Belief in Treatment as Prevention® and its Relationship to HIV Status and Behavioural Risk

How have attitudes towards Treatment as Prevention® (TasP®) among gay, bisexual and other men who have sex with men changed over time?

What is the importance of this study?
- Despite treatment advancements that have reduced HIV-related morbidity, mortality and transmission, gay, bisexual, and other men who have sex with men (gbMSM) continue to have increasing proportions of new HIV cases.
- An HIV prevention strategy known as Treatment as Prevention® (TasP®) has seen widespread adoption. It is important to understand its usage within at-risk social networks.
- Studies have demonstrated that TasP® knowledge among gbMSM has historically been limited; however, little is known about how awareness, attitudes and behaviours towards TasP® have changed over time.

How was this study conducted?
- Participants in the Momentum Health Study were asked about their attitudes, knowledge and behaviours regarding TasP® and its effectiveness.
- Given differences in treatment and HIV awareness between HIV-negative/status unknown and HIV-positive groups, analysis was divided by self-reported HIV status.
- Using statistical modelling, three main classes were identified: (1) those unaware of TasP®, (2) those who were skeptical of TasP® and (3) those who were believing of TasP® efficacy.

What are the key study findings?
- The majority (64.2%) of HIV-negative/status unknown men and a smaller proportion (29.2%) of men living with HIV belonged to the “Unaware” class, which was characterized as those not having heard of TasP® and being generally skeptical of the preventive benefits of the strategy.
- Almost half (47.7%) of HIV-positive men but only a minority (6.1%) of HIV-negative/unknown status men belonged to the “Believing” class. Participants in this class reported that TasP® significantly lowered HIV risk and agreed with statements regarding the preventive benefits of TasP®.
- Over time, TasP® endorsement was relatively stable among men living with HIV. HIV-negative/unknown men became increasingly aware of TasP®.

FACT BOX
HIV status, socioeconomic indicators, engagement in health care and social embeddedness are factors shown to be associated with increased awareness of the Treatment as Prevention® strategy.
• Certain factors were associated with increased or decreased odds of becoming more aware of TasP®. For example, among HIV-negative/unknown status men, those with greater than high school education or a regular partner were more likely to transition to a class demonstrating greater awareness. Those who reported recent condomless anal sex or a recent STI (sexually transmitted infection) diagnosis were less likely to show changes in awareness.

What do these findings mean?
• In general, awareness of TasP® is increasing among Vancouver gbMSM, particularly among HIV-negative/status unknown gbMSM.
• Several key groups including people who use substances, those with low socioeconomic status and those with lower social connections to other gbMSM remain unaware of TasP®. This suggests that knowledge regarding other HIV prevention strategies may also be hindered in these groups.
• Public health programs should aim to continue improving health literacy among gbMSM and establish compatible safe sex norms throughout at-risk social networks.

What is the BC-CfE Momentum Health Study?
Evidence from British Columbia and elsewhere has demonstrated the expansion of access to antiretroviral HIV treatment (ART) can result in population-level reductions in HIV incidence. This is the concept behind the made-in-BC Treatment as Prevention® strategy, or TasP®, which aims to expand early HIV testing and treatment to improve patients’ health and curb the spread of HIV. Gay, bisexual and other men who have sex with men (gbMSM) represent the most affected HIV risk group, both in BC and Canada. The BC-CfE Momentum Health Study is designed to measure changes in HIV risk behaviour, attitudes toward TasP® and the proportion of HIV-positive gbMSM with unsuppressed viral load over time in the Vancouver region. The study uses respondent-driven sampling (RDS) to obtain a more representative sample reflecting the diversity of the gbMSM population in Vancouver.