

# Findings from a pilot randomized controlled trial of a couples-based, digital HIV serostatus neutral intervention with cisgender, sexual minority male couples in a LMIC setting: Utility and paradata results

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## Background:

Few digital HIV serostatus neutral interventions (DHIs) exist for couples globally. A significant proportion of adults acquire HIV from their relationship partner. Though several couples-based DHIs are in the intervention development and evaluation pipeline, data about partner's and couples' use of the intervention over time is scant and important to understand for future implementation and dissemination efforts.

## Methods:

We completed data collection for a 6-month, pilot randomized controlled trial (RCT) with 74 cisgender, sexual minority male couples in a LMIC in April 2024. The DHI covered 5 modular topics that were self-paced and sequential, and encouraged couples to create and adhere to a comprehensive prevention-care plan of evidence-based strategies (e.g., PrEP, ART/U=U, routine testing, etc.) over time. Order of module (M) topics included: communication and decision making (M1), pleasure and prevention (M2), sexual agreements (M3), relationship strengthening and goal setting (M4), and physical activity (M5). Data about use of the DHI, including minutes to complete all 5 modules and over what numbers of days, were captured, as well revisits of any module.

## Results:

Retention was 92% at month 6 (i.e., 68/74 couples). Of the 68 couples, variability in DHI utility (completing all 5 modules) was observed: 60 couples completed all 5 modules (88%), 4 couples completed < 5 modules (6%), and 4 couples did not use the DHI (6%). Regarding paradata, the number of days to complete the DHI ranged between 1 and 154. Average time to complete all 5 modules was 124.5 minutes (range: 48.8 – 225.2). 15 couples (25%) revisited and reviewed a module after they had completed it. Average time to complete each module, by participant and couple, will also be reported.

## Conclusion:

Most couples used and completed the DHI in the LMIC setting, showcasing the potential of using this type of mode to expand HIV prevention-care efforts.

## Disclosure of Interest Statement:

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