



Adolescent health brief

A Medical Care Missed Opportunity: Preexposure Prophylaxis and Young Black Men Who Have Sex With Men



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A B S T R A C T

Purpose: HIV disproportionately impacts young black men who have sex with men (YBMSM). Preexposure prophylaxis (PrEP) is an effective strategy that can avert new HIV infections in YBMSM. Barriers exist for YBMSM to access PrEP.

Methods: We sought to determine factors associated with awareness of and willingness to take PrEP in a sample of YBMSM.

Results: Only 8% were currently on PrEP despite many (66%) reporting condomless anal sex, a recent provider visit (54%), disclosing their sexual orientation to their regular medical provider (62%), or a willingness to take PrEP (62%). In bivariate analysis, increased number of lifetime partners, current PrEP use, and disclosure of sexual orientation to a doctor were associated with awareness of PrEP, while condomless anal sex and higher perceived risk was associated with willingness to take PrEP. Sex with females was associated with lower willingness.

Conclusions: Providers may be missing key opportunities to educate YBMSM about PrEP and incorporate PrEP into comprehensive sexual health care.

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IMPLICATIONS AND
CONTRIBUTION

Preexposure prophylaxis is an effective strategy that can avert new HIV infections in young black men who have sex with men (YBMSM). Most YBMSM, in this sample, report high willingness to take it. In order to expand PrEP coverage, providers will need to expand information to YBMSM as part of routine care.

The Centers for Disease Control and Prevention estimates that one in two black men who have sex with men (BMSM) will be diagnosed with HIV in their lifetime unless efforts are taken to avert HIV infections [1]. Young BMSM (YBMSM) are particularly overburdened by new HIV infections [2]. One recent study projects that 40% of YBMSM living in the United States will acquire HIV by the age of 30 at current incidence rates [3]. Preexposure prophylaxis (PrEP) (daily coformulated emtricitabine/tenofovir

disoproxil fumarate) can play a pivotal role in national and local efforts to stem the tide of HIV in YBMSM.

Care barriers exist for YBMSM to access PrEP services. Previous studies have found YBMSM experience less access to preventative health information including sexual and reproductive health services because of stigma and nondisclosure [4,5], and recent work suggests that variability exists among providers about who should be provided PrEP [6]. Nondisclosure of sexual orientation is likely a barrier for PrEP in BMSM, who in recent samples were more likely to report not disclosing their sexual orientation and sexual risk behavior to their provider [7,8]. With few providers providing PrEP [9] or delays in providing information about PrEP because of nondisclosure or stigma [4,5], YBMSM may rely on perceived HIV risk to prompt PrEP use which may inadequately reflect actual risk [10].

Conflicts of Interest: The authors have no conflict of interests.

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Qualitative work in a racially diverse sample of young men who have sex with men (MSM) suggests that some young men may use perception of risk of HIV to determine acceptability of PrEP [11]. There is little literature documenting how YBMSM may use providers to access PrEP and whether factors such as awareness of PrEP and perception of risk may impact one's willingness to take PrEP.

We sought to understand factors associated with awareness of and willingness to take PrEP in a sample of YBMSM aged 15–24 years. Given prior work suggesting that disclosure and self-perceived risk may be positively associated with use [10,11], we hypothesized a priori that disclosure of sexual orientation to one's regular medical provider would be associated with receipt of PrEP awareness and perceived HIV risk would be associated with willingness to take PrEP.

Methods

Data were drawn from an Internet-based survey on sexual risk behaviors, awareness of PrEP and willingness to take PrEP, and frequency of health care visits. Self-identified black males aged 15–24 who reported prior anal sex with a male and living in the United States were eligible to participate. Recruitment occurred in adolescent clinics, Internet advertisements, and venue-based outreach. A total of 242 entries were completed between November 2014 and March 2015. Duplicated and falsified entries were removed ($n = 41$) using a rigorous protocol based on previous research [12]. The online system automatically prohibited individuals who attempted to take the survey more than one time using the same name, mailing address, and email address, based on previous research aimed at effectively handling invalid and suspicious data collected via Internet-based surveys [12]. Responses completed in a nonrealistic time frame (set at <10 minutes based on piloting) and illegitimate mailing addresses were removed by hand. Mailing addresses were confirmed legitimate based on U.S. Postal Service records/Google maps. For this analysis, individuals who identified as heterosexual ($n = 2$, 1%) and self-identified HIV positive YBMSM ($n = 52$, 26.1%) were excluded. The local Institutional Review Board approved study procedures. Participants were provided \$25 for completion of survey.

