Effective Public Health Practice Project
Summary Statement

December 2004

This is a summary statement written to condense the work of the authors of a systematic review. The reference for the full review is below. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.


Issue: In Canada, women’s rates of HIV and AIDS have been increasing over time, particularly among aboriginal women, black women and women living in prison (Gatali, Archibald, 2004). HIV data comparing HIV and AIDS diagnoses show that in 2002 women account for 25% of all positive HIV test reports and the proportion of women infected with HIV has increased from 6.4% before 1994 to 16.5% in 2002 (Public Health Agency of Canada, 2004). Young women account for a higher proportion of those testing HIV positive (Gatali, Archibald). In 2001 females in the age category of 15-29 years accounted for 44.4% of all HIV cases reported in women (Public Health Agency of Canada). The issue of HIV/AIDS infection among pregnant women and women of childbearing age is of particular concern because of the risk for transmission to their infants (Public Health Agency of Canada). Among women, heterosexual contact is the main risk factor for HIV infection and accounts for 62.5% of newly diagnosed cases of HIV infection among adult women (Public Health Agency of Canada). Many factors affect the ability of women to take appropriate steps to reduce the risk of infection including economic and social circumstances, language barriers, access to resources and cultural expectations (Gatali, Archibald). This raises questions as to the significance of the social and contextual factors in which women live in terms of impacting HIV risk behaviour and HIV prevention interventions targeting risk among women.

Review Content Summary: This paper has four sections: a narrative review of the social and contextual factors which contribute to the risk of HIV and AIDS among women; a discussion about the theories currently used to guide the development of HIV prevention interventions and their relevance to women; a meta-analysis to determine the effectiveness of HIV prevention interventions targeting adult women only and heterosexual populations where analysis by gender was presented; and, suggestions for future practice and research among the female population at risk for HIV/AIDS. The two main outcomes for the meta-analysis were self-reported condom use and number of sexual partners.

Comments on this review’s methodology: A total of 84 articles targeting heterosexual adult populations with an HIV prevention intervention were identified. Only 30 met the inclusion criteria for the meta-analysis. All of the studies were completed in the US.
All but one study assigned participants randomly to intervention or control groups - four studies by days and times during clinic hours, one study by individuals or sites depending on location and four studies by site. The interventions in five studies were individual focused, with one peer-led. The remaining were group interventions, one was peer-led. Twenty-three percent of the interventions lasted 1 hour or less, 23% lasted more than 1 hour but less than 5 hours, 30% lasted between 5.1 and 10 hours, but less than 25 hours. The largest percentage of intervention was one session (33%), 10% had three sessions, 23% had four sessions, 20% had between five and eight sessions and 3% had sixteen sessions. Overall 16 of the interventions targeted women, 3 of the interventions targeted men and 11 targeted men and women. Of those studies, 6 analyzed the effects separately by gender. Twenty-two of the studies included a majority (55%) of African American participants, 3 included Hispanics as the majority. Three studies reported Caucasian participants exceeding 50% of the sample. Weighted mean effect size was calculated for each outcome variable (i.e. condom use and number of sexual partners). The literature review identified multiple social and contextual factors impacting HIV risk for women, however most studies included in the meta-analysis failed to address more than one factor – none of the interventions targeted populations of very high risk women (i.e. sex workers or incarcerated women). The authors cite the main limitation to the review is the small number of studies included in the meta-analysis. Common methodological weaknesses in the studies included in the meta-analysis are ambiguity in the definition or description of the intervention, self-reported outcome measures, high attrition rates, inadequate follow-up periods to examine the effectiveness of outcomes over time and lack of intent-to treat analysis.

Evidence points ARE NOT weighted or ranked according to strength.

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<tr>
<th>What’s the evidence?</th>
<th>Implications for practice and policy:</th>
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<tr>
<td>➤ The social and contextual factors related to heterosexual risk of HIV for women include social and</td>
<td>➤ To address the challenge of integrating social and contextual factors into practice, comprehensive</td>
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<td>cultural norms, social status, the impact of incarceration, the role and importance of connection and</td>
<td>multi-faceted interventions are required.</td>
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<tr>
<td>relationships for women, victimization, mental health problems, substance abuse, sex exchange and</td>
<td>➤ Combining comprehensiveness of current HIV prevention interventions with other programs and services</td>
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<td>STD’s.</td>
<td>targeting high-risk heterosexual populations (e.g. homeless shelters, youth-serving agencies,</td>
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<td>➤ The social and contextual factors are interrelated – difficult to find women at risk for HIV that</td>
<td>substance abuse treatment).</td>
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<td>had only one factor.</td>
<td>➤ Careful planning, implementation and evaluation of pilot peer-led interventions, particularly with</td>
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<td>➤ Only three studies included in the meta-analysis were peer led. However peer-led interventions are</td>
<td>women who are from endemic countries (i.e. Africa) is required.</td>
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<td>based on the assumption that information received from peers more likely normalizes the target</td>
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<td>behaviour.</td>
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Some women are unable to secure their partner’s cooperation in consistent male condom use; other female controlled protection are needed to protect women against STD’s and HIV transmission. HIV disproportionately affects lower income women and high costs would prohibit many women who are in most need of the products from obtaining them (female condom more costly than male).

Female controlled protection products, such as the female condom, is integrated into practice.

Advocacy to reduce barriers to services and products is required.

General Implications:

- There is a need to expand existing theories of HIV-risk behaviour to incorporate women’s social and contextual factors (and thus integrate into interventions).
- Future interventions should be multifaceted and include standardized reported information, measures, constructs and follow up periods.

Cost Benefit or Cost-Effectiveness Information: Not included in review. The authors recommend that a cost effectiveness component is incorporated and refer to a developed methodology to evaluate.

References Used to Outline Issue:


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