HIV Prevention Intervention for HIV-Positive Men in China

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Project Description

In China, sexual transmission has become the major driving force behind the HIV epidemic, accounting for more than half (52%) of the estimated 700,000 people currently living with HIV. Men who have sex with men (MSM) may contribute to the rapid acceleration of the epidemic throughout China. Studies with Chinese MSM have documented an increasing HIV prevalence, a high HIV incidence, and high rates of unprotected intercourse and sexually transmitted infections (e.g., syphilis) known to facilitate sexual transmission of HIV. Moreover, our work found that HIV-transmission risk behavior is highly prevalent among HIV-positive MSM in China. Nonetheless, no HIV prevention interventions have targeted HIV-positive Chinese MSM. Several interventions have demonstrated efficacy in reducing sexual risk behaviors among HIV-positive MSM in the U.S. Adapting such interventions for HIV-positive MSM in China would help accelerate the process of developing an efficacious intervention for this risk group. The proposed three-year study (R34) will adapt and pilot-test currently available evidence-based behavioral interventions to reduce HIV-transmission risk behavior among HIV-positive MSM in Chongqing, China. This study will be implemented in five phases, guided by Wainberg et al.’s intervention adaptation model. In Step 1, we will identify core components of efficacious interventions (e.g., key theoretical constructs, intervention messages, delivery modes) through the review of the literature. In Step 2, we will explore cultural, psychosocial, and contextual factors associated with sexual risk behaviors and generate ideas for intervention strategies for HIV-positive MSM by conducting 15 key informant interviews with individuals knowledgeable about HIV-positive MSM and 30 in-depth interviews with HIV-positive MSM. In Step 3, we will adapt efficacious interventions through reviewing the core elements of efficacious interventions identified in Step 1 and collating those elements with qualitative data collected in Step 2 with an intervention adaptation working group of 10 health professionals and MSM lay workers who serve HIV-positive MSM. In Step 4, we will pilot-test the adapted intervention with 16 HIV-positive MSM and refine the intervention if necessary. In Step 5, we will test the feasibility of implementing and assessing the intervention refined in Step 4 by conducting the intervention with 50 HIV-positive MSM and having these 50 men complete baseline and 3-month surveys.

Significance

The proposed intervention is innovative because we are not aware of any efficacious interventions targeting HIV-positive MSM in China. This study will also expand the field of HIV prevention research by developing a risk reduction intervention critically needed because of the rapidly increasing numbers of HIV-positive MSM throughout China.

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