women 18 to 45 years old that is delivered during the course of a routine medical visit.. The purpose of Sister to Sister is to: provide intensive, culturally sensitive health information to empower and educate women in a clinical setting; help women understand the various behaviors that put them at risk for HIV and other STDs; and enhance women's knowledge, beliefs, motivation, confidence, and skills to help them make behavioral changes that will reduce their risk for STDs, especially HIV. The intervention is highly structured and implemented in a primary health care setting by nurses, health educators, or other professional clinic staff using a scripted teaching guide. It is educational, engaging, and gender-appropriate and uses videos, brainstorming, experiential exercises, and skills-building activities. It is designed to be easily integrated into the health care provider's standard clinical practice. As such, the Sister to Sister intervention is an effective tool for addressing the needs of both patients and providers in primary care clinics.

Core Elements

Sister to Sister has two sets of core elements: content and implementation core elements. Content core elements are the essential elements of what is being taught by the intervention that is believed to change risk behaviors. Implementation core elements are the essential characteristics of the intervention that relate to the logistics that result in a positive learning environment.

The *four content* core elements are:

1. Teach, demonstrate, and practice negotiation and refusal skills.
2. Teach, demonstrate, and practice using condoms.
3. Bolster 3 outcome expectancies (sexual pleasure, prevention, and partner reaction).
4. Build self-efficacy to empower the women to want to be safe sexually.

The *four implementation* core elements are:

1. Demonstrate a caring attitude.
2. Integrate and use all core intervention materials (facilitator's teaching guide, participant guide, videos, posters, risk assessment handout, and penis model).
3. Should be implemented by a specially trained female health care provider who completed the 1-day training session.
4. Should be implemented in a primary health care clinic (e.g., primary care clinic, family planning clinic, STD clinic, or agency clinic site).

Target Population

Sister to Sister is designed for sexually active African American women 18-45 years old who have male partners and are attending primary health care clinics (e.g., family planning, women's health reproductive care, etc.).

Program Materials

- Implementation Manual
- Facilitator's Teaching Guide
- Participants Guide
- Posters, video clips, and informational pamphlet
- DVD of intervention materials for reproduction
- Evaluation Field Guide and Instruments

Research Results

Results of the Sister to Sister research indicated that compared with women in the control group, women in the skill-building interventions reported:

- more consistent condom use
- more condom use at their most recent intercourse
- having fewer days of unprotected sex

These results were statistically significant at the 3-month and 12-month follow ups. Also, women in the skill-building interventions were less likely to test positive for an STD at the 12-month follow up than women in the control group.

More Information on Sister to Sister

For more information about Sister to Sister or to place your name on a list for a future training, please visit our website www.effectiveinterventions.org. If you do not have access to the web, you may also call (866) 532-9565 or email interventions@danya.com.

Jemmott, L.S., Jemmott, J.B., & O'Leary, A. (2007). Effects on sexual risk behavior and STD rate of brief HIV/STD prevention interventions for African American women in primary settings. *American Journal of Public Health*, 97(6), 1-7.

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