

Sexually Transmitted Infections Prevention Program for MSM in Connecticut

A Systematic Review

Viola Odenya
Dr. Sharonda Wallace
Chamberlain College of Health Professions

Introduction

- Introduction:** The sexual health of Men who have Sex with Men is an ongoing and significant public health challenge with very costly complications. While anyone who has sex can get an STI, MSM are at higher risk for these diseases.
- Relevant Statistics:** According to WHO, more than 30 different bacteria, viruses and parasites are known to be transmitted through sexual contact, including vaginal, anal and oral sex. Worldwide, syphilis is a highly prevalent infection among MSM. In 2019, syphilis infected an average of 11.8% (range 5.2% to 19.6%) of MSM in 11 of 25 reporting countries; 7 of these countries had a prevalence higher than 10%. One in five people in the United States had a sexually transmitted infection (STI) on any given day in 2018, totaling nearly 68 million estimated infections. In Hartford County, CT. Males account for the bulk of primary and secondary syphilis cases during 2000 to 2021. Men who have sex with men account for most primary and secondary cases among males(CT DPH. gov).
- Target Population:** the target is Connecticut which has over 2.5 Million reported cases of Chlamydia, Gonorrhea and syphilis. Precisely the study focused on Men who have Sex with Men (MSM) in Connecticut. These are at least 4500 men of different cultural background.

