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Pilot Test of a Single-Session AIDS Workshop for Young Hispanic U.S. Immigrants

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A multiple-session AIDS workshop poses a substantial burden on the provider and on the clients. Therefore, we developed and pilot-tested a single-session AIDS prevention workshop, using a before and after comparison in a one group design. Young Hispanic patients at an HIV testing clinic completed a baseline survey and were invited to attend a single-session 90-min AIDS prevention workshop. The goals of the workshop were to reinforce issues discussed in the individual HIV counseling session, and to encourage and practice condom carrying, negotiation and use. Forty-seven percent of the patients attended the workshop and evaluated it very positively. Sixty-eight percent of all patients completed a telephone interview 4 weeks later. The proportion of subjects who always carried condoms increased from 18% at baseline to 42% at 4-week follow-up ($p < 0.0004$). Stratified analyses showed that condom carrying increased significantly only in males and only in workshop attenders.

KEY WORDS: AIDS workshop; Hispanic immigrants; condom carrying.

INTRODUCTION

Minority populations are disproportionately affected by HIV/AIDS. In Los Angeles County, the number of newly diagnosed AIDS cases peaked in 1992 and has declined each year since then. However, while the majority of AIDS cases diagnosed in 1992 were White (49%), followed by Hispanics (27%) and African Americans (20%), this distribution changed over the subsequent years, partially due to the demographic shift that occurred simultaneously: By 1999, the majority of cases diagnosed with AIDS were Hispanic (43%), followed by Whites (30%) and African Americans (24%) (1). Local and national data also show a disproportionate increase of heterosexually acquired AIDS cases among Hispanics (2), which calls for AIDS prevention and education programs specifically targeting this group. Spanish speaking immigrants may be at increased risk for HIV/STD infections because of language barriers, lack of access to health services, cultural barriers to condom use, and attitudes that do not support condom use (3, 4).

Several studies have evaluated AIDS education workshops and found that they can increase knowledge about AIDS, alter attitudes towards risky behaviors, and change AIDS risk behaviors (5–7). However, a literature search yielded only a few studies that evaluated AIDS interventions among Hispanics (7–10). One study that tested a social-skills training program among Hispanic and Anglo-youth ages 13–18 found increases in knowledge and in assertiveness regarding condom negotiation, asking a friend about their sex/drug history, and discussing a friend's risk of AIDS (9). In another study, a multifaceted empowerment program for Hispanic immigrant women resulted in significant increases in sexual communication comfort and reported changes in decision-making power (8). All of these published interventions consisted of multiple sessions with the complete program lasting from 10 to 18 h. We did not find a single study that assessed the impact of a single-session AIDS training workshop among Hispanics. While a

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multiple-session training program may be very beneficial to those individuals who are able to attend, it poses a substantial burden on the provider and on the clients. Therefore, our goal was to develop a single-session AIDS training program that may be more likely to be implemented in a busy health care setting and that may have a higher attendance rate than a multiple-session program. The curriculum stressed condom use for the prevention of HIV transmission. We targeted monolingual Hispanic patients because of their increased risk for HIV/AIDS. We recruited young patients at an HIV testing clinic for the following reasons: First, the time period during or shortly after HIV testing may represent a teachable moment and an AIDS training program might reinforce some of the issues that have been discussed individually with the patient during the HIV testing and counseling session. Second, HIV testing and counseling has been widely offered in Los Angeles County Clinics for the last 10 years. However, studies with predominantly seronegative samples suggest that the HIV testing and counseling session might not be sufficient to initiate a behavioral change (11). Thus, a follow-up group session might be beneficial in enforcing behavioral change and practicing condom use. Previous studies have shown that many Hispanics expect that partners will react negatively if the subject of condom use is raised. A substantial proportion of Hispanic males and females might be concerned that a request to use condoms could insult a partner and could be interpreted as "fooling around" (12). We conducted mixed gender sessions in the hope of increasing communication about condom use between men and women and to address these and similar concerns regarding negative partner reactions. We pilot-tested the training program to assess its feasibility, acceptability, and effectiveness using a before and after one group design with a sample of young, predominantly immigrant Hispanic males and females.

