PRETEST ASSESSMENT AS A COMPONENT OF SAFER SEX INTERVENTION: A PILOT STUDY OF BRIEF ONE-SESSION INTERVENTIONS FOR WOMEN PARTNERS OF MALE INJECTION DRUG USERS IN NEW YORK CITY

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ABSTRACT This pilot study evaluated whether brief safer sex interventions for women partners of male injection drug users significantly influenced perceptions of partner risk, human immunodeficiency virus (HIV) knowledge, correct condom usage, and self-reported consistent safer sex (abstinence or 100% of vaginal-penile intercourse acts protected by male or female condoms). The study also examined the impact of pretest assessment on those variables since pretest assessment may challenge participants' current knowledge, safer sex practices, and partner communication techniques. The study randomly assigned participants to pretest or no pretest assessment. Each group was also assigned randomly to a presentation modality: (1) safer sex pamphlet review only, (2) pamphlet review with demonstration of several safer sex alternatives, or (3) pamphlet review with skills practice to mastery with one safer sex alternative of the woman's choice. For the last two conditions, a 35-minute interactive session covered prevention efficacy of safer sex methods for HIV, sexually transmitted infections, pregnancy, correct use, eroticization, local cost and availability, and partner objections. At 7 weeks postintervention, a higher proportion of women who took pretest assessment reported consistent safer sex (66.7%) compared to those without pretests (55.6%). Assignment to the interactive interventions (skills or demonstra-
tion) had little additional impact over pretest assessment for these women. Among women who did not take pretests, the interactive interventions had strong effects; 76.9% reported consistent safer sex versus 33.3% in the pamphlet review group. There were additional specific effects for pretest assessment on HIV knowledge and partner risk perception and for interactive intervention on correct condom usage. Brief interventions appear to have some positive short-term effects. Pretest assessment may be an important component of brief interventions.

**KEY WORDS**  Assessment, Evaluation, Heterosexual Partners of IDUs, HIV, Intervention, Women.

**INTRODUCTION**

Heterosexual intercourse now accounts for nearly half of the new cases of human immunodeficiency virus (HIV) reported in US women. In New York City, where 22% of reported US acquired immunodeficiency syndrome (AIDS) cases in women have occurred, nearly 50% of heterosexual transmission of HIV to women is attributed to sex with an injection drug user (IDU). As part of a study of the safer sex decision making of inner-city women, one-session interventions for partners of IDUs were designed and carried out in English and Spanish in the Lower East Side (LES) of New York City. The LES is a neighborhood with 10% estimated HIV seroprevalence and high IDU and heterosexual transmission.

The brief interventions, and the pretest assessment accompanying them, addressed the cognitive barriers (e.g., denial of risk to self and partner or doubts about the efficacy of safer sex methods), personal barriers (e.g., interference with pleasure, mastery of safer sex techniques, perceived compatibility with pregnancy or birth control), and social barriers (e.g., cost, availability, partner objections) that inner-city women cite as preventing them from using safer sex methods.

Pretest assessment may serve a "priming" or challenge function. Pilot work in the neighborhood suggested that residents almost always rated their HIV-related knowledge as high, but they were unaware of the range of safer sex products and strategies available and had not considered partner communication techniques such as having partner agreements on birth control and safer sex. The effect of baseline assessment as a primer has been hypothesized to account for the gains in safer sex outcomes and in the reduction in injection-related outcomes often found in comparison condition interventions. Pretest assessment was not designed to be a part of a motivational interviewing strategy in the current study; it was used as baseline assessment. Yet, challenge and self-assessment are an integral part of motivational interviewing techniques and may act as a catalyst to behavior change in brief interventions. In their study, Kalichman et al. gave pretests to all participants and varied the method of assessment (e.g., face to