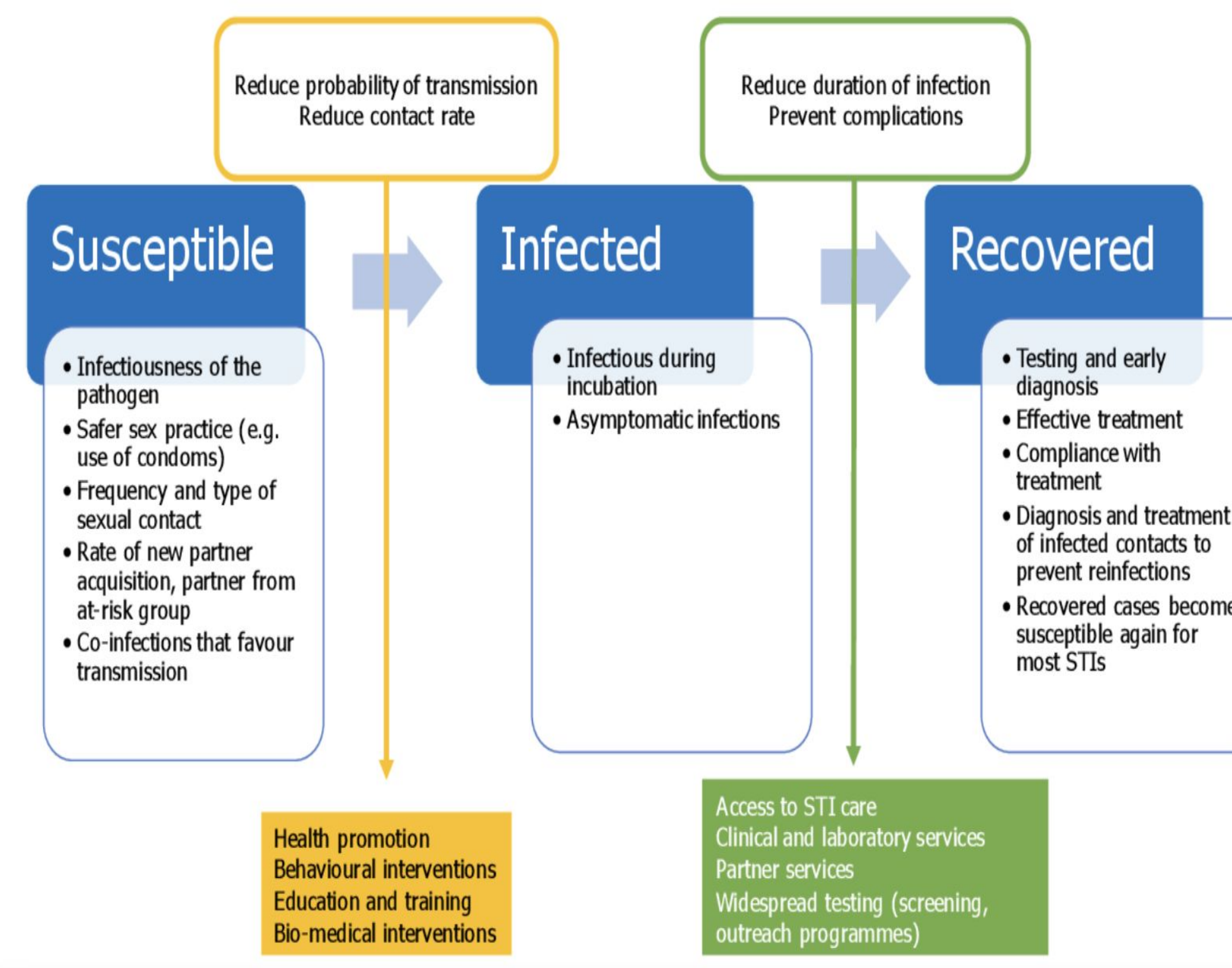
Background

- Background:** Multiple studies have illustrated the relationship between MSM and STI/HIV incidences showing that frequent STI infections may elevate the risk for HIV (Samarasekara et al., 2021). In Hartford county, 5405 cases of Gonorrhea were reported this is 22% increase since 2020 and 329 cases of Syphilis were reported thus 56% increase since 2020 and 14750 cases of chlamydia were reported thus 14.7% increase since 2020. As for the newly diagnosed cases of HIV, findings indicate that 58% were attributed to men having sex with men, 28% were heterosexual contact and 7% were injecting drugs.
- Theory:** The Health Belief Model (HBM) states that people's beliefs influence their health-related actions or behaviors. The HBM is an effective way to determine the root causes of risky health behaviors as it is based on the construct that change is induced by an individual's perception of the actual threat of being infected ie the higher the perceived susceptibility and perceived severity of disease, the higher the chances of engaging in self protective behaviors (Kroke & Ruthig, 2023).
- Objectives:** The objectives guiding the study were:
 - To decrease the incidence of STIs among MSM in Connecticut by 10% within the first two months of program implementation.
 - Collaborate with my preceptor to identify at least 80% of the gaps in care toward the management of STI screening and prevention programs by the end of the first week of the program.
 - To increase knowledge related to perceived severity of lack of condom use among MSM living in Hartford County by 30% within two months of program implementation
 - To estimate the STI burden among MSM in Hartford county by 30% by the end of December 2023.

Methods

- Quantitative research was used in this study. The data was obtained from CDC the leading national, science based data driven organization that protects the public's health; DPH the umbrella body responsible for enhancing the well being and health of all Americans by using advanced technology and Ryan White Program (RWHAP): a program which helps low income earners who are HIV Positive have access to medical care, medication and other essential service.
- The questions asked during the survey were:
 - How was your experience with a prevention services provider for example HIV/STI testing, partner services, or syringe service program? In the past 12 weeks, were you tested for any sexually transmitted diseases (e.g chlamydia, gonorrhea, syphilis, genital herpes or Hepatitis B?
 - How do you prefer to receive prevention services; virtual or in person? And what are your main barriers to screening? Stigma? Transportation? Or lack of trust in healthcare providers?
 - How often do you use condoms and what are the factors that drive your condom use decision?
 - What would improve your access to getting tested for an STI?

STI Prevention Strategy



Contact Information

Viola Odenya – vodenya@gmail.com

Results

- STI Testing:** Men who have sex with men (MSM) are 30 times at a higher risk of being infected with STIs compared to the heterosexual men. Findings indicate that the rapid oral HIV/STI test (71%) was the preferred test among MSM, and most participants chose home testing as a top option (78.5%). For negative results the respondents preferred the results to be sent electronically via email or text (76.4%) and if result is positive results to be through a one-on-one discussion in person through a clinical visit or via a phone call (70%) and most were comfortable making a follow-up visit to the clinic if their result was positive.
- Barriers to Screening:** findings indicate that STI testing inconvenience (50%) and absence of symptoms of STI (58.6%) were the main barriers to STI Screening. However, the biggest hindrance was the absence of known prior STI exposure (62.9%). Other findings also reveal that respondents who engage in high-risk behaviors were unlikely to report prior STI exposure compared to those with low-risk behaviors (54.9% vs 84.2%). Privacy concern as a barrier to STI was predominant among the HIV positive respondents compared to the HIV negative respondents (30.8% vs 10.5%) (Barnard, 2018).
- Condom use:** According to Weller (2019) condoms are highly effective in STI prevention especially among MSM where condom use has been found to reduce HIV by at least 78%. However, condom use is still not embraced by MSM due to inability for the men to negotiate with partners on condom use, condom breakage or slippage, pain during intercourse, rectal bleeding and latex intolerance. Studies by CDC (2021) indicate that in the past 6 months 90% of MSM had anal sex and only 75% used a condom during their last anal sex encounter. There are factors that influence the decision to wear a condom or not these factors are: Behavioral (ready-made condom negotiation scripts, alternative sexual strategies, condom sourcing) and motivational beliefs (high self worth. Condom lessens anal pain).
- Ways to improve access to STI/HIV testing:** STI self test allows MSM to get tested and get results within 20 mins at the comfort of their home. Mail-in self test is another recommendation given that allows the sample collected to be tested for HIV and any other STI. Another unique testing strategy indicated by MSM is mobile/ outreach testing ; these are non- clinical setups that are more sociable to MSM and include community-based organizations, bathhouses, syringe service programs, churches, shelters and social services organizations. These are social areas where MSM frequent and hence they can easily be tested without stigma or feeling inconvenienced in any way (Bowles, 2018).

Discussion & Conclusions

- Access to self testing resources has been identified by several scholars as a factor that drives more HIV/STI testing among MSM hence government funding and resources should invest more on self test kit. These kits help MSM take charge, be independent and off clinical services that are expensive, time-consuming and could compromise on trust and confidentiality of patients information.
- Condoms and water-based lubricants should be availed in social areas frequented by MSM ie churches, Bathhouse, community Access to self testing resources has been identified by several scholars as a factor that drives more HIV/STI testing as it is convenient for the participants. based organizations etc. in addition taglines such as No CD No sex can be used in marketing condoms and reduce high risk behaviors among MSM.
- The department of public health should design programs that encourage partnership between health facilities and retail pharmacies where MSM can not only get tested but can have access to treatment through the pharmacies.

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