Program Name:
*Sisters Saving Sisters*

Developers:
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**Program Description and Overview**
*Sisters Saving Sisters* aims to address the higher risk of HIV/STDs in Latina and African American female adolescent populations. The program is designed to reduce frequency of unprotected sexual intercourse (with and without drug and alcohol use), number of sexual partners, and incidence of sexually transmitted infections. *Sisters Saving Sisters* is a skills-based risk-reduction intervention administered in small groups of 2–10 female adolescents, by trained facilitators in one four and a half hours session in a community-based clinic setting. The curriculum is comprised of five modules:

- Module 1: Introduction and Overview
- Module 2: Understanding Personal Vulnerability
- Module 3: Developing Condom Use Skills
- Module 4: Improving Sexual Choices and Negotiation Skills
- Module 5: Role-Play, AIDS Basketball, and Review

The program engages participants in activities such as role-playing, handling, and practicing correct placement of condoms using anatomical models; teaches effective condom negotiation skills; and discusses the barriers to condom use such as alcohol and drug use.

**Core Components**

**Content Components**

- Teach correct information about HIV, STDs and Pregnancy and prevention strategies.
  - Content on HIV, etiology, transmission and prevention
  - Content on STDs, etiology, types, transmission and prevention
  - Content on Pregnancy and prevention
  - Content on prevention strategies (negotiation, condom use, problem solving)
  - Content focusing on gender specific safer sex issues for female adolescents
- Bolster four types of behavioral attitudes/outcome expectancies emphasized in *Sisters Saving Sisters*.
  - Prevention Belief (the belief that condom use can eliminate the risk of HIV, STDs and pregnancy)
  - Partner Reaction Belief (the belief that one’s partner would not approve of using condoms and react negatively to it; i.e., hit them, leave them, find another girlfriend)
  - Hedonistic Belief (the belief that condoms interfere with sexual pleasure, not natural, ruins the mood, don’t fit etc.)
  - Personal Vulnerability to HIV/STD and Pregnancy Belief (the personal belief that HIV, STDs, and pregnancy could happen to them if they have unprotected sex)
- Teach negotiation skills and problem solving skills.
  - Teach negotiation, refusal and reframing skills using the 4-step SWAT Negotiation Strategy to respond to partner’s negative reaction towards abstinence or condom
Use role-plays activities to practice negotiation, refusal, and reframing skills

Teach Condom use skills
- The facilitator teaches condom use skills by demonstrating how to use a condom on an anatomically correct penis model
- The participant demonstrates and practices the skill on the same model
- The facilitator and the participant discuss strategies on how to make condoms more fun and pleasurable

Build self-efficacy and confidence in negotiating condom use and condom use skills.
- Incorporate the theme “Sisters Saving Sisters: Respect Yourself! Protect Yourself! Because You Are Worth It” throughout the intervention
- Build participant’s confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially in the role-plays and in demonstrating condom use skills

Pedagogy Components
- Implemented by specially trained female facilitator. You cannot change the gender of the facilitator.
- Facilitator must facilitate this curriculum using highly participatory and interactive skills.
- Facilitator must be able to work with youth and relate to them and their life circumstances. They must believe in the teens and believe in their resilience.
- Delivery of intervention must be engaging, highly participatory, and very interactive
- Demonstrate a caring and supportive attitude.
  - The facilitator must create a supportive and caring environment.

Implementation Components
- Integrate and use the core intervention materials only.
  - The Intervention Curriculum Manual, posters and activity materials.
  - The video clips specifically selected for the intervention.
- Groups should be made up of all adolescent females.

Target Population
- Target population evaluated
  - Sexually active African American and Latina female adolescents

Potential additional target populations noted by developers
- Adolescent females of diverse races/ethnicities

Program Setting
- Program setting evaluated
  - An adolescent medicine clinic at a children’s hospital

Potential additional program settings noted by developers
- Family planning clinics
- Community-based organization
- Schools

Program Duration
- Four and half hours

Curriculum Materials
Adaptations

Basic allowable adaptations
- When implementing the intervention in settings such as schools, where it is necessary to separate the modules in the program, the intervention can be delivered and completed within two weeks.
- Groups consisting of more than 6-8 girls will require an additional facilitator.

Program Focus

*Sisters Saving Sisters* focuses on STD prevention for females adolescents.

Research Evidence


**Study Setting:** Adolescent health clinic at a children's hospital in Philadelphia, PA

**Study Sample:** 682 female adolescents recruited from a family planning clinic
  - Age range 12 to 19 year (mean age 15.5 years)
  - 68% African American and 32% Latina
  - All sexually experienced

**Study Design:** Randomized controlled trial. Study participants were randomly assigned to one of three groups: (1) a treatment group that received the *Sisters Saving Sisters* intervention, (2) a treatment group that received an informational session on HIV/STD risk reduction without any skill-building activities, or (3) a control group that received a general health promotion program on risk behaviors for cancer, heart disease, and stroke. This report focuses only on the comparison of the group receiving *Sisters Saving Sisters* versus the health-promotion control group. Surveys were administered before the intervention and at follow-ups conducted 3, 6, and 12 months after the intervention. Biological testing for chlamydia, gonorrhea, and trichomonas was also conducted.

**Study Rating:** The study met the review criteria for a high study rating.

**Study Findings:** Three months after the intervention:
  - The study found no statistically significant program impacts on condom use or number of sexual partners in the past three months.
Six months after the intervention:

- The study found no statistically significant program impacts on condom use in the past three months, number of sexual partners in the past three months, or testing positive for chlamydia, gonorrhea, or trichomonas.

Twelve months after the intervention:

- Adolescents participating in the intervention reported significantly fewer days of sex without condom use in the previous 3 months and significantly fewer sexual partners in the previous 3 months.
- Adolescents participating in the intervention were significantly less likely to report having had multiple sex partners in the previous 3 months, and were significantly less likely to test positive for gonorrhea, chlamydia, or trichomonas.

The study also examined program impacts on measures of sexual activity while under the influence of drugs or alcohol; STD/HIV knowledge; condom-use knowledge, attitudes, and intentions; impulse control beliefs; and negotiation skill beliefs. Findings for these outcomes were not considered for the review because they fell outside the scope of the review.