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Original article

Effectiveness of an Integrated Community- and Clinic-Based Intervention on HIV Testing, HIV Knowledge, and Sexual Risk Behavior of Young Men Who Have Sex With Men in Myanmar

Poe Poe Aung, M.B.B.S., M.P.H. [a,b,c], Claire Ryan, Ph.D. [d], Ashish Bajracharya, Ph.D. [e,*], Naanki Pasricha, M.P.H. [d], Zaw Win Thein, M.B.B.S. [a,b,c], Paul A. Agius, M.Sc. [d,f,g], Than Tun Sein, M.B.B.S., M.P.H., Ph.D. [a], Lisa Willenberg, M.Sc. [d], Ei Mon Soe, M.B.B.S., M.P.H., M.Med.Sc. [h,i], Ne Tun Zaw, M.B.B.S., M.P.A. [j], Waimar Tun, M.H.S., Ph.D. [k], Eileen Yam, M.P.H., Ph.D. [k], and Stanley Luchters, M.D., M.P.H., Ph.D. [d,g,l]

[a] *Burnet Institute, Yangon, Myanmar*
[b] *Institute for Global Health, Yangon, Myanmar*
[c] *University of Maryland, Baltimore, Maryland*
[d] *Burnet Institute, Melbourne, Victoria, Australia*
[e] *Population Council, Phnom Penh, Cambodia*
[f] *Judith Lumley Centre, La Trobe University, Melbourne, Victoria, Australia*
[g] *Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Victoria, Australia*
[h] *International HIV/AIDS Alliance, Yangon, Myanmar*
[i] *Volunteer Service Overseas, Yangon, Myanmar*
[j] *Marie Stopes International, Yangon, Myanmar*
[k] *Population Council, Washington, DC*
[l] *International Centre for Reproductive Health, Ghent University, Ghent, Belgium*

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A B S T R A C T

Purpose: Young men who have sex with men (YMSM) in Myanmar are disproportionately affected by HIV, with prevalence five times that of the general population. The Link Up project implemented an intervention using peer education and outreach providing education and counseling on health seeking around sexually transmitted infections and reproductive health, combined with focused clinic capacity building to improve the sexual and reproductive health of YMSM. This study aimed to evaluate the effectiveness and acceptability of the intervention.

Methods: Using a mixed-methods approach, and employing a quasi-experimental design, we conducted two quantitative repeat cross-sectional surveys in purposively selected control (no intervention) and intervention townships, before and after implementation of the Link Up intervention. Respondent-driven sampling was used to recruit YMSM aged 15–24 years, and study participants were administered a structured questionnaire assessing intervention exposure, health service access, knowledge of HIV, and sexual risk behavior. Focus group discussions were held to elicit perspectives on the use and acceptability of the health services and peer outreach.

IMPLICATIONS AND CONTRIBUTION

Utilizing a rigorous mixed methods research design, this study found that the Link Up—integrated, community-based, and clinic-based intervention for young men who have sex with men (YMSM) in Myanmar was associated with trends towards improvement in their

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* Address correspondence to: Ashish Bajracharya, Ph.D., Population Council, #12 Eo, St. 41, Sangkat Tonle Bassac, Khan Chamkar Morn, Phnom Penh, Cambodia.
E-mail address: abajracharya@popcouncil.org (A. Bajracharya).

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Results: At baseline, 314 YMSM were recruited in the intervention townships and 309 YMSM in the control townships. At end line, 267 (intervention) and 318 (control) YMSM were recruited. Coverage of the program was relatively low, with one-third of participants in the intervention townships having heard of the Link Up program by the end line. Comparing changes between baseline and end line, a greater proportion of HIV-negative or unknown status YMSM accessed HIV testing in the past 3 months in intervention townships (from 45.0% to 57.1%) compared with those in control townships (remained at 29.0%); however, this difference in the effect over time was not statistically significant in multivariate modeling (adjusted odds ratio: 1.45; 95% confidence interval: .66–3.17). Qualitative findings showed that the intervention was acceptable to YMSM.

