Executive Summary

Title: MSS 203 R- "Scaling Up HIV Testing among MSM in collaboration with an NGO by applying the 5A Community-Based Participatory Research (CBPR)"

Aim and Objectives: The project aimed to adapt and implement the evidence-based intervention model of 5A (Ask/Assess-Advice-Agree-Assist-Arrange) to increase the rates of HIV testing among men who have sex with men (MSM) who seek sexual partners online. The specific objectives were to (1) identify facilitators and barriers of HIV testing; (2) develop and refine the 5A intervention protocol for HIV testing promotion through three rounds of intervention; and (3) evaluate the intervention in terms of its process and outcome.

Project design: This project employed a community-based participatory research (CBPR) model in partnership with a local NGO for HIV prevention. This two-year CBPR project is divided into four phases: (1) intervention protocol development, (2) baseline survey, (3) three-round online interventions, and (4) post-intervention survey.

Target population: MSM seeking sexual partners online. The surveys recruited about 300 MSM and the 5A intervention invited over 60 MSM.

Main achievements: All the proposed activities have been completed successfully. The baseline (N=311) and post-intervention (N=293) surveys reported the profile of sexual practices, social-cultural factors of HIV testing, and community attachment. At the end of the project, we produced a new guideline of the 5A online intervention for HIV testing after two revisions. Overall, in the both surveys, about two-thirds identified themselves as gay and half were in relationship with men. In the past six months, approximately one out of five had sex with over six men, engaged in group sex, and used recreational drugs during sex. About half used a condom consistently during sex, have ever tested for HIV, and reported intention for taking regular HIV testing. Various reasons for not taking HIV test were reported, including perceived low risk, fear of disclosure as gay and/or HIV-positive, stigma relating to HIV/AIDS, lack of knowledge of testing provision, no time for testing, and geographical distance. Less than half reported receiving social supports from gay friends and only one-quarter felt connected to HIV/MSM NGOs. In the post-intervention survey, 27% reported that they encountered our intervention team. Compared to the non-contacted, they were more likely to take HIV testing in the past six months and intend to do in the next 12 months. The three-round 5A intervention identified several types of MSM based on their sexual profiles, reasons for HIV testing, and effectiveness of intervention: (1) no risk sex – no intervention, (2) history of HIV testing – need assessment, (3) high anxiety for positive result – responses tailored to individual context, (4) no interest – most difficult to intervene, (5) contemplating testing – most successful and direct guidance, and (6) regular tester – encouragement and reinforcement. In addition, during the intervention MSM expressed their concerns of sexual-risk facilitating online environment (e.g., condomless sex and illicit drug use).

Conclusions: CBPR intervention is important to translate evidence-based knowledge into locally-specific practices, in particular for hidden, at-risk and stigmatised populations. Traditional population-based or in-person HIV prevention should be restructured in response to rapid advance of online sexual partnering, where HIV talk is discouraged or restricted. Like this 5A project, problem-specific and direct-guidance interventions are effective.