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Session: **EPH3**: Saturday May 2 - 15:00:17:00 - HIV in Priority Populations and Global Health Issues: Epidemiology and Prevention

Track: Epidemiology and Public Health
Subject: HIV Prevention and Control Programs Towards key Populations - Implementation and Program Science
Presentation Type: Oral
Title of Abstract: **Short-term impacts of the Phénix program: A promising community-based intervention to improve gbMSM's sexual health and wellbeing**
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Abstract

Background: Phénix is an intervention program for gbMSM that combines the adoption and maintenance of HIV and STI risk reduction strategies without compromising sexual wellbeing. In 2015, the program was updated to integrate a combined HIV prevention approach. The revised program was implemented in 2018-2019 into 10 community organizations across Quebec, delivered in small groups or on an individual basis, in-person or online.

Method: 81 gbMSM participated in the pre-experimental evaluation. Using a generalized estimating equation autoregressive model, controlling for sociodemographic variables (age, sexual orientation, gender modality, ethnicity, etc.), and implementation characteristics (intervention exposure and format, implementation sites), we compared baseline data to: 1) posttest data (1 month after the last session), and 2) follow-up data (6 months later).

Results: Participants were aged from 21 to 69 years old ($M = 46$; $SD = 12.3$). About 60% reported a university degree (58%), and an annual income of \$40,000 CAD or more (62%). Three-fourths were HIV-negative (73%), and single (75%). Satisfaction toward the program was high ($M = 5.1/6$). Baseline and posttest comparisons suggest a significant improvement on the following key psychosocial variables: Empowerment, intention to implement risk reduction strategies, sexual satisfaction, sexual self-assertiveness, sexual self-esteem, sexual self-efficacy, sexual control, motivation in self-care and risk avoidance, and perceived control over risk avoidance. We also observed a significant decrease in six barriers to HIV risk reduction strategy implementation: quest for intimacy, eroticism interference, condom availability, assumed partners' serostatus, safer sex fatigue, and sexual compulsivity. Follow-up data suggest improvement maintenance for all variables except intention to implement risk reduction strategies, motivation in self-care and risk avoidance, and one barrier to HIV risk reduction strategy implementation (assumed partners' serostatus).

Conclusion: Phenix is a promising intervention program in improving sexual wellbeing and HIV prevention among gbMSM.