Conclusions: Overall, the intervention was perceived as acceptable. Although not statistically significant, results showed some trends toward improvements among YMSM in accessing HIV testing services and HIV-related knowledge. The modest coverage and short time frame of the evaluation likely limits the ability for any significant behavioral improvements.

access to HIV services, as well as in their HIV knowledge.

Currently, there are more than 200,000 people living with HIV in Myanmar [1], of which an estimated 7,770 are young people aged 10–19 years [2]. Despite the relatively low HIV prevalence among this age group, the majority of new infections occur among young key populations. One such group is young men who have sex with men (YMSM), who continue to experience HIV infection rates more than five times that of their counterparts in Myanmar [1]. The latest figures indicate that 68% of YMSM aged 15–24 years had comprehensive knowledge of HIV, 84% used a condom at last sex, and only 45% had an HIV test in the last 12 months and obtained the result [1].

Despite high reported condom use, sociocultural norms and taboos concerning same-sex relationships contribute to poor access to essential health services and information regarding sexual and reproductive health and rights (SRHR). Furthermore, punitive legislation in Myanmar concerning MSM, which, in theory, carries a prison sentence of up to 10 years, may account for the low rates of disclosure and caution taken with government organizations and services. These factors make provision of sustainable SRHR and HIV prevention services challenging.

To address these challenges, peer-led interventions have been implemented successfully to improve behavioral outcomes. Recent global reviews of peer-led approaches to improve young people's SRHR found that peer-led HIV-prevention interventions can be effective in improving knowledge and behaviors, particularly among YMSM [3–12]. There is, however, limited evidence to suggest that behavior change programs alone result in reducing HIV incidence [13,14]. Targeted interventions should involve a more comprehensive approach that includes peer education and outreach integrated with SRHR-focused service delivery models. To the best of our knowledge, community- and peer-based comprehensive HIV prevention programs that focus exclusively on YMSM have yet to be evaluated in Myanmar.

Recognizing this gap, our study aimed to evaluate one component of the Link Up project—a global consortium that consists of service provision, advocacy, and research aimed at improving the SRHR of young vulnerable populations in Africa and Asia. The component of Link Up in Myanmar that we evaluated focused on YMSM and involved a community-based peer education intervention, combined with a clinic-based service improvement component. We assessed the effectiveness and acceptability of the intervention on changes in health-seeking practices, HIV knowledge, and sexual risk behaviors among YMSM after 6 months of implementation.

Methods

Study design

Using a mixed-methods approach, and employing a quasi-experimental design, we conducted two quantitative repeat cross-sectional surveys in purposively selected intervention and control townships (an administrative subdivision of a district) before (baseline: June to July 2014) and after 6 months of intervention implementation (end line). Focus group discussions were conducted with YMSM ($n = 54$) and Link Up peer educators ($n = 18$) in the intervention townships at end line.

Intervention description

The intervention package for YMSM involved linking community- and clinic-based services that were youth friendly and tailored to meet the specific needs of YMSM.

Peer education and outreach. YMSM peer educators were recruited by community-based organizations (CBOs) and trained by Alliance Myanmar to provide individual and group education and counseling on health promotion, HIV and sexually transmitted infections (STIs), gender, sexuality, and gender-based violence. Peer educators provided male condoms and lubricants, conducted HIV/STI prevention counseling and risk assessments, and made referrals to appropriate services during outreach activities. They either accompanied clients to referred services or followed up with clients to check if the referral was completed. Clients received approximately $4 when they presented the completed referral slip to the CBO.

Clinic-based services. Peer educators referred YMSM to MSM-friendly clinics operated by Marie Stopes International (MSI) for integrated safer sex counseling with HIV/STI testing and treatment, including information on HIV/STI risks, gender, sexuality, and violence. Free condoms and lubricants were available at clinics or drop-in centers. MSI clinics also provided specialized referrals for antiretroviral treatment, postviolence care, cancer care, and psychosocial and harm reduction support. The Link Up project specifically supported the presence of a Link Up Medical Officer