The primary outcome variables were awareness of PrEP and willingness to take PrEP. Variables thought to be associated with PrEP use in adult MSM (age, sexual behavior, and perceived risk of HIV) or thought to impact access to PrEP (care-seeking behavior and disclosure of sexual orientation) were examined for associations with willingness and awareness of PrEP. Disclosure to medical provider was determined using a single item, "Have you disclosed your sexual orientation to your medical provider?" Participants were also asked to describe sexual orientation with self-identified categories (gay/homosexual, bisexual, heterosexual/straight, and other) and to rate sexual orientation using the Kinsey Scale. The Kinsey Scale [13] is a seven-item rating scale from "0," exclusively heterosexual with no experience or desire for same-sex activity, to "6," exclusively homosexual with no experience or desire for opposite-sex activity. Participants were separately asked to describe prior sexual behavior with females.

Awareness of and willingness to take PrEP were assessed using single (yes/no) items. Participants were first asked about awareness of PrEP, "Have you heard about PrEP for the prevention of HIV and then provided information about PrEP?" Subsequently, participants were asked to describe current PrEP

use, "Are you currently using PrEP or taking any medication for the prevention of HIV infection?" and willingness to take PrEP, "Imagine that you are taking a pill that is at least 44% effective in preventing HIV infection when taken by HIV-negative men who have sex with other men, gay, and bisexual men. Would you be interested in taking this pill?" Forty-four percent was used based on the lowest percent reduction of risk with typical use in the Preexposure Prophylaxis Initiative trial [14]. Condomless sex was defined as any receptive or insertive condomless anal sex (in last 3 months). Perceived HIV risk (how likely you are to acquire HIV during anal sex without a condom) overall and during specific sexual positions (insertive and receptive anal sex) were measured on a five-point Likert scale (1 = very likely to 5 = very unlikely).

Descriptive analyses were used to describe the characteristics of the sample. Distribution of the data was examined to confirm that appropriate categories were used, and nonnormally distributed or skewed data were log transformed to aid in examining associations. Bivariate logistic regression analysis was used to assess factors associated with awareness of and willingness to use PrEP. Statistical analyses were performed using Stata, Version 13 (College Station, TX).

Results

The mean age of participants ($n = 147$, Table 1) was 21.3 years, with most self-identifying as gay (84%) and reporting sexual activity in the prior 3 months (74%). Half (54%) of the sample reported exclusive same-sex behavior and gay/homosexual orientation using the Kinsey Scale, and 33% of the sample described prior sex with a female. Nearly one-quarter (23%) reported a history of an STI diagnosis and 40% ($n = 58$) reported condomless anal sex in the prior 3 months, with most (74%) reporting two or more episodes. More than half of YBMSM (54%) reported visiting a doctor in the past 6 months and most participants (62%) reported having disclosed their sexual orientation to their medical provider. Half (52%) perceived themselves to be likely or very likely to acquire HIV. However, only 8% described being on PrEP, 39% had any awareness of PrEP, while most (62%) reported a willingness to take PrEP.

In bivariate analyses (Table 2), older age, increased number of lifetime partners, recent sexual activity, current PrEP use, and disclosure to one's regular medical provider were associated with awareness of PrEP. Recent sexual activity, condomless anal sex in the prior 3 months, and higher perceived HIV risk were associated with willingness to take PrEP. Reporting prior sex with females was associated with lower willingness to take PrEP. Perceived risk with sex in the insertive or receptive position was not associated with willingness to take PrEP.

Discussion

These data suggest that missed opportunities may exist for high risk YBMSM to learn about and potentially start PrEP. While most in this sample had been seen by and disclosed their sexual orientation to their regular medical provider, only one-third was aware of PrEP. Disclosure of sexual orientation and older age was associated with awareness of PrEP. Despite reporting a high-perceived risk of acquiring HIV and reporting recent anal sex without a condom, few participants reported current PrEP use. Self-reported PrEP use and awareness were not in perfect agreement. The question that included the statement "currently

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