Effective Interventions for Men Who Have Sex With Men
Literature Summary

Individual-Level

Fisher D, Ryan R, et al. (1999). Using a community partnership and motivational interviewing to serve HIV+ gay and bisexual men. *National HIV Prevention Conference, 1999* [Abstract no. 680].		
HIV+	Preliminary report. 107 HIV+ MSM who had anal sex in preceding 4 months with a male partner. Using motivational interviewing, assess values, beliefs, attitudes, and details on 4 most recent anal sex partners. In discussion, highlight discrepancies between values, beliefs, and risky sexual behaviors.	Six-month follow-up data show a 31% reduction in the proportions of participants reporting unprotected anal sex with a partner of negative or unknown serostatus.

Group-Level

D'Emaro JE, Quadland MC, et al. (1988). The '800 Men' project: a systematic evaluation of AIDS prevention programs demonstrating the efficacy of erotic, sexually explicit safer sex education on gay and bisexual men at risk of AIDS. *IV International Conference on AIDS* (Abstract 8086) Stockholm, Sweden.		
	619 participants placed into four programs; 1) safer sex written guidelines; 2) lecture/discussion on AIDS information and safer sex guidelines; 3) verbal and written presentation of eroticized safer sex guidelines; and 4) visual presentation of sexually explicit safer sex guidelines.	Participants in program 4 were most effective in reducing unsafe sex at 2-month follow-up.

Coates TJ, McKusick L et al. (1989). Stress-reduction training changed numbers of sexual partners but not immune function in men with HIV. *American Journal of Public Health* 79: 885-7.		
	64 HIV+ gay men randomly assigned to 1) eight 2-hour weekly group stress reduction training session plus one all day retreat, or 2) a 2 month wait-list control.	At 2-month follow-up, experimental group had fewer sexual partners in the past month than control group (1.1 vs. 2.3).

Effective Interventions for Men Who Have Sex With Men (cont.)

Valdiseri RO, Lyter DW et al. (1989). AIDS Prevention in homosexual and bisexual men: results of a randomized trial evaluating two risk-reduction interventions. *AIDS* 3:21-6.		
	584 participants randomly assigned to 2 peer-led interventions: 1) a 1-session, 60-90 min small group lecture on HIV transmission, clinical manifestations of HIV infection, condom use, and meaning of HIV antibody test results or 2) small group lecture plus 50 min. skills training on safer sex negotiation.	Condom use during insertive AI higher among skills training (36% at baseline, 69% at 6-month follow-up, and 80% at 12 months than among single lecture group (44% at baseline, 43% at 6 months and 55% at 12 months). No difference in condom use during receptive AI at both follow-ups. Assessment of cost effectiveness showed cost savings from program. Results robust to changes in modeling assumptions (Pinkerton SD, Holtgrave DR, Valdiserri RO (1997). Cost-effectiveness of HIV-prevention skills training for men who have sex with men. *AIDS* 11: 347-357).

Kelly JA, St. Lawrence JS et al. (1989). Behavioral intervention to reduce AIDS risk activities. *Journal of Consulting and Clinical Psychology* 57: 60-7.		
	104 participants randomly assigned to 1) 12 weekly sessions, 75-90 min small group counseling which provided AIDS risk information, behavioral self-management, assertiveness training, and relationship-building skills or 2) a wait-list control	Skills training resulted in less unprotected anal sex (mean=2.3 for experimental group; 3.3 for control group) and higher condom use during anal sex in the past 4 months (experimental group used condoms during 66% of all anal episodes; 19% for control group). Behavior change maintained at 8-month follow-up

Kelly JA, St. Lawrence JS et al. (1990). A skills-training group intervention model to assist persons in reducing risk behaviors for HIV infection. *Education and Prevention* 2: 24-35.		
	Purpose of study to evaluate impact of more abbreviated intervention than Kelly et al. (1989) above. 15 participants received 7 small group sessions, 60-90 min each. Covered AIDS risk information, behavioral self-management, assertiveness training, pride and support issues. One 3-month follow-up booster session.	At 8-month follow-up, UAI in past 4 months fell from .93 to .21 mean occurrences. Proportion of all intercourse occasions where condoms used increased from 72% to 90%. Risk index (risky practices x no of partners) decreased from 4.7 to 1.4.

Effective Interventions for Men Who Have Sex With Men (cont.)

