

Related factors to the willingness to use PrEP among men who have sex with men from an HIV clinic in Mexico City

Vega-Ramírez, E.H., Fresán-Orellana, A., Robles-García, R., Díaz-Sosa, D.M., Torres, T.S., Konda, K.

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Disclosure

- Speaker for Stendhal Pharmaceuticals, Inc.

Introduction

- Daily PrEP is very effective for HIV prevention.
- Since 2015, WHO strongly recommended the use of PrEP among populations with HIV incidence $> 3/100$ py.
- Countries in Latin America (LA) have concentrated HIV epidemics, but with high burden among key populations.
- PrEP in LA is only available in a few countries (4/17).
- Reports of awareness, willingness, facilitators and barriers to use PrEP varies by country and time.

Objective

To identify factors related to the willingness to use PrEP (WPr) among MSM from an HIV clinic in Mexico City

Methods

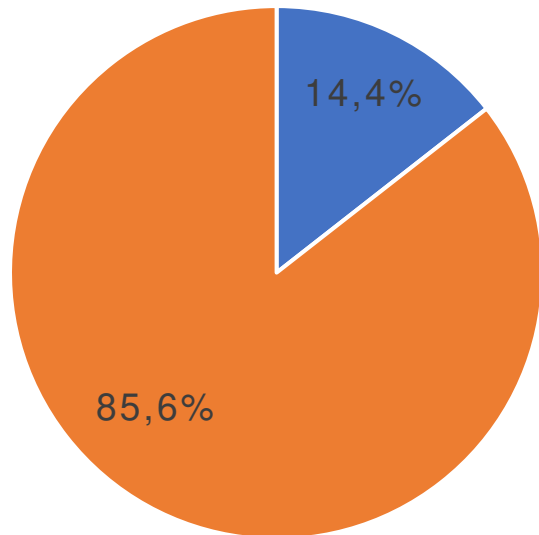
- Cross-sectional survey with a convenience sample approach.
- Participants were from the HIV Counseling Service at the biggest HIV clinic in Mexico City.
- Sections of the survey:
 - Sociodemographic data.
 - Sexual risk behavior in the last 6 mo.
 - Previous HIV tests & perceived HIV risk.
 - Substance use.
 - PrEP awareness and willingness.
 - Barriers and facilitators to use PrEP.

Results – General

N= 180 men

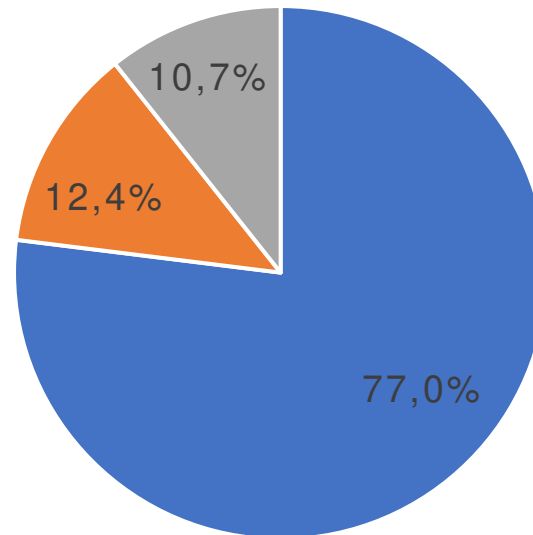
Age → 29.3 years (± 7.9)

Education



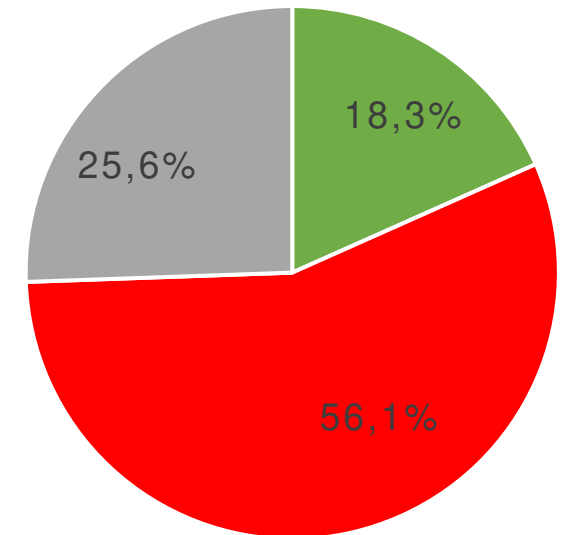
■ ≤Highschool incomplete
■ Highschool or >

Sexual attraction



■ Men ■ Women ■ Both