METHOD

In Summer 1997, 98 Hispanic patients 25 years of age or younger, attending an HIV testing clinic that serves predominantly Spanish speaking immigrants were recruited for the study. The UCLA IRB committee requested that potential subjects were initially informed about the study by a clinic staff rather than a research staff to avoid undue pressure to participate. Therefore, the clinic phlebotomist briefly described the study to eligible patients, and those who agreed to participate or wanted further information met with a research staff member. Patients were told that the study consisted of three parts: 1) an interview during the current visit at the clinic for which they would receive $5; 2) a Saturday AIDS workshop at the clinic followed by another brief interview for which they would receive $10; and 3) a telephone interview 4 weeks after the AIDS workshop for which they would receive $15. Follow-up for this pilot study was limited to 4 weeks based on the project time line, the relatively small baseline sample and concerns about drop out during a longer follow-up interval. Patients who refused to participate indicated that they had no time to speak to the interviewer during their visit at the clinic, could not attend a Saturday workshop because of work, had other doctor's appointments to attend, or were too worried or not trusting enough to participate.

Written informed consent was obtained prior to the baseline interview by the project staff. Upon completion of the baseline interview, patients were given a reminder card for the Saturday AIDS workshop at the clinic and were encouraged to bring friends that day. A total of five Saturday workshops were conducted, but each patient was only invited to a single session. Reminder phone calls and letters described the workshop as an entertaining and informative discussion on AIDS, with refreshments, a raffle for movie tickets, and child care provided on site.

Intervention

The AIDS workshop was conducted in Spanish by a young female Hispanic health educator who had several years of experience in conducting HIV workshops with Hispanic populations. She was informed about the objectives of the study and participated in designing the curriculum. The curriculum was loosely modeled after "Be Proud! Be Responsible!" (13) which has been found to be successful in changing high-risk behaviors in several studies, predominantly with African American populations (14). However, because of time restraints and based on our prior survey findings in similar populations (3), it was limited to a few key issues and heavily focused on practicing condom use and negotiating safer sex (see Table I). The instructor elicited participation from subjects by asking them questions and having them describe their understanding and perceptions of the subject matter presented. The workshop began with an ice breaker in which subjects identified themselves by name and their country of origin. The acronyms HIV and AIDS were defined, along with the progression from HIV

Table I. Curriculum for 90-Min AIDS Prevention Workshop

Introduction
HIV and AIDS
Definitions
Modes of transmission
Risks and consequences of sexual behavior
Symptoms and treatment
Safer measures to prevent HIV infection
Condom use and negotiation
Proper condom usage
Demonstration and practice of proper condom use
Negotiating safer sex
Role play: What to say if my partner says...
Access to condoms and health services
HIV testing
Why is it important?
Who should get tested?
Where do I go to get tested?
What happens when I get tested?
Should I bother to get the results?

to AIDS. HIV testing and the 6-month window of opportunity were discussed, emphasizing that the virus may not be detected until 6 months after the last high-risk behavior. HIV symptoms and its incubation period as well as AIDS symptoms and the latest treatments were presented. Modes of transmission were described along with means to prevent infection. Proper condom use was demonstrated with the use of a training model and practiced in a "condom race." After the game, everyone received a key chain with a replaceable condom inside. The workshop also included a 20–30 min discussion and role-play on how to negotiate condom use with a partner. At the end of the workshop, a list of referrals was distributed to participants, along with booklets on condom use in English and Spanish, and a fotonovella entitled "Flirting with DANGER," that was produced in English and Spanish by the State of New York Department of Health.

