Motivations and barriers to pre-exposure prophylaxis use among black men who have sex with men (MSM) aged 18-45 in London

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HIV in black MSM in the UK

Health inequalities

- Black MSM (BMSM) more likely to have HIV despite similar levels of risk as white MSM.
- As likely to test for HIV frequently as other MSM.
- Less likely to have knowledge of PrEP & PEP.
- Less likely to access and sustain anti-retroviral therapy if HIV positive.
- HIV incidence is highest in MSM aged 18-45.


Table 1: Summary ORs of disparities in black MSM relative to other MSM in the UK (Millet et al 2012).

<table>
<thead>
<tr>
<th></th>
<th>OR  (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV positive status</td>
<td>1.86 (1.58-2.19)</td>
</tr>
<tr>
<td>Sexual risk</td>
<td></td>
</tr>
<tr>
<td>UAI with male partners</td>
<td>1.07 (0.91-1.18)</td>
</tr>
<tr>
<td>UAI receptive</td>
<td>0.92 (0.79-1.07)</td>
</tr>
<tr>
<td>Number of male sexual partners</td>
<td>0.87 (0.68-1.11)</td>
</tr>
<tr>
<td>STIs</td>
<td>2.66 (1.53-4.64)</td>
</tr>
<tr>
<td>HIV prevention</td>
<td></td>
</tr>
<tr>
<td>HIV testing</td>
<td>1.75 (1.39-2.21)</td>
</tr>
<tr>
<td>Knowledge of PEP or PrEP</td>
<td>0.71 (0.61-0.83)</td>
</tr>
</tbody>
</table>
Research around PrEP in black MSM

- No research which specifically addresses PrEP within BMSM currently exists in the UK.
- Some representation in the PROUD study.
- Data is lacking on how to develop support, particularly around the information needs of BMSM around ‘PrEP sauvage’.
- Data from US suggests patient race may impact on provider willingness to prescribe.


Table 2: PROUD participant demographics
**Aim:** Understand the motivators and barriers that could impact on the future uptake and effective use of PrEP by black MSM aged 18 to 45 in London.

**Objectives:**

- To explore how sexual history and risk perceptions can impact on perceptions of PrEP candidacy;
- To understand the potential impact of peer and social norms on decision making processes surrounding PrEP use;
- To describe preferences for health services providing PrEP.
Methods

- Initially proposed 10 semi-structured interviews, expanded sample to 25.
- Purposively sampled
- Inclusion criteria
  - HIV negative as last test or untested.
  - Describes ethnicity as black using standard UK ethnicity codes.
  - Aged 18-45.
  - Potential PrEP candidate.
- Recruited primarily through geo-location hook-up apps and the PROUD study participant mailing list.
- Participants also referred friends.
### Table 3: Sampling frame

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Options</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (Mean 30.7)</strong></td>
<td>18-25</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>26-35</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>36-45</td>
<td>3</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td>Black / Black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Black / Black African</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Black / Black British other</td>
<td>2</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td>Gay / homosexual</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Bisexual</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>I don’t usually use a term</td>
<td>1</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Low</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>7</td>
</tr>
<tr>
<td><strong>Last HIV test</strong></td>
<td>3 months</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12 months</td>
<td>3</td>
</tr>
</tbody>
</table>
PrEP ‘proximity’

Used 4 yes / no questions to assess proximity to PrEP.

1) Have you ever heard of PrEP before now?
2) Do you know anyone who has taken PrEP?
3) Have you ever tried to get PrEP?
4) Have you ever taken PrEP?

Participants then classified by how many yes answers they provided.

<table>
<thead>
<tr>
<th>PrEP Proximity score</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has heard of</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Knows someone</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tried to get</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Has had PrEP</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
Influences on motivations to use PrEP

**Personal**
- Identity & self-image
- Risk perception & decision making
- Citizenship

**Social & environmental**
- Ecology of gay male culture
- Group norms surrounding sex
- Attitudes of peers

**Structural & medical**
- Service provision
- Health care workers
Experiences of gay male spaces and the scene influenced social engagement and knowledge acquisition.

Experiences of racism and sexual racism very common online and offline.

Intersection of cultural, religious and sexual identity made accessing the scene challenging for some.

Knowledge about PrEP was usually acquired passively through gay male culture and spaces—primarily through apps, sexual partners or LGBT focused media.
Participants with heterogeneous social groups faced additional barriers discussing sexual health and risk. Intersections of sexual orientation and cultural identity limited conversation and support from outside gay male friends.

