

SEROPOSITIVE URBAN MEN'S INTERVENTION TRIAL (SUMIT)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- HIV-seropositive men who have sex with men (MSM)

Goals of Intervention

- Reduce unprotected insertive and receptive anal sex with HIV-negative or unknown serostatus partners
- Reduce unprotected insertive oral sex with HIV-negative or unknown status partners
- Increase condom use during insertive anal sex with HIV-negative or unknown status partners
- Increase disclosure of HIV status to sex partners

Brief Description

The *Seropositive Urban Men's Intervention Trial (SUMIT)* enhanced peer-led intervention is delivered to groups of gay or bisexual men living with HIV in order to reduce risky sexual behavior. Led by HIV-seropositive gay or bisexual peer facilitators, structured group activities focus on sexual and romantic relationships, HIV and STD transmission, drug and alcohol use, assumptions about the HIV status of sex partners, disclosure of HIV status, and mental health. Intervention sessions seek to increase knowledge of sex risk practices, increase motivation to adopt reduced risk practices, encourage disclosure of HIV status to partners, promote personal responsibility to prevent HIV transmission, increase awareness of substance use and mental health issues, and encourage identification and management of personal risk triggers. These topics were delivered using audio and video tapes, didactic presentations, and group discussions.

Theoretical Basis

- Information-Motivation-Behavioral Skills Model
- Social Cognitive Theory
- Theory of Planned Behavior

Intervention Duration

- 6 weekly 3-hour group sessions

Intervention Setting

- Research facility

Deliverer

- Two HIV-seropositive MSM peer facilitators

Delivery Methods

- Audiotapes
- Exercises
- Group discussion
- Lecture
- Risk reduction supplies (condoms)
- Videos

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. *Because this intervention led to modest change in only one outcome that was not sustained at the 6-month follow-up, the lead author recommends the use of other interventions for persons living with HIV.*

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EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in New York City and San Francisco between 2000 and 2002.

Key Intervention Effects

- Reduced unprotected receptive anal sex

Study Sample

The baseline study sample of 811 HIV-seropositive homosexual and bisexual men is characterized by the following:

- 51% white, 23% black or African American, 17% Hispanic/Latino, 1% Asian, 1% American Indian, 7% other
- 100% male
- 88% homosexual; 11% bisexual; < 1% heterosexual
- Mean age of 42 years
- 93% had at least a high school education

Recruitment Settings

Community venues including AIDS service organizations, gay-identified settings (e.g., bars, community events, health clubs), and public sex environments

Eligibility Criteria

Men were considered eligible if they were aged 18 years or older, biologically male, reported sex in the prior year with 1 or more male partners whose HIV status was seronegative or unknown, self-identified as HIV-seropositive, lived within the study area, spoke English, and were available to attend the intervention.

Assignment Method

Men were randomly assigned to either an enhanced peer-led intervention (n = 413) or to a standard comparison intervention (n = 398).

Comparison Group

The standard comparison intervention consisted of 1 large group session lasting between 1.5 and 2 hours and delivered by an HIV-seropositive facilitator. The intervention included a panel presentation by local experts addressing safer sex practices, HIV and STD transmission, and potential effects of HIV treatment on transmission.

Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors with HIV-negative or unknown status partners during the prior 90 days (including unprotected anal sex, unprotected insertive or receptive anal sex, unprotected insertive oral sex, and condom use during insertive anal sex) were measured at 3- and 6-month post-intervention.
- Disclosure of HIV status during the prior 90 days was measured at 3- and 6-month post-intervention.
- STD infections (including syphilis, gonorrhea, chlamydia, and herpes simplex virus 1 and 2) were measured at 6 months.

Participant Retention

- Enhanced Peer-Led Intervention
 - 87% retained at 3 months
 - 91% retained at 6 months
- Standard Comparison Intervention
 - 84% retained at 3 months
 - 89% retained at 6 months

Significant Findings

- At the 3-month follow-up, men in the enhanced peer-led intervention group were significantly less likely to report unprotected receptive anal sex than men in the comparison intervention group ($p < 0.05$).

Considerations

- There were no significant group differences in other sex risk behaviors, HIV disclosure, or STD prevalence at the 6-month follow-up.

REFERENCES AND CONTACT INFORMATION

Wolitski, R. J., Gomez, C. A., & Parsons, J. T. (2005). [Effects of a peer-led behavioral intervention to reduce HIV transmission and promote serostatus disclosure among HIV-seropositive gay and bisexual men](#). *AIDS*, 19(Suppl. 1), S99–S109.

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