Measures

In order not to deter patients from attending the training session, all questionnaires were kept extremely short. The baseline questionnaire included demographics (gender, ethnic background, age, education, marital status); sexual orientation; number of partners in the past 4 weeks and frequency of condom use with steady and nonsteady partners; and frequency of carrying condoms. Posttest 1 was administered immediately following the group intervention and included intentions regarding condom carrying; intentions regarding condom use with a steady and nonsteady partner; intentions regarding negotiating condom use with a steady and nonsteady partner; and a subjective evaluation of the workshop. Posttest 2 was administered by phone 4 weeks after the workshop to all patients who had completed the baseline interview (intent to treat model) and included number of partners in the past 4 weeks and frequency of condom use with steady and nonsteady partners, as well as frequency of carrying condoms. Most questions were modeled after those used in our prior research and had undergone pilot testing in similar populations (3, 15, 16).

Analysis

Although the frequency of condom use with steady and nonsteady partners was assessed at baseline and posttest 2, the small number of subjects who reported vaginal or anal sex within the 4 weeks prior to both time points ($N = 29$) precluded use of that variable to assess the impact of the AIDS workshop. Instead, the frequency of carrying condoms was used as the outcome variable. Carrying condoms was assessed in all respondents, whether or not they reported any sexual activity in the past 4 weeks. Carrying condoms is extremely important, since studies have shown that lack of availability is one of most frequently cited reasons for *not* using condoms, especially among young, unmarried subjects (17, 18). Since sexual activity may occur spontaneously without prior planning, carrying condoms facilitates condom use for all subjects, including those who have not been sexually active within the past 4 weeks.

RESULTS

Recruitment and Retention

Of the 98 subjects (55 males, 43 females) recruited at the clinic, 46 (25 males, 21 females) attended a workshop (47% attendance rate). Another 8 subjects (3 males, 5 females) who were friends of the original 98, also attended, increasing the number at baseline to 106 and the number of attenders to a total of 54 (Fig. 1). All subjects who participated in the workshop completed posttest 1. Posttest 2 was completed by 81% of attenders (44/54) and 54% of nonattenders (28/52), for a total retention rate of 68% (72/106) at the 4-week follow-up. Reasons for which follow-up was not possible included disconnected numbers, patients moving, and subject refusal.

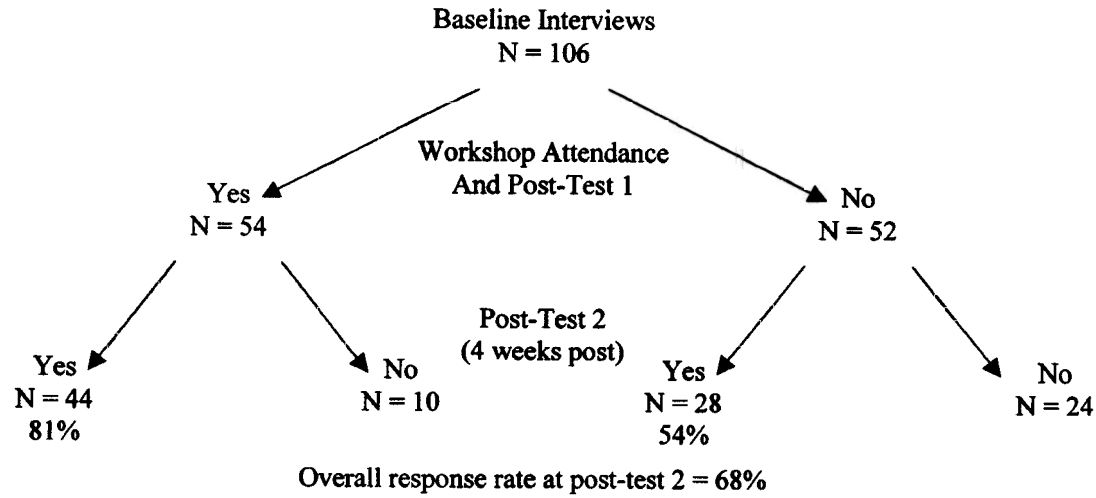

Fig. 1. Recruitment and retention.

