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Development of a text-based chatroom HIV prevention and confidence-building intervention for same-sex attracted young males in south England

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Abstract

The aim of this study was to develop a virtual youth centre, providing a safe and supportive online space for sexual minority young men to talk and learn about HIV, sexuality, relationships and sex – topics rarely addressed inclusively in mainstream education. Eleven male participants aged 15 to 19 years living in South England completed the full programme of three text-based chatroom sessions. Participants were guided through discussions to introduce new knowledge and build emotional resilience. Self-report measures were taken before and after the programme. Recruitment to the project was challenging owing, in large part, to appropriately rigorous safeguarding protocols. All those taking part either maintained or improved their level of HIV knowledge and felt more confident about their sexuality. Participants described the experience as “informative” and “enjoyable”. Further iterations of the model could seek to measure behavioural change and use more robust evaluation methods, such as a comparison group.

Keywords: HIV, prevention, boys, men, online, intervention

Introduction

Background

Young people in the United Kingdom (UK) live in a digital world; 99% of 16 to 24 year olds use a mobile phone and 93% have a social media profile (Ofcom, 2019). It is this digital setting in which LGB youth explore their sexuality (Hillier, Mitchell, & Ybarra, 2012), including sexual minority young males specifically (Harper, Serrano, Bruce, & Bauermeister, 2016). An online intervention presented an attractive, affordable and accessible option to deliver HIV prevention work, alongside a space to build confidence and connection among peers.

In the UK, using an online medium for work with sexual minority young males had not been delivered previously. METRO Charity was granted funding by Public Health England through its HIV Prevention Innovation Fund 2019. This study describes the development and piloting of the new intervention. This report focuses mainly on the development of the intervention together with preliminary evaluation evidence.

Methods

Participants

The programme was promoted to boys and young men aged 11 to 19 years, of whom eleven completed it between May 2019 and February 2020. Young ‘guys into guys’ (GiG) was adopted as a signifier of the group because it focused on gender and sexual attraction (young males who were attracted to other males). GiG was chosen instead of descriptors focused on behaviour, such as MSM, because some in this age group may not be sexually active. It was also preferred to descriptors focused on identity such as ‘gay’ or ‘bisexual’ because this group may not feel ready for or be interested in labels. Whilst this term is not commonly used by the group themselves, it is utilized as a means of describing this group in a broader, more inclusive and catchier way than the pre-existing alternatives.

Intervention objectives, development and content

The objectives of the online space were to:

1. Increase participant knowledge about HIV
2. Increase participant knowledge about good sexual health
3. Empower participants to feel more comfortable and confident about their sexuality
4. Connect young guys into guys with their peers

The intervention consisted of a series of three online chatroom sessions for young guys to talk, laugh and learn about sexuality, relationships, sex and HIV; creating something akin to a virtual youth centre space. The space brought together groups of between two and three participants at any one point, facilitated by a team of two METRO Charity youth workers. Staff facilitation established a structured format to the sessions, ensuring that the programme provided reliable information, an affirmative and supportive space and the resources to safeguard participants should major concerns arise. Each of the three chatroom sessions lasted about an hour and a half.

During the chatroom sessions, staff guided the discussions to raise awareness and encourage reflection. Participants were invited to chat informally together, answer quiz-style questions, identify pictures or symbols, reflect on scenarios and share opinions and experiences. They were invited to share as much about themselves as they wished, or remain more reserved and anonymous, if they preferred. Posts from participants were moderated by project staff who could accept, reject or delete posts, as a means of filtering out any inappropriate content.

Procedure

The programme was initially promoted to boys and young men living, studying or working in the county of Kent and the Unitary Authority of Medway in the UK. After

six months, the programme was extended to any of the same group living, studying or working in any of the nine south London boroughs where METRO Charity was delivering services. Promotion and recruitment aimed to recruit as many participants as possible, up to a maximum group of four participants in any single chatroom programme.

Alongside the work of the project team, five project ambassadors also contributed to recruitment, as well as reviewing and steering the project's development. Drawing from METRO Charity's pre-existing Stand Out youth group for LGBTQ young people in Medway, south-east England, ambassadors were all either members of the programme's target group (n=3) or slightly older (n=2). Ambassadors gave feedback about promotional material, referred friends to the programme, promoted the programme at Gillingham, London and Margate Prides and made suggestions for the end-of-year celebration event.

