











E40 COMMUNITY-LED RESPONSES TO HIV, SCALE UP AND SUSTAINABILITY: EVIDENCE AND CHALLENGES

MSM COMMUNITY MOBILIZATION FOR HIV PREVENTION IN UKRAINE: THE EFFECTIVENESS OF MPOWERMENT BEHAVIORAL INTERVENTION

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BEHAVIORAL INTERVENTION FOR YOUNG GAY AND BISEXUAL MEN MPOWERMENT IN UKRAINE – WHY?

The HIV epidemic in Ukraine is the second biggest HIV epidemic among the Eastern Europe and Central Asia (EECA) countries. 19% of a total number of people living with HIV (PLWHIV) of EECA region live in Ukraine. Ukraine accounts for 25% of AIDS-related deaths of a total number of AIDS related deaths estimated for the EECA countries (GARPR, Ukraine report, 2016).

According to the recent HIV estimation, approximately 223,000 PLWHIV live in Ukraine. Prevalence of HIV among total population over 15 years old estimated as 0.58%.

Number of the new registered HIV cases decreases from 2014 but still is very high. Number of new registered AIDS cases and AIDS-related deaths cases are stable last five years (fig.1).



Figure 1. New registered cases of HIV, AIDS and AIDS-related deaths in Ukraine (per 100 thousands population)

WHY YOUNG GAY AND BISEXUAL MEN?

also a DEBI intervention (Diffusion of Effective Behavioral Interventions) promoted by

Estimated number of men who have sex with men (including gay and bisexual men) in Ukraine is 176,000 persons, including approximately 17,000 persons 18-24 years old.

Homosexual relationships are not prohibited by law in Ukraine, but, in fact, there are no laws to protect the members of LGBTQI community from discrimination. The first law that prohibits discrimination based on sexual orientation and gender identity at job was passed only in 2015. In Ukraine banned homosexual marriages or civil partnerships. Homophobic opinions are common among Ukrainian citizens. Thus, according to the European Social Survey in 2012 Ukraine joined the top-5 countries in the proportion of residents who believe that gays and lesbians are not free to live life as they wish (fig. 2).



Despite the general homophobic atmosphere, some of LGBT CBOs work in Ukraine, established and operates the National Council of LGBT organizations. In the country there are only few gay clubs, bars and saunas, located only in major cities (Kyiv, Odessa). In most cities there are community centers for MSM. The main places of socialization are gay-friendly café, outdoors cruising places (pleshka), community centers, closed parties organized specifically for LGBT people.

The number of registered HIV cases among MSM is extremely small - officially registered only 1,500 cases of HIV infection through homosexual contact. However, HIV prevalence among MSM, according to sentinel surveillance reached 6%, that significantly higher than among the general population (fig. 3). UInsafe sexual practices, including anal sex without a condom are widespread among Ukrainian MSM. According to expert opinion, hidden HIV epidemic among MSM rapidly grows in Ukraine.



the CDC, and it was one of the original Replicating Effective Programs (REP) model interventions.

Core Elements of the Mpowerment Project:

1. Core Group and volunteers

Core Group - a group (10-20 persons) of the local young gay / bisexual men community leaders who volunteer involved in implementing the intervention, takes responsibility for the implementation of intervention and determines in which form it will be implemented.

Volunteers - representatives of the local community of young gay / bisexual men who voluntarily assist in the implementation of the intervention.

2. Project coordinators

Project coordinators - is the staff who receive a salary and are responsible for organizing all aspects of the project, including the work of volunteers and implementation of project activities.

3. Project space for young gay/ bisexual men

Safe and comfortable room that serves as a "headquarters" of the Mpowerment project.

4. Formal outreach

Formal outreach – is spread information about HIV and promotion safe sexual behavior at the target group socialization places. For promote of the safe sex various social events (parties, picnics, discussion clubs, etc.) are specially organized. The types of the events are defined by Core Group according to interests of the local community.

5. Informal outreach

Informal outreach – is spread information about HIV and promotion of safe sexual behavior during informal contacts with friends. Ideally, all project participants are involved in informal outreach and promote positive behavioral change in the community.

6. M-group

M-group – is a 2-3 hour meeting conducted by trained facilitators from the local community (peer-to-peer). During the meeting participants discuss the factors contributing to unsafe sexual practices (such as misconceptions about safe sex or lack of sexual skills). In role-playing games boys get correct condom use skills, practice negotiating for safe sex and learn the principles of promoting safe sex among friends.

7. Publicity

It is attractive, permanent dynamic campaign to disseminate information about the intervention, its objectives and activities. Campaign can be done through social networks, content websites, cards and invitations, as well as by "word of mouth".

Figure2. Proportion of respondents who disagree / strongly disagree with statements "Gays and lesbians are not free to live life as they wish", European Social Survey, 2012.