Subject Characteristics

Subjects who completed the baseline interview ($N = 106$; 58 males, 48 females) identified themselves as Central American (47%), Mexican (40%), or Mexican American (12%). They were on average 21 years old (range 14–25) and reported on average 10 years of education (range 3–15). Eighty-four percent were single, 13% married, and 84% reported to be exclusively heterosexual. Twenty percent of the sample always carried a condom. Condom use during the past 4 weeks was low with steady partners (19% used condoms always, 52% never, $N = 54$) and with nonsteady partners (24% always, 31% never, $N = 29$). Workshop attenders did not differ in any of these baseline characteristics from non-attenders. Subjects who completed posttest 2 reported significantly more years of schooling (10.3 vs. 8.9 years, $p < 0.01$) than those who did not complete posttest 2. No other differences were found between these two groups.

Posttest 1 Results Among Workshop Attenders

Immediately after the workshop, the majority of patients voiced strong intentions to change their behavior regarding condom carrying, condom negotiation, and condom use (Table II), especially pertaining to sex with a nonsteady partner. The majority of attenders enjoyed the workshop a lot (94%), rated it as very helpful (96%), and stated that they would recommend it to a friend (100%). Seventeen percent stated that they already had known everything that was presented at the workshop, 58% had known about half, and 25% had known less than half of what was presented, with males reporting significantly more knowledge than females ($p > 0.03$).

Trends From Baseline to Posttest 2

The proportion of subjects who always carried condoms increased significantly from 18% ($N = 13$) to 42% ($N = 30$) among subjects who responded to this question both at baseline and posttest 2 (Table III). Several stratified analyses showed that condom carrying increased significantly from baseline to 4-week follow-up among males, but not among females. Similarly, condom carrying increased significantly among workshop attenders, but not among non-attenders. Condom carrying increased to a similar extent among patients who self-identified as Mexican or Mexican American and Central American and among patients who were and were not sexually active prior to baseline and/or follow-up. Subjects who reported always carrying condoms were significantly more likely to always use a condom with a steady partner, both at baseline ($N = 54$, $p < 0.00002$, Fisher's Exact Test) and at posttest 2 ($N = 34$, $p < 0.014$, Fisher's Exact Test). Finally, in the subsample of patients who completed posttest 2 and had sex with a steady partner both 4 weeks before baseline and posttest 2 ($N = 23$), consistent condom use increased from 22 to 39%. Although substantial, this increase did not reach statistical significance due to the small sample size.

Table II. Baseline Behaviors and Intentions Regarding Condom Use Immediately After Attending the AIDS Workshop (Posttest 1, $N = 52$)

	% of responses		
	Always	Most/some of the time	Never
Baseline			
How often do you carry condoms with you?	20	46	34
How often have you asked a steady partner about using condoms before you had intercourse?	20	46	34
How often have you asked a nonsteady partner about using condoms before you had intercourse?	30	33	37
Posttest 1			
In the future, how often will you carry condoms?	64	26	10
	Very likely		Not at all likely
In the future, how likely are you to ask a . . .			
Steady partner to use condoms?	72	20	8
Nonsteady partner to use condoms?	91	7	2
How likely are you to use condoms the next time you have sex with			
A steady partner?	78	16	6
A nonsteady partner?	96	4	0

DISCUSSION

Several limitations need to be considered when interpreting the results. The majority of subjects in our study (92%) were recruited at an HIV testing site. Since HIV counseling and testing may motivate risk-reducing and help-seeking behavior (11), subjects recruited for this study may have been more interested in HIV prevention and more motivated to attend a workshop than subjects who have not received an HIV test. Attendance at an AIDS workshop may be lower, if subjects are recruited at different sites. Also, the workshop was provided to most subjects in addition to HIV testing and counseling in the hope that it would reinforce some of the concepts that were discussed individually. Thus, it might have less impact if it was conducted with subjects who had not recently undergone HIV testing and counseling. Additionally, the outcome variable, self-reported frequency of carrying condoms, might not accurately reflect true behavior. However, a study among adolescents suggests that self-reported condom use is a valid indicator of risk for STD (19). Our study was not a randomized trial with subjects assigned to a control condition. We were only able to do before–after comparisons. However, outcomes were assessed after a short time period (4 weeks), and it is unlikely that substantial maturational or secular events occurred during that time that could have influenced AIDS prevention behaviors. Finally, the study was limited to only a small sample, and not all participants had engaged in sexual activities with steady or nonsteady

Table III. Self-Reported Condom Carrying at Baseline and at 4-Week Follow-Up (Posttest 2)

		% of subjects who always carry condoms			
	N	Baseline	Posttest 2	Increase (percentage points)	p^a
All subjects	71	18	42	24	0.0004
Males	38	18	50	32	0.004
Females	33	18	33	15	0.125
Workshop attenders	44	16	48	32	0.001
Workshop nonattenders	27	22	33	11	0.375
Had sex 4 weeks prior to baseline	43	23	44	21	0.035
No sex 4 weeks prior to baseline	28	11	39	28	0.007
Had sex 4 weeks prior to posttest 2	37	24	46	22	0.021
No sex 4 weeks prior to posttest 2	34	12	38	26	0.022
Mexican or Mexican American	38	18	39	21	0.021
Central American	33	18	45	27	0.022

partners for the time-periods that were assessed. For example, sexual activity with nonsteady partners was reported by far too few participants to be able to draw any conclusions about the impact of the workshop on this very important AIDS risk behavior.

Patients seeking HIV testing and counseling may be a captive audience and may be easy to recruit if a program like ours were to be implemented in a clinic setting. However, offering the AIDS workshop as an adjunct to HIV testing and counseling complicates evaluation attempts, since it is not clear if improvements in AIDS prevention behaviors are due to the HIV testing and counseling, the AIDS workshop or both. Our analyses showed a significant increase in condom carrying in workshop attenders but not in non-attenders, which suggests that condom carrying in our sample was influenced by the workshop. Future randomized designs with a control group who receives HIV testing and counseling only are necessary to substantiate our preliminary evaluation.

Despite these limitations, this study suggests that there is considerable interest among young Hispanic immigrants who are seeking HIV testing for attending a single-session mixed gender AIDS workshop at a community clinic. Almost 50% of patients who were invited attended the workshop. In addition, attenders evaluated the workshop extremely positively, and it appears that the workshop was very motivating, since the majority of attenders intended to carry condoms and to negotiate condom use with partners in the future. A comparison of condom use and carrying at baseline and follow-up and the intentions voiced at posttest 1 certainly suggest that patients who attended the workshop have moved towards adopting AIDS prevention behaviors. In many situations, carrying condoms may be a prerequisite to using them when the opportunity arises. However, while there was almost threefold increase in condom carrying among males, our intervention appeared to be less successful among females. Our findings also underscore the importance of consistently carrying condoms, which was significantly associated with condom use at baseline and posttest 2. Providing means to always carry condoms that are acceptable to Hispanic immigrants may be especially important among youth and young adults who may be more likely than older adults to participate in sexual activities spontaneously, without prior planning. In our study, we distributed key chains with replaceable condoms and catchy messages in Spanish to encourage condom use, which were readily accepted by both males and females.

Fearing that lengthy questionnaires might deter patients from participating in the study and from attending the workshop, we limited data collection to only a few demographic variables and selected outcomes. The primary purpose of the study was to pilot test the AIDS workshop among Hispanic, predominantly immigrant patients. Thus we did not collect any information on attitudes regarding condom use and carrying. Because many barriers to condom use and carrying exist (3, 12, 20), we attempted to address the most common barriers during the workshop. Future studies should investigate the effectiveness of single-session AIDS workshops in larger samples using randomized controlled designs; address barriers to condom use and carrying that may be specific to female Hispanic immigrants; and assess the long-term effects of such an intervention.

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