

LEVERAGING SOCIAL NETWORKS TO EXPAND HIV SELF-TESTING AMONG CULTURALLY DIVERSE MSM IN AUSTRALIA: INSIGHTS FROM A CFIR-INFORMED PROCESS EVALUATION

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Background:

HIV self-testing (HIVST) can help overcome barriers to clinic-based testing among men who have sex with men (MSM). Peer-led distribution through existing social networks may further extend reach and acceptability. Guided by the Consolidated Framework for Implementation Research (CFIR), this study evaluated a social network-based HIVST intervention in Australia, in which “test promoters” distributed HIVST kits to friends and sexual partners, to identify facilitators and barriers to implementation.

Methods:

Online semi-structured interviews were conducted with 22 MSM, including both test promoters and recipients involved in social network-based HIVST distribution trial. Interviews explored perceptions of acceptability, feasibility, and contextual appropriateness. Data were thematically analysed using the CFIR framework to identify multilevel implementation determinants.

Results:

Participants' mean age was 33.3 years (SD = 8.2). Three interconnected enablers shaped successful implementation: 1) HIVST as an empowering, low-barrier testing option, enhancing privacy, convenience, and autonomy while mitigating stigma; 2) trust and peer credibility, which normalised test sharing and created culturally

resonant pathways; and 3) collective responsibility for health, which sustained engagement and diffusion within MSM networks. HIVST's privacy, convenience, and autonomy enhanced motivation, while peer reassurance reduced procedural anxiety, particularly around finger-prick sampling among first-time or infrequent testers. However, participants also identified persistent barriers, including culturally rooted discomfort discussing HIV, fear of judgment, and the risk of excluding socially isolated or newly arrived individuals. Social network distribution reframed testing as an act of care and solidarity, mitigating stigma and fostering collective ownership. Participants recommended culturally tailored materials, non-invasive test options, and expanded digital platforms to strengthen inclusion and reach.

Conclusion:

Social network-based HIVST represents a feasible, acceptable, and culturally responsive strategy to expand testing among MSM in high-income settings. By leveraging relational trust and community solidarity rather than financial incentives, this model offers a scalable and equitable pathway to advance progress toward national and global HIV prevention targets.

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