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BACKGROUND

UNAIDS and partners are focused to end HIV/AIDS using numerous strategies. However, over the past decade it has become increasingly clear that we are missing men in the AIDS response(1). Men and boys are less likely to test for HIV, to initiate ART, and to remain engaged in care, therefore dying of AIDS-related illnesses at rates that are disproportionately higher than their female counterparts (2, 3).

In addition to other multi-level factors that contribute to poor uptake of HIV services by men, African men largely believe that their status is the same as their partners (i.e., testing by ‘proxy’), (4, 5), have serious concern about time away from work and the impact on their income(5-8), and prefer community-based care options (9). Therefore, offering men evidence-based, near location, and self-controlled HIV prevention services could motivate uptake and use of HIV prevention services.

The purpose of HPTN 111 (TRIM) is to develop and assess the feasibility, acceptability, and preliminary effectiveness of a barbershop-based HIV prevention initiative among persons who identify as a heterosexual male and are behaviorally vulnerable to HIV. This research is important because innovative strategies to reach heterosexual African men vulnerable to HIV are urgently needed to end the AIDS epidemic. This study is focused on men in the Kalangala Islands in Uganda, a district with the highest HIV prevalence and incidence in the country (10). The study will leverage trusted relationships between men and barbers to deliver an HIV prevention initiative.

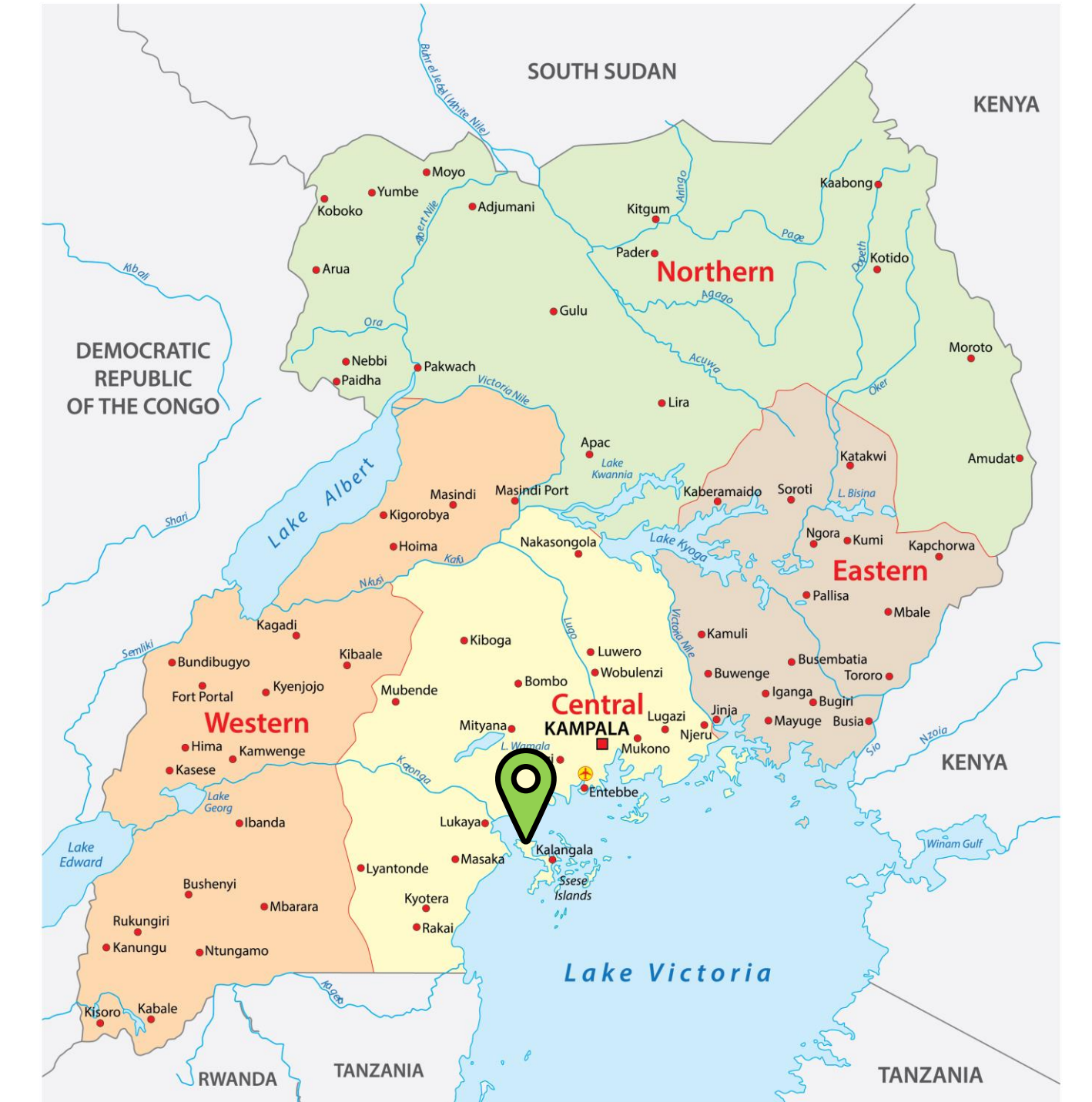


Figure 1. Location of Kalangala District, Uganda

Barbers can successfully gain knowledge about HIV and best practices for delivery of an HIV prevention intervention to their clients

METHODS

In a cluster randomized trial, 18 barbershops in Kalangala district, Uganda were randomly assigned (2:1) to provide the barbershop-based HIV prevention intervention or standard-of-care. All participating barbers recruit their clients, with barbershops assigned to the intervention (N=12) delivering the intervention to participants, including status-neutral HIV education, HIV self-test kits, and barber-led peer group discussions.

In order to recruit clients for the study and deliver the intervention, barbers required training for skills and competency. Between November 2023 and March 2024, consultative and participatory approaches were used to engage, assess commitment, and train barbers on general HIV education, communication skills, recruitment requirements, and the HPTN 111 (TRIM) study overview through didactic presentations, illustrations, group discussions, and role plays.



Image 1. Training on study documentation requirements

Barbers from barbershops assigned to the intervention arm received an additional two days of training on implementation of the intervention. Pre- and post-training assessments evaluated changes in barber knowledge about HIV and the intervention.

CONCLUSIONS

Through training, barbers can successfully acquire knowledge about HIV and delivery of an HIV prevention intervention.

ACKNOWLEDGMENTS

To the barbers who agreed to join this study...THANK YOU!

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RESULTS

Nineteen barbers from 18 barbershops were trained as part of the HPTN 111 (TRIM) Study.

Characteristic	All barbers
Male	100% (N=18)
Age, years (median, [IQR])	29 [23,33]
Education, years (median, [IQR])	10 [9,11]
Owner of shop	72% (N=13)

Table 1. Characteristics of barbers who attended the trainings and were subsequently enrolled in the study (N=18)

Before training, barbers generally scored low on HIV and study comprehension, with a median score of 57%. Following the first training, all barbers showed an increase in knowledge, with a median score of 86% [Figure 2]. Intervention group barbers (N=12) further increased their knowledge following the implementation training, with a median post-assessment score of 100%.



Figure 2. Pre- and Post-training assessment scores. Pre- and post- general training scores include all trained barbers (N=19); post-intervention training scores include barbers randomized to the intervention arm (N=12).