A positive prevention program for HIV-positive gay men: pilot study evaluation

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BACKGROUND: In Colombia, men who have sex with men (MSM) have a higher prevalence of HIV, 17% (1.2). There are lack established/tested programs to address the prevention needs of people at risk and living with HIV (PLWH). Observations among HIV infected patients in clinical cohorts in Colombia demonstrated that 30% of the men who have not started ART treatment did not use consistently condoms (Mueses et al, submitted). Thus, there is an urgent need to develop prevention programs for HIV-positive gay in Colombia.

This study evaluated the impact of an individual counseling intervention that provides information, motivation, and behavioral skills to reduce sexual transmission risk behaviors. The preliminary effects of this intervention, which is named Gay Pos Sex, were evaluated in terms of acceptability, appropriateness, and changes in psychosocial and HIV sexual risk behavior outcomes (concordant anal sex CAS).

Gay Pos Sex: Finding your own way (GPS) - is a HIV prevention and sexual health promotion intervention for gay, bisexual, and other MSM who are HIV-positive that uses a sex-positive and community-based research framework(3,4). GPS is based on the Information-Motivation-Behavioral Skills (IMB) theoretical model and is implemented using Motivational Interviewing (4).

METHODS AND MEASURES

Overview: We used a mixed-methods approach, a pre-post intervention design with qualitative assessments of intervention outcomes completed in semi-structured interviews to capture the appropriateness and acceptability of participants. The study protocol was approved by the Research Ethics Boards of Queens University, Ryerson University, University of Windsor, and Corporation de Lucha Contra el Sida (CLS).

Setting: The GPS adaptation and pilot occurred in Cali, Colombia. Cali is a city of 2 million inhabitants in southwest Colombia characterized by high levels of poverty and social inequities. GBM in Cali have a higher prevalence of HIV among the populations studied in Colombia (1).

A total of 7 of the 11 eligible participants completed the follow-up. We observed a reduction in condomless anal sex (any partner) from 83% at baseline to 46% at the 3-month follow-up. After 3 months, a significant increase was found in self-efficacy of condom use(p=0.01), and a decrease in the depression score (p=0.07). Participants perceived the program to be acceptable and highly appropriate. Favorable responses were mainly related to 1) the relevant nature of information, 2) a chance to discuss sex in a nonjudgmental place, 3) a well-designed intervention, and 4) helping to make positive changes in their sexual life and decrease risky sexual behaviors (i.e., drug use and the internet dating sites).

Table 1: GPS sessions

<table>
<thead>
<tr>
<th>Session number</th>
<th>Outline of activities</th>
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<tbody>
<tr>
<td>a. Orientation to GPS Latino</td>
<td>b. Establishing group norms</td>
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<tr>
<td>c. Exercise to get to know each other better</td>
<td>d. Discussion about “what sex means to me”, “participants sexual identity”</td>
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Table 2: Participants’ quotes related to Appropriateness and Acceptability

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<tr>
<th>Positive feeling about GPS</th>
<th>High acceptance of the facilitators/ counselors</th>
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<tr>
<td>b. Validation of positive aspects of the participants’ sexual lives</td>
<td>c. Key question exercise: helps participants to translate value-based goals into concrete observable actions and clarify hopes and fears</td>
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RESULTS

Analysis: STA-software. Univariate analyses were calculated for variables. McNemar test was used to calculate the significance of change between baseline and the other two time points. For continuous outcomes, which were all psychosocial constructs, mixed models (stymied in STATA) were used (5). Data from semi-structured interviews were analyzed using thematic analysis(6).

CONCLUSIONS: This work was done to fill an important gap in HIV prevention and acquisition in gay men who are HIV positive and living in Colombia. The findings provide preliminary evidence that a counseling intervention led by peers may offer an efficient way to concurrently reduce CAS, increase negotation for condoms, and decrease depressive symptoms in HIV-positive gay men. These results favor GPS as an intervention to reduce the transmission of HIV in Colombia.

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References