

Antiretroviral therapy based HIV prevention awareness, acceptability and use among transgender gay and queer men: Findings from interviews in Vancouver, BC

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Background

- Gay, bisexual and other men who have sex with men (GBM) are disproportionately affected by HIV and a key target for ART-based HIV prevention:
 - Half of new HIV diagnoses in Canada annually¹
 - Nearly two-thirds of new diagnoses in BC, most reported in Metro Vancouver²
- GBM include transgender (trans) men:
 - Up to two-thirds of trans men identify as gay, bisexual or queer³; report male sex partners and sexual HIV risk behaviours³⁻⁴
- Little is known about the impact of HIV on trans GBM and the potential benefits of ART-based prevention (i.e. PEP & PrEP) as an intervention for this group

Objective

We sought to explore HIV sexual risk among these gay and queer identified trans men. Presented findings focus on participants' narratives of knowledge, acceptability and use of ART-based primary prevention, specifically PrEP and PEP.

Methods

- We conducted a community-engaged qualitative study with trans men in the Momentum Health Study, a large bio-behavioural cohort of GBM in Vancouver, Canada. We recruited a representative of local trans GBM communities to advise this study as part of the Community Advisory Board and trained a second community member as a peer interviewer.
- Between October and December 2014, two trained interviewers conducted semi-structured in-person interviews with 11 of the 14 trans men enrolled in Momentum.
- Interviews were structured through the use of an interview guide and lasted between 45 and 100 minutes.
- Interview transcripts were catalogued in the qualitative analysis software NVIVO and systematically reviewed to identify emergent themes within the data; individual accounts were grouped into discrete categories describing common themes of experience.
- Qualitative data were complimented by descriptive statistics from the larger Momentum cross-sectional sample, recruited between February 2012 and February 2014. These describe trans participants' socio-demographics, and ART-based prevention knowledge, acceptability and use.

Results: Descriptive Statistics (n=14)

Gender: 14 cohort members identified as a "Trans-man (F to M)" on behavioural survey
Sexual orientation: 36% (5) identified as gay, 64% (9) as queer
Age: Participant median age was 26 years, all 20's-30's
Race/ethnicity: 86% (12) were White, 14%(2) identified as other races/ethnicities
HIV status: All HIV-negative
Residence area: 14% (2) downtown/West End, 71% (10) rest of Vancouver, 14% (2) outside Vancouver
Education: 92% (12) greater than high school

Table 1. Descriptive statistics: PEP & PrEP knowledge, acceptability, use

	PEP %(n)	PrEP %(n)
Heard of:		
No	28.6(4)	64.3(9)
Yes (asked following questions)	64.3(9)	28.6(4)
How much know about:		
Nothing/not much	35.7(5)	14.3(2)
A bit in general	28.6(4)	14.3(2)
A lot	0(0)	0(0)
Talked about in P6M:		
No	35.7(5)	14.3(2)
Yes	28.6(4)	14.3(2)
Used in P6M:		
No	64.3(9)	28.6(4)
Yes	0(0)	0(0)

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Results: Interviews (n=11)

Motivations for acceptability & use- PEP

Qualitatively, two participants had ever used PEP, two others had attempted to access and others would consider using. Most common motives for consideration/use included an unplanned risk event (e.g. condom breakage, sexual assault), HIV-related fear, and as part of a combination HIV prevention strategy.

"Yeah, actually I was just really horny and met up with a guy online, that's about it, so yeah I couldn't get hold of any of my regular partners."

"...If I was like going on a trip looking to hook up with people...[I] might...be interested in [PEP]... or if I was...travelling to...a big sex centered gathering, I think that might be better I guess to be safe with."

"If a condom breaks and I know my partner's positive, if I get in the situation...and it's been unconsensual that they don't use a condom, then I would consider [PEP]."

Some participants described trans-specific motives to consider/use PEP.

"If that [rape] happened then totally I would also want that [PEP] afterwards. I would probably also want like a million other things...I'd want to go for all of my tests, syphilis, gonorrhea...I'd go through the exact same process as when the condom had broke that one time. I'd want to go get tested for pregnancy."

Motivations for acceptability & use- PrEP

Of the few participants who were aware of PrEP, some had a potential interest in using it, the most common motivation being a relationship with a serodiscordant partner.

"I would consider going on PrEP if I had a long-term HIV positive partner...I was briefly dating someone who was HIV positive this summer. We didn't really get serious...but his viral load was undetectable. It's definitely something I would consider if he and I continued more long-term."

Barriers to acceptability & use- PEP & PrEP

Perceived barriers to considering PEP and PrEP use were similar, primarily access issues and concern about side effects.

"Yeah, I think it [PrEP] could be a good resource for the gay community in general, but I'm not sure about the availability and the cost I guess."

"It sounds like it [PrEP] would make you really sick... like if you take the PEP for a month."

Those who had attempted to/accessed PEP experienced additional barriers- both general (e.g., need for a flexible schedule, fear of side effects, HIV-related stigma) and trans-specific (e.g., not using preferred names and pronouns, non trans-inclusive forms and patient record systems).

"It was a little chaotic at emergency when I went to get it...for me it was a little unnerving...but it wasn't a big deal for the professionals... Like I don't go to hospitals, I was a little nervous about, you know like, I'm here for the PEP program for HIV and the kind of stigma attached to that. ...It was a long wait, they'd forgotten about me for a while, there was an emergency... I went and got my blood worked on every week or so."

"They [hospital] weren't so good with chosen name. Some people were, some people weren't...So then I have this pharmacist holding them [the pills] on one side of the counter. So I'm like, no, this is my name. Here's my card, a picture of me. Legal name that's on the prescription. I'm just requesting you call me this other name because I'm already having enough of a traumatizing experience. You're just making it worse. So she had no patience...I had to go back and get the pills from them three times [over the course of the PEP regimen]."

Discussion

- Motives and barriers for using ART-based primary prevention among trans GBM may be similar to those of cisgender GBM, with some notable trans-specific additions.
- Some trans GBM are incorporating ART-based prevention knowledge and use into complex sexual decision-making, identifying appropriately nuanced application of these tools and employing a high level of sexual health literacy.
- As ART-based prevention becomes increasingly integrated into the combination HIV prevention toolkit, it is important for policymakers and clinicians to understand the application of these tools to populations at risk, including trans GBM.
- Decision-makers should work to address barriers to accessing these tools for this population, both general and trans-specific, including working to make general sexual health services, and those targeted for GBM, trans-inclusive.

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