Choi K-H, Lew S, Vittinghoff E, et al. (1996). The efficacy of brief group counseling in HIV risk reduction among homosexual Asian and Pacific Islander men. *AIDS* 10: 81-87.		
POC (API)	Brief group counseling for self-identified gay API in SF. N = 329 (208 intervention, 121 control). Randomized in single-session, 3-hr skills training group or wait-list control. 4 components: development of positive identity and social support, safer sex education, eroticizing safer sex, negotiation.	Baseline and 3 mo follow-up. 46% reduction in expected number of partners at follow-up for intervention group. Chinese and Filipino men reduced UAI by more than 50%. Comment: The stats for change in number of partners in past 3 mos. are odd and I don't understand Poisson modeling well enough to understand them. Avg. change for experimental group -.28 (median 0, range –25 to +45) compared with +13.9 for controls (median 0, range –15 to +98). Poisson model shows 46% reduction in expected number of partners at follow-up.

Peterson JL, Coates, TL et al. (1992). High-risk sexual behavior and condom use among gay and bisexual African-American men. *American Journal of Public Health* 82: 1490-4.		
POC (African-Am)	318 African-American MSM in SF from 1989-1991. Randomly assigned to 1- session, 3-session, or wait-list control group. 3-session non-peer mediated counseling consisted of 3-hour group sessions one week apart with 10 participants in each group. Components: self identity and development of social support, AIDS risk education, assertiveness training, behavioral commitment. Attendance problems: 53% of men in 3-session attended at least 1 session (12%, 16%, 25% respectively). 45% of men in 1-session group attended.	Participants in 3-session intervention showed significant reduction in UAI at both 12 and 18-month follow-ups. Reduction from baseline was 45% to 20%. Risk behavior in control group remained constant and declined only slightly in 1-session group. Comment: In spite of blocked randomization, control group was much less risky at baseline. No significant differences between control group and 3-session at follow-ups.

Effective Interventions for Men Who Have Sex With Men (cont.)

Rotheram-Borus, MJ, Reid H et al. (1994) Factors mediating changes in sexual HIV risk behaviors among gay and bisexual male adolescents. *American Journal of Public Health* 84:1938-1946.		
Youth/ Street	138 participated, age range 14-19. 20-session intervention, 90-120 min/session, offered 2-3 times/week after school. Non-peer led with HIV information, coping, skills training, access to health care, social support, private counseling. 20 session intervention, 90-120 min. each, 10 youth per session. No control group.	Follow-up at 3,6,12 months. Protected AI increased from 60% to 78%. Less risk in past, no commercial sex work, and attending more sessions = more risk reduction. Of racial/ethnic groups African-Am reduced risk most (PAI increased from 36% to 84%). Comment: Complicated multivariate analysis, hard to summarize adequately.

Rotheram-Borus MJ, Lee MB, Murphy DA et al. (2001) Efficacy of a prevention intervention for youths living with HIV. *American Journal of Public Health* 91: 400-5.		
Youth/ HIV+ (mostly MSM)	310 youths, 72% male (mostly MSM) and 28% female, aged 13-24, 27% African-Am and 37% Latino. Study conducted at 9 adolescent clinical care sites in 4 cities. Assigned by small cohort to a 2-module ("Stay Healthy" and "Act Safe") intervention with 23 sessions or to a control condition. In intervention condition, 73% attended at least 1 session. Assessment of module 1 conducted 6 months after completion. Assessment of module 2 conducted 3 months after completion. Cohorts mixed according to sex. (Detailed manual available on web at http://chipts.ucla.edu.) Had difficulty getting youths to attend sessions.	Following "Stay Healthy" module, number of positive lifestyle changes and active coping styles increased among intervention females vs. control. Social support coping increased for all intervention clients vs. controls. Following "Act Safe" module, intervention youths reported 82% fewer unprotected sexual acts, 45% fewer sexual partners, 50% fewer HIV-negative partners, and 31% less substance use than controls..

Effective Interventions for Men Who Have Sex With Men (cont.)