Proportion of MSM who reported no using condom at each anal intercourse with male partner within the last 30 days, %

HIV prevalence, %

Figure 3. HIV epidemic among Ukrainian MSM

WHY MPOWERMENT?

(Source: Mpowerment Project Training Manual)

Mpowerment - multilevel effective behavioral intervention (hereinafter - EPV), aimed at preventing HIV infection among young (18-29) gay and bisexual men. Intervention was developed by specialists of the Center for AIDS Prevention Studies (CAPS) of University of California San Francisco. The theoretical base of EPV is empowerment theory and theory of diffusion of innovation. This intervention is implemented by community of young gay and bisexual men (GB).

The Mpowerment Project is one of the interventions identified in the CDC's Compendium of HIV Prevention Interventions with Evidence of Effectiveness (Centers for Disease Control and Prevention HIV/AIDS Prevention Research Synthesis Project, 1999). It is

OBJECTIVES OF THE STUDY:

- Assess the fidelity of Mpowerment implementation by implementing partners (Part A).
- Assess the feasibility of Mpowerment implementation in Ukrainian context (Part B).
- 3. Assess the effectiveness of Mpowerment implementation in Ukrainian context (Part C).

The study was conducted by NGO "Interregional Center for LGBT Studies" Donbass-SotsProekt " in five cities: three cities where EPV was implemented (Kryvyi Rih, Lviv, Chernihiv) and two comparison cities (Donetsk and Mariupol) from October 2013 to November 2015.

Study design

Assessment of the fidelity of Mpowerment implementation by implementing partners (part A) was carried out by a mixed method that included project monitoring, implementation quality assessment (monitoring of the EPV activities) and evaluation of participants' satisfaction (clients surveys). Assessment of the feasibility of Mpowerment implementation in Ukrainian context opportunities and barriers to implementation (Part B) was conducted by mixed, qualitative and quantitative design that included focus groups with implementation team (coordinators, members of Core Groups and volunteers) and implementation team members survey. Parts A and B of the study were realized only in three cities, where EPV was implemented. Assessment of the effectiveness of Mpowerment implementation in Ukrainian context (Part C) was conducted in a longitudinal study of two samples.

ADAPTATION

Mpowerment Project Training Manual was translated into Ukrainian and Russian. Role-playing scenarios of M-groups somewhat were adapted to the local socio-cultural features.

Mpowerment intervention implementation

The intervention was implemented in 2013-2015 in 4 cities of Ukraine: Kryvyi Rih, Lviv, Odesa, Chernihiv.

The intervention was implemented by community-based non-governmental organizations with experience of implementing HIV-prevention programs among MSM:

- Skryvyi Rih The city branch of All-Ukrainian Network of People Living with HIV
- Lviv Charity Fund "Avante"
- Odessa Charity Fund "Future without AIDS"
- Chernihiv Ukrainian public organization "Fulcrum"

The sample #1 was formed in five cities of Ukraine (Chernihiv, Lviv and Kryvyi Rih - intervention communities, Donetsk and Mariupol - comparison communities) by RDS. Inclusion criteria: men aged 18-29 years, permanently living in the study city, which identified them as gay or bisexual and / or experienced sexual and / or romantic attraction to men, fluent Ukrainian or Russian, gave informed consent to participate in the study and provided contact information (email address and mobile phone). The planned sample #1 size was 1,000. Recruiting was fulfilled. Assessment was conducted twice after recruiting in the study and after 12 months by a structured interview.

SAMPLE #2

Sample Nº2 included EPV clients who participated in the M group in three intervention communities without a comparison group.

In the sample #2 we studied behavioral changes at the individual level that occurred after participating in the M group.

Inclusion criteria: men 18-29 years old who permanently living in the study city, partic-

SAMPLE #1

Sample #1 included participants from local communities of young gay and bisexual men. In the sample #1 we studied diffusion of intervention in the community and related behavioral changes (community-level impact). ipated in M group, fluent Ukrainian or Russian, gave informed consent to participate in the study and provided contact information (email address and mobile phone). Respondents over 29 years are not excluded from the study, but the analysis of results for these respondents was conducted separately.

Planned sample size was at least 230 participants. Finally 389 participants were recruited (including 360 persons aged 18-29 years). Assessment was conducted twice after recruiting in the study and after 6 months.

Data analysis

In Part A indicators completeness and quality of implementation of EPV were calculated and compared with normative indicators.

In the part B of the study thematic analysis of the focus groups transcript was conducted and calculated descriptive statistics of Core Group and volunteers survey data.

In the Part C descriptive statistics, χ^2 -test, t-test, Mann-Whitney test for comparison of the two groups; paired χ^2 (test Mc Nemara), paired t-test or Wilcoxon test for paired comparison were performed.