Dialogue around anal sex without condoms was particularly challenging for our participants, with stigmatising attitudes from friends very common.
PrEP candidacy represented taking on an additional identity beyond existing sexual, cultural and religious identities.

How individuals thought of themselves were crucial in their construction of their own potential eligibility for PrEP use.

Concerns about being on PrEP and taking pills as outing oneself as homosexually active.
Seeing oneself as not a candidate for PrEP was embedded in narratives around who ‘ideal’ PrEP users are.

**Interviewer:** So when you think about the kinds of sex you have, that you have right now, do you think PrEP is relevant for you?

**Participant:** I don’t. Not really. I don’t really go for it. I don’t have sex with that many unprotected people at once and that’s kind of what it feels like PrEP is advertising. It doesn’t mean I wouldn’t take it if it was freely available, but at the same time I don’t think I’m the kind of person... I’m not its target audience. (31 year old gay man, PrEP proximity 2).
Perceptions of eligibility were located in narratives of accepting one's risk status making efforts to control it.

Even if you're in a monogamous relationship. I mean – you're monogamous, you don't know what your partner's doing. And then you catch some shit, what are you doing to do? Especially in the gay community I've come to that conclusion. That's why PrEP for me is about control. I'm in control of my own health. I'm choosing to protect myself from HIV. I'm choosing to sleep with people... (28 year-old gay man, proximity 4).
PrEP as a strategy to avoid contracting HIV and facing further stigma.

Also I think with HIV as well it is not just the physical element of it there is also the psychological element of it because I have friends who had issues with it now, they feel they might be undateable, if they disclose their status to a partner they feel rejection as well in particular. I remember a black fella telling me it is one thing to be a gay black man on Grindr especially in the world of no fats, no fems, no Asians, no blacks for example but if you then add HIV on the top of that then you are even pushed lower down the hierarchy of who is desirable and who is not desirable (23 year old gay man, PrEP proximity 3).
Citizenship located in understanding and respecting history of epidemic through condom use and testing. PrEP interrupts and challenges these notions of citizenship.

There are people that sleep around and it’s like several nights a week with a different person all the time and they are taking PrEP in order to do that, and I think there has been more of an uptake in people feeling more casual [...] also because I do just about remember the 80s and 90s and times when HIV was the big horrendous disease that people were dying of. I know one guy who died of AIDS back in the day. I think it’s probably because of that. I think maybe my attitude would be different if I was in my early 20s and it wasn’t a thing. (37 year old gay man, PrEP proximity 2)

Personal influences on motivation: citizenship

- Identity & self-image
- Risk perception & decision making
- Citizenship
Proximity 3-4: **PrEP positioned as component of responsible citizenship.**

Yes, in that I would be able to... I don’t know, it’s not necessarily referenced because I don’t have a huge number of partners. I suppose it [PrEP] would just be to make sure I’m safe and not putting other people at risk. (28 year old gay man, proximity 3).

...If you were taking PrEP, obviously if you were part of a study you are part of this huge research but even if you are taking PrEP without the study you are still part of this still huge ongoing fight against HIV as well, so I think it is probably a responsibility to make sure that everything is still working how it should be as well because God forbid that there comes a strain of HIV which is resistant to PrEP[...] I think it is our duty of care to make sure that we get regularly checked up whether we are on PrEP or not. (23 year old gay man, proximity 3).
• Perceived proximity of clinic and health spaces to communities (both geographical and cultural) provided a barrier to PrEP access.

• Concern existed about location of services. Individuals were likely to want potential PrEP services to be geographically accessible but not in primarily black associated areas.

• Participants from both African and Caribbean backgrounds were often concerned about having staff from similar cultural backgrounds.
Summary

• Gay male spaces and organisation of social groups inhibit dialogue around PrEP for BMSM.

• Intersections of cultural, religious and sexual identity impact on considerations of PrEP candidacy.

• Those less likely to consider themselves candidates found PrEP challenging to notions of good citizenship.

• Perceived proximity of clinic and health spaces to communities (both geographical and cultural) provided a barrier to PrEP access.
Recommendations

- Knowledge primarily from informal sources, high quality accessible information required in a range of venues and mediums in order to overcome issues around racism in gay male spaces.

- Careful language should be used in health promotion surrounding PrEP, particularly around messaging about candidacy.

- Health service design is crucial, careful consideration around personnel delivering PrEP services and location of clinics.
References


