A Pilot Study of a Prevention Program for Latino Gay Men in Canada: Results in Terms of Effectiveness

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Background:
- The rates of unprotected anal sex among Latino MSM in North America range between 35% to 55%, and are higher in HIV-positive MSM than in HIV-negative Latino MSM (1).
- Among HIV cases attributed to MSM exposure between 1998 and 2014 in Ontario, Latinos were 6.7% of cases, becoming the second most highest ethno-racial group after the Black ethno-racial group (2). In 2016, this percentage had grown to 9.6% (3).
- There is a need in Canada for behavioural interventions that can reduce unprotected sex in Latino gay men. These can accompany biomedical interventions such as HIV PreP as recommended by HIV PreP guidelines (4).
- Therefore, we decided to adapt an existing intervention, Gay Poz Sex: Finding Your Own Way (GPS) for the Latino cultural context.

Objectives: A one-armed trial was evaluated to test the pilot implementation of GPS in a gay immigrant population in Toronto, Canada. We examined preliminary results of the GPS intervention after 12 months of implementation, on sexual behaviors (condom-less anal sex) and on psychosocial factors including depression, loneliness, the self-efficacy of condom use and negotiation, and sexual compulsion.

METHODS

Training of local Facilitators
- One peer selected from the community
- Fifteen hours of training in Motivational Interviewing
- 20 hours of training in GPS by very experienced peer motivational interviewers

Piloting the adapted version of GPS
- A one-armed trial
- 21 participants who 1) self-identified as gay, 2) reported engaging CAS with another male during the past 3 months, and 3) be over the age of 18.
- Were assessed at baseline and after 12 months.
- Participants attended six weekly 2-hour individual sessions which were led by the facilitator.

Measures
- Condom-less anal sex with: 1) regular partners, 2) casual partners, HIV positive, HIV negative or unknown; 0.06: We observed an increase in self-efficacy and increase in sexual compulsivity, and no effects on depression, loneliness, fear of sexual rejection or sexual sensation seeking. The effects on self-efficacy in HIV negative participants was greater than in HIV positive participants (not shown).

Analysis
- The McNemar test and a T-paired test: significance of change between the baseline and the follow-up.
- Mid-P values for the McNemar test for small samples (8).
- Analysis with the entire sample and then separately by participants’ HIV status since GPS had been developed for HIV-positive gay men.

RESULTS

Of 21 eligible participants, 11 HIV positive and 10 HIV negative men enrolled in the study and completed all assessments. All were gay men of whom 100% had at least one year of university degree, 40% were unemployed and 70% were living under the poverty line (in Canada is < CA$20,000 for a single person per year).

Table 1. Psychosocial constructs assessed in GPS

<table>
<thead>
<tr>
<th>Depression, CES-D</th>
<th>Cronbach’s α = 0.85</th>
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<tbody>
<tr>
<td>Loneliness, Self-reported</td>
<td>Cronbach’s α = 0.80</td>
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<tr>
<td>Fear of Sexual Rejection</td>
<td>Cronbach’s α = 0.86</td>
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<tr>
<td>Social Cognitive Theory Constructs</td>
<td>Cronbach’s α = 0.95</td>
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<tr>
<td>Sexual Sensation Seeking</td>
<td>Cronbach’s α = 0.84</td>
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<tr>
<td>Sexual Compulsivity Scale</td>
<td>Cronbach’s α = 0.89</td>
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Effects of GPS in the 21 participants, psychosocial variables

We did not observe a statistically significant effect on CAS. However, there was a trend towards reduction of CAS events over time, CAS with any partner, 90% at baseline and 62% after intervention, mid-P value: 0.06. A reduction in CAS with regular partners in HIV positive participants was 90% at baseline and 62% after intervention.

Conclusions: This pilot study provides preliminary evidence that adapted GPS led by peers for Latino gay men could increase self-efficacy in condom use in both HIV positive and HIV negative gay men. Given the importance of condom negotiation self-efficacy on risk of HIV transmission, future studies on GPS implementation in community settings with larger samples are needed that can test efficacy on CAS and condom-negotiation self-efficacy. Studies that incorporate the adapted GPS in HIV PreP implementation could be the most valuable.

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REFERENCES

Effects of GPS in the 21 participants, condomless anal sex-CAS