A strict registration and consent protocol was implemented. Ahead of taking part, participants needed to meet with a METRO Charity youth worker in person to verify their identity, to register their details and to assess their individual circumstances. Alternatively, a young person could be referred into the programme via a professional worker (teacher or counsellor, for example) or a parent. Both these referral routes through other trusted adults were deemed acceptable for providing the necessary identity check. In the case of these indirect referrals, there was an accompanying telephone registration with METRO Charity staff.

Recruitment procedures set out guidelines for participants of different ages. Participants aged 11 or 12 years would need the consent of a parent or guardian to take part. Participants aged 13 to 15 years would be assessed using Fraser Guidelines (NSPCC, 2019) to judge their suitability to take part without the consent of a parent or

carer, if this was their preference (they may not have wished a parent or carer to be aware that they wished to take part in a programme for sexual minority youth).

Participants aged 16 years and above could consent to take part themselves.

After completing the programme, participants were given a £15 shopping voucher (as recognition of their engagement), a list of information and resources discussed in the programme and a certificate of achievement. Following the three sessions, a fortnightly 'drop-in' chatroom session was made available for those that had completed the programme, where they could continue to take part in social chats and themed discussions linked to the programme.

Outcomes

Participant outcomes were assessed by comparing the (i) HIV and sexual health knowledge and (ii) sexuality confidence of participants, before and after their involvement in the chatroom programme. Participants were asked to complete a questionnaire developed for the purpose of this study that comprised two scales, an eleven point HIV and Sexual Health Knowledge Scale and a seven point Confidence Scale (listed as **Error! Reference source not found.** and **Error! Reference source not found.**). The HIV and Sexual Health Knowledge Scale statements provided a measurement of project objectives (1) and (2) and the Confidence Scale statements provided a measurement of project objectives (3) and (4). Participants responded to statements with either a true or false response or an indicator of how often they felt or did certain things. Higher scores reflect accurate HIV knowledge or higher levels of confidence. In this way, it was possible to score participants with a percentage mark for each scale and give them an overall score.

Further to this quantitative impact data, qualitative feedback was also collected from participants who completed the programme and from a group of professionals who attended an end of year evaluation event.

Results

Recruitment

The project began recruiting participants in April 2019, ahead of the first chatroom programme in May 2019, with five chatroom programmes running between May 2019 and February 2020 (one every 2 months).

The programme relied on promotional work to introduce it to the target audience of young guys into guys. This promotion included: (1) sending posters, flyers and pocket-sized cards to schools, colleges and youth centres, (2) promoting the service at Pride events (Gillingham, London and Margate), (3) briefing staff at a sexual health clinic in Maidstone hospital in Kent who could inform their patients, (4) presenting at a Kent County Council-led networking meeting of youth service providers who could promote the programme with their young people, (5) presenting information at academic conferences (a presentation at the University of Kent in Canterbury and a poster displayed at the AIDS Impact Conference in London), (6) attending youth group meetings in the Medway and Kent towns of Margate, Ashford, Swanley and Rochester to present the programme to their members, (6) posting on METRO Charity Facebook and Twitter and (7) word of mouth from participants. It could be approximated that information about the programme will have reached approximately 1,000 members of the general public, 200 young guys into guys and 60 staff working with young people.

Participant flow and numbers analyzed

Eighteen young men expressed interest in the programme, of whom 16 registered to take part. Twelve participants began with the first chatroom session and 11

went on to complete the full three session programme. Among the other six young guys that did not go on to complete the programme, two changed their mind (they felt that they did not want or need the programme anymore), two were too busy to take part at the point they registered and two were waiting to begin a subsequent programme when current funding ceased. The largest programme had three participants and the smallest programme began with two participants, but was completed by just one. Four of the five programmes were for the oldest age group (16 to 19 year olds). Interest from younger participants (aged 15 years or less) was less, which meant that younger men and boys who did register had to wait longer until there were enough participants to form a group. The results below pertain to eleven participants who completed the programme.

Participant characteristics

Participants were one 14 year old, one 15 year old, one 16 year old, two 17 year olds, two 18 year olds and four 19 year olds. In terms of gender identity, ten participants identified as male and one was non-binary. Three participants had been assigned female at birth, which, together with the non-binary participant, made a total of four trans guys. Eight participants stated their sexuality to be gay, one as bisexual and two as other. Ten participants stated their ethnicity as 'White British' and one as 'Black or Black British (Caribbean)'. Ten participants were born in the UK and one in France.

