Sports and Social Gay Networks for HIV Prevention

Key Question
How effective are sports and/or social gay networks as an HIV prevention strategy?

Key Take-Home Messages
- We were unable to locate any research evidence assessing sport and/or social gay networks as HIV prevention strategies
- The studies we did identify assess social networks as HIV prevention tools mainly focus on African countries and the heterosexual population
- Some studies have been published which look at physical activity/sports as treatment for people with HIV/AIDS

The Issue and Why It’s Important
HIV Prevention strategies are widespread, especially amongst the gay community. It is believed that sports and/or social gay networks may serve as powerful tools to prevent HIV amid those involved in these networks by empowering, increasing social inclusiveness, and transfer of knowledge and education within and between these social networks.

What We Found
After a thorough search of multiple databases for systematic reviews and primary literature (see the ‘What we did’ section for more details) we screened a total of 471 references for relevant information pertaining to sport and/or social gay networks. 21 articles initially appeared potentially relevant but after reviewing the full articles none addressed the original rapid response question.
While none of the articles were directly related to the original questions, some provide interesting findings, which are summarized below.

- An exploratory paper reporting on links between sexual health and social capital in a South African mining community reported that young men and young women who belonged to sports clubs were less likely to be HIV-positive, and young women who belonged to sports clubs were more likely to use condoms with casual partners than non-members.\(^1\)

- Another study using data collected from a representative sample of young people living in KwaZulu-Natal, South Africa, found that greater participation in community sports increased risk-taking behaviors among boys but decreased them among girls.\(^2\)

- A study evaluating the effects of an HIV prevention intervention with social networks of young men who have sex with men (YMSM) in St. Petersburg, Russia and Sofia, Bulgaria randomized 52 MSM social networks to an experimental or control conditions. The leaders of 25 experimental condition networks attended a nine-session program that provided training and guidance in delivering ongoing HIV prevention, AIDS risk-related knowledge, and risk reduction norms, attitudes, intentions, and self-efficacy to other network members. Results showed that unprotected intercourse (UI) declined from 71.8 to 48.4\% at 3-month follow up in the experimental network members and the percentage who engaged in UI with multiple partners reduced from 31.5 to 12.9\%. After 12 months, the effects disappeared but remained among participants who had multiple recent sexual partners, the most vulnerable group. Little change was found in control group networks indicating that targeting network leaders could be effective.\(^3\)

- An initiative in Tanzania investigated the effectiveness of an ongoing AIDS education intervention program (EMIMA) using peers in a sport context. The intervention had peer coaches conducting the AIDS education with children within sport. The intervention lasted for 8 weeks. The results indicated that the intervention using peers in sport was more effective in transmitting HIV prevention knowledge, cognitions and perceived behaviors than the control group.\(^4\)

- A systematic review examined the effectiveness and safety of progressive resistive exercise (PRE) interventions on immunological/virological, cardiopulmonary, weight, and body composition, strength and psychological outcomes in adults living with HIV. Results indicated that PRE or a combination of PRE and aerobic exercise may lead to significant increases in weight and arm and thigh girth among exercisers versus non-exercisers. Progressive resistive exercise appears to be safe and may be beneficial for medically-stable adults living with HIV.\(^5\)
Factors that May Affect Local Applicability

Most of the cited studies are conducted with African cohorts which limits the generalizability of their results to North America. In addition, only one of the studies focused on gay men, so the results of the other studies may not be applicable to a North American gay community.

What We Did

To identify any systematic reviews we first conducted hand searches of the reviews and protocols from the HIV/AIDS Cochrane Review Group and searched www.health-evidence.ca (hand searched the ‘acquired immunodeficiency syndrome’, and ‘HIV’ categories. To locate additional reviews and primary literature we then searched Medline using combinations of relevant MeSH and text terms [(HIV or Acquired Immunodeficiency Syndrome) AND education (text term) AND child* (text term) [limited to results published in 2000 and later]. Lastly, we searched the Cochrane Library, PsychInfo and DARE using a similar combination of text terms (HIV AND education AND child*).