Community-Level

Kelly JA, St. Lawrence JS et al. (1992). Community AIDS/HIV risk reduction: The effects of endorsements by popular people in three cities. *American Journal of Public Health* 82: 1483-9.		
	Trained 924 opinion leaders (POLs) in an intervention city. Lagged implementation into 2 other cities. Surveyed bar patrons in all 3 cities at same time points. POLs received 4 sessions, 90 minutes each, covered HIV education and communication strategies. POLs then agreed to have 14 peer conversations about AIDS risk reduction (personal endorsement). Study conducted from 1989-1991.	Significant reductions in the mean % of men who practiced UAI in Biloxi (24% at 3 month follow-up) and Monroe (21%) but the 15% decline observed in Hattiesburg insignificant. Also, significant change in the % of men with multiple sexual partners. At 3-year follow-up, reductions in UAI and increases in condom use continued to occur (St Lawrence JS, Brasfield TL, Diaz YE, et al. (1994) Three-year follow-up of an HIV risk-reduction intervention that used popular peers [letter]. *American Journal of Public Health* 84: 2027-2028.).

Kelly JA, Winett RA et al. (1993). Social diffusion models can produce population-level HIV risk-behavior reduction: field trial results and mechanisms underlying change. *IX International Conference on AIDS/IV STD World Conference* Berlin, Germany (Abstract POC23-3167).		
	For a 5-week period, trained opinion leader in four experimental cities engaged in peer conversations about the benefits and appropriateness of risk behavior and change, strategies to implement change, and risk misconception at local gay bars. Four matched cities were selected as control. 701 participants. (See also Kelly JA, Murphy DA, Sikkema KJ, et al. (1997) Community HIV Prevention Research Collaborative: randomized, controlled community-level intervention for sexual risk behaviour among homosexual men in US cities. *Lancet* 350: 1500-1505.)	The community intervention led to decreased proportions of men who engaged in any UAI (from 33% at baseline to 25% at 9 month follow-up), unprotected insertive anal sex (27% to 17%), and unprotected receptive anal sex (22% to 16%) in the experimental relative to control cities (little change observed at the follow-up).

Effective Interventions for Men Who Have Sex With Men (cont.)

Kegeles SM, Hays RB et al. (1996) The Mpowerment Project: A community-level HIV prevention intervention for young gay and bisexual men. *American Journal of Public Health* 86: 1129-36.		
Young Gay men (18-29)	Peer-led program with three components: outreach (formal and informal), small group and publicity campaign. Program run by Core Group and community advisory board of "elders". Groups were one-time 3-hour small group meetings (8-10 people), which focused on safer sex and HIV information, communication and interpersonal skills. Independently from the prevention program, a cohort of young gay men (n=300) surveyed in intervention and comparison community. Wait-list control design.	Reduction in all UAI from 41% to 30%, from 20.2% to 11.2% with non-primary partners and from 58.9% to 44.7% with boyfriends. No significant changes in comparison community. Reductions sustained 1 year later with non-primary partners, mixed results for sex with boyfriends (Kegeles SM, Hays RB, Pollack LM, Coates TJ (1999) Mobilizing young gay and bisexual men for HIV prevention: a two-community study. *AIDS* 13: 1753-1762.). 87% of intervention community respondents had heard of project and 77% had experienced at least two project activities. High risk-taking men less likely to attend small groups, volunteer for outreach, or be Core Group member.

Street Outreach

Hospers HJ, Debets W, ross MW, and Kok G (1999). Evaluation of an HIV prevention intervention for men who have sex with men at cruising areas in the Netherlands. *Aids and Behavior* 3: 359-366.		
	Program in the Netherlands that trains volunteers to go into cruising areas (CA) to talk with CA visitors about importance of safer sex. Give risk information, explain why safer sex important, brochure, condom and lube. No conversations with visitors that didn't want to talk.	Post-intervention survey of people who said had at least one conversation with a volunteer (conversation group, n=172)) and those who hadn't been approached but would have had a conversation (no conversation control group, n=190). Conversation group had significantly higher condom use for insertive and receptive AI. MSM increased condom use more than MSMW. Conversations had no effect on intention to use condoms for AI.

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HIV Antibody Counseling & Testing

Higgins DL, C Galavotti et al. (1991) Evidence for the Effects of HIV Antibody Counseling and Testing on Risk Behaviors. *Journal of American Medical Association* 266(17): 2419-2429.		
	Overall review of 50 C&T studies. 17 of these look at effect of C&T on behavior change (condom use, reduction of sexual partners) of MSM.	For MSM: All studies reported risk reduction among tested and untested men, a few reported greater decreases in seropositive than seronegative. States that it is hard to draw firm conclusions about impact of C&T on MSM risk behavior.

No reviews on Mass & Other Media, Social Marketing, Hotlines, Clearinghouse, or Partner Notification