Changes in knowledge and confidence

Pre and post-intervention data for the HIV and Sexual Health Knowledge Scale and the Confidence Scale in the eleven participants who completed the intervention are presented in Table 1. There was an overall average increase of 11% in HIV and sexual health knowledge and an overall average increase of 9% in confidence.

Qualitative feedback

Participants were asked if there was something they especially liked about the programme. From the nine responses, a majority (n=6) referred to the informal nature of the online space, which helped them to feel open during the discussions. Three responses referred to the educational aspect of the experience and three responses referred to the connection together with peers. One participant commented, “*Easy to talk, fun and educational*” and another described, “*The ability to talk to guys in a calm and relaxed environment*”. Participants were also asked if there was something that could be improved. From the four suggestions, two mentioned they would have liked more people and two mentioned improvements to the software. Finally, participants were invited to share any other comments. From six responses, three participants expressed gratitude for the chance to take part; three again mentioned the educational benefit and one praised the liberating space of the online environment. One participant commented, “*Informative and fun!*” and another said, “*Thank you for running this chatroom, it has given me an opportunity to talk about things I wouldn’t normally discuss with others!*”

Discussion

Appropriateness, feasibility and effectiveness

Feedback indicated that participants generally found the intervention to be appropriate which indicates promise for future developments, ideally with larger group sizes. Future studies would need to address recruitment issues. Reaching beyond young men that were already engaged in youth services or who were already being supported was challenging. The necessary rigor of the recruitment and registration may have excluded those who would have preferred to participate without direct face-to-face registration and the formalities of a structured programme. There was preliminary evidence that the

programme may have improved participants' knowledge of basic HIV information and improved confidence. However baseline scores were quite high and future studies should consider assessing more complex knowledge as well as trying to improve access for individuals with lower levels of confidence.

Strengths and limitations

The use of pre-and post-intervention observations of a small group of participants (n=11) with no control group limits the strength of the evidence (Evans, 2003). The use of unvalidated knowledge and confidence assessments is a further limitation. Future research should use a wider range of outcomes including assessment of behaviour change. The strengths of this work and its evaluation are the learning points about the application of a novel intervention working to improve both knowledge and wellbeing among a vulnerable population in a real-life youth-work setting. There are challenges of feasibility, most strikingly in the limitations imposed by the necessary safeguarding procedures, but the protocols developed have enabled an intervention that has made valuable connections and supported knowledge and confidence, in a safe and secure way.

Conclusions

The innovative text-based chatroom intervention for sexual minority young men has showed promising preliminary results in relation to improving HIV knowledge and confidence. The latter factor is particularly significant in that it may help support this vulnerable group to navigate a range of riskier behaviour and help prevent poorer health outcomes such as depression, anxiety and non-volitional sex. Qualitative feedback from participants highlighted the relaxed and open chatroom setting where they felt comfortable learning information not gained elsewhere. These advantages could be strengthened through wider promotion, in closer collaboration with school settings, to

reach a larger number of participants including participants with lower levels of pre-intervention knowledge and confidence. The programme could be developed into a digital application (app). Robust evaluation that tracks behaviour change and uses a randomized control design is also needed.

Declaration of Interest Statement

The authors declare that there is no conflict of interest.

Data availability statement

Participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

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- Table 1 Pre- and post-intervention scores for the HIV and Sexual Health Knowledge Scale and the Confidence Scale (n=11)

Participant	HIV and Sexual Health Knowledge Scale			Confidence Scale		
	Pre	Post	Change	Pre	Post	Change
1	69%	100%	+31%	97%	91%	-2%
2	69%	97%	+28%	79%	88%	+9%
3	91%	77%	-14%	80%	94%	+14%
4	71%	63%	-8%	89%	81%	-8%
5	83%	91%	+8%	100%	100%	+0%
6	83%	74%	-9%	74%	82%	+8%
7	83%	91%	+8%	73%	94%	+21%
8	89%	91%	+2%	68%	82%	+14%
9	63%	86%	+23%	73%	88%	+15%
10	43%	91%	+48%	64%	94%	+30%
11	87%	88%	+1%	94%	91%	-3%
Overall average	76%	86%	+11%	81%	90%	+9%