Exploring the intervention effect of a sexual health intervention for people living with HIV

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Men who have sex with men (MSM) and migrants from high endemic regions are the key population most affected by HIV in Europe. For these target groups, a theory-guided safer sex intervention was developed using computer-assisted tools (i.e. three counselling sessions using motivational interviewing techniques delivered in HIV care settings). The intervention was developed based on the information-motivation-behavioural skills model \(^1\), specifically adapted to the needs of people living with HIV in a previous study.\(^2\) According to these previous findings, HIV transmission risk behaviours are driven by deficits in motivation and in behavioural skills. In order to support PLHIV in their preventive behaviour, the intervention comprised an individualised prevention plan aiming at remediating such deficits.

The data set stems from a multicenter, simple-randomised parallel-group study carried out in nine European countries. Outcome behavior of 192 study participants (i.e. self-reported HIV protection behaviour/condom use) and its behavioral determinants (attitudes, motivation, safer sex self-efficacy and skills; intention to practice safer sex, and mental health) were assessed at baseline, and at three and six months follow-up. The intervention was found to be effective at the three months follow-up assessment.

In line with the intervention’s theoretical underpinning, we wish to explore through which pathways the intervention affects the outcome. Mediation analyses\(^3\), which are employed to better understand a known relationship by exploring the process by which one variable, i.e. the intervention, influences the actual behavior (i.e. the intervention outcome) will be performed. Adopting this method, it should be explained, which potentially mediating variables as stipulated by the theoretical model (e.g. positive attitudes towards condoms, self-efficacy to use condoms) can explain the intervention effect at the three months follow-up assessment. The level of behavior change found as an intervention effect could then be explained through these different mediators, i.e. their respective proportions contributing to the found behaviour change.

Based on the outcome of this evaluation, conclusions relevant for clinical HIV care and counselling can be drawn.

References:

