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BACKGROUND

- Globally, successful strategies for HIV prevention to engage men living in high HIV heterosexual transmission settings are scarce
- Barbershops offer a potential venue for HIV prevention

METHODS

- We implemented a barbershop-based HIV prevention intervention in the Kalangala district fishing communities. Barbershops were recruited and randomized 2:1 to the intervention (n=12) or standard of care (SOC) (n=6).
- Intervention barbers were trained to deliver status-neutral HIV education, distribute HIV self-test kits, and facilitate peer-support group discussions. SOC included referral to routine HIV prevention services at HIV care centers.
- Clients completed STI testing and surveys on the intervention and HIV testing behaviors at Week 26 and 52.
- Using structured domains (**Table 1**), we assessed feasibility and acceptability of the intervention for barbers and clients using composite scores ranging from -2 (least favorable) to 2 (most favorable) based on an average of Likert scales.
- We also compared HIV testing between arms, adjusting for barbershop characteristics.

RESULTS

- 21 barbers were recruited and trained, and 15 received intervention-specific training. Barbers recruited 250 male clients (median of 14 clients per shop) between March and June 2024 (**Table 2**).
- Week 52 visits were completed by 239/250 (96%) clients: 157/166 (95%) in the intervention arm and 82/84 (98%) in the SOC arm.
- Barber delivery of the intervention components was high: 163/163 (100%) of the participants in the intervention arm received HIV education, 150/163 (92%) took a self-test kit, and 162/163 (99%) attended a barber-led peer group discussion.
- Feasibility and acceptability of the intervention was high (**Figure 1**)
- Participants in the intervention arm were more likely to report self-initiated HIV testing (**Figure 2**)
- No participants acquired HIV during the trial.

CONCLUSIONS

- The barbershop-based intervention was highly feasible and acceptable, and led to a substantial increase in self-initiated HIV testing.
- Further evaluation of barbershops as venues for engagement with HIV services is warranted.

Delivery of HIV services in barbershops was highly feasible, acceptable, and increased HIV testing, indicating that barbers can play an important role in HIV prevention.

TABLE 1: Feasibility/acceptability score domains. Each item was assessed on a five-point Likert scale, and scores were calculated by averaging the items within each domain.

Domain	# of items	Example items
Participant-assessed feasibility of intervention experience	5	I feel that I have more knowledge about HIV testing after talking with my barber
Participant-assessed feasibility of barber qualities	4	The barber was knowledgeable about HIV and prevention
Participant-assessed acceptability of the intervention	10	How comfortable were you discussing HIV and other health related topics with your barber?
Barber-assessed feasibility of intervention delivery	14	I felt that I was able to answer the questions my clients had about HIV
Barber-assessed acceptability of intervention delivery	6	I worried about people not wanting to come to my shop because they don't want to hear about HIV

TABLE 2: Participant characteristics at baseline.

	Enrolled participants (n=250)
Age (years), median (IQR)	29 (24,35)
Number of sexual partners in past 3 months, median (IQR)	4 (2,6)
Transactional sex in past 3 months	188/250 (75%)
Prevalence of treatable STI's	45/250 (18%)

ADDITIONAL KEY INFORMATION

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FIGURE 1: Feasibility and acceptability scores among intervention arm participants and barbers; each point represents the average score for one barbershop over the duration of the study.

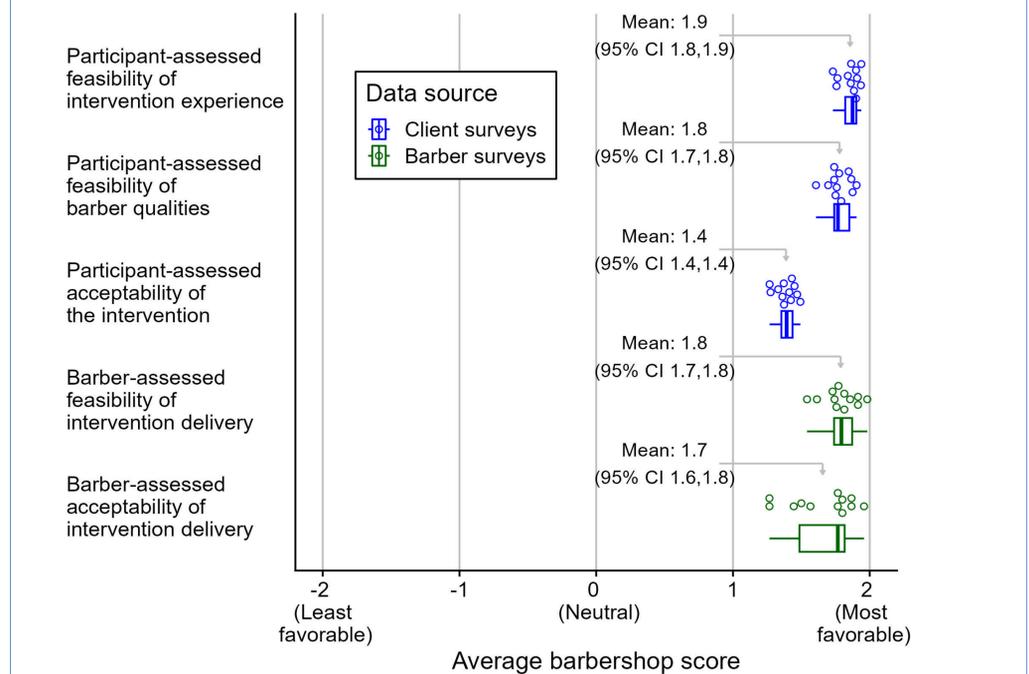


FIGURE 2: Participant-reported HIV testing.

