Integration of Social, Cultural, and Biomedical Strategies into an existing Couple-Based Behavioral HIV/STI Prevention Intervention: Voices of Male Latín Couples

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Abstract

Introduction: Successful HIV prevention and treatment requires evidence-based approaches that incorporate biomedical and social interventions and are culturally appropriate for target populations. The need for effective combination approaches is particularly pronounced for men who have sex with men (MSM), who face a disproportionately high risk of HIV acquisition. However, best practices for incorporating biomedical strategies within behavioral interventions remains unclear. Materials and Methods: We adapted Connect 'n Unite, an evidence-based behavioral HIV/STI prevention intervention originally developed for Black MSM couples, for predominantly Spanish-speaking Latinx MSM and Latina transgender women and their male partners. We used a qualitative research design involving three focus groups with couples (n=20 couples, or 40 individuals) and one with providers (n=10). Participants offered insights for integrating social, cultural, and biomedical components into a couple-based HIV/STI behavioral intervention. Through social media and community-based strategies, we recruited a diverse group of couples in terms of country of origin, HIV status, age, sex, and relationship dynamics. Results: The adapted intervention, Conectando Latinos en Pareja, integrates social, behavioral and biomedical strategies to address HIV among Latinx MSM. Most participants (N=37) had no prior knowledge of the following biomedical strategies: non-occupational post-exposure prophylaxis (nPEP), pre-exposure prophylaxis (PrEP), and HIV self-testing kits. After learning of these tools, all participants expressed a need to empower Latinx MSM through raising awareness of and access to them. In particular, participants suggested that we provide PrEP and HIV self-testing kits by the middle or end of the intervention. Providers echoed these recommendations, and further suggested a need to address behavioral, social and structural issues, such as language barriers, and to promote client-centered approaches to increase access to, adaptation of, and adherence to biomedical strategies. Regarding culturally sensitive and responsive approaches, participants identified stigma and discrimination associated with HIV and sexual identity as barriers to care, language barriers and documentation status as further barriers, the couple-based approach as an effective health promotion, and the lack of a focus on the intervention. Conclusion: We successfully adapted an evidence-based behavioral HIV prevention intervention for Latinx MSM couples. This study provided promising data regarding the feasibility of adapting a couple-based HIV prevention intervention for Latinx gay men, with the potential of improving HIV prevention for this population.

Methods


References


Results

In 2011, Latinos in the US represented 21% of new HIV infections (10,159), while comprising only 15% of the US population. Latino men who have sex with men (MSM) faced an especially heavy burden, representing 72% (7,266) of new HIV infections among Latinos. For Latino men infected with HIV, the most common route of transmission were male-to-male sexual contact and injection drug use.

Some behavioral interventions have been developed specifically to address HIV among Latinos (e.g., HoMBeReS, Proyecto SOL), including some targeting predominantly Spanish-speaking Latinx MSM (e.g., HOLA). These interventions have examined behavioral and structural influences on HIV care and testing, such as unprotected anal intercourse and obstacles to accessing health services. However, none have incorporated newly available biomedical strategies (e.g., nPEP, PrEP, PrEP for HIV+ and Tasp for HIV+ individuals). Thus, there is a great need for investigating the potential of integration biomedical interventions that integrate behavioral, structural and biomedical approaches to reducing HIV incidence, while providing tools to address the larger HIV epidemic.

Building on the promise of these interventions and the need for comprehensive approaches to prevention and treatment, we wanted to identify strategies for incorporating biomedical tools into a couple-based behavioral HIV/STI prevention intervention for predominantly Spanish-speaking Latinx MSM—a population at high risk of HIV infection. To that end, we developed Conectando Latinos en Pareja. To our knowledge, ours was the first study to assess the potential of combined biomedical, social, and structural approach to addressing HIV in this population.

Conclusion

Overall, couples and providers recommended having access to and information about three biomedical approaches – nPEP, PrEP, and HIV self-testing kits — and supported integrating these approaches into the existing behavioral intervention. These findings contribute to the growing literature on the importance of integrating biomedical and behavioral approaches to HIV prevention among vulnerable groups. Our research strategy might be extended to other behavioral interventions with new biomedical tools, provided that researchers and practitioners adapted those interventions and sought out interactive, effective feedback from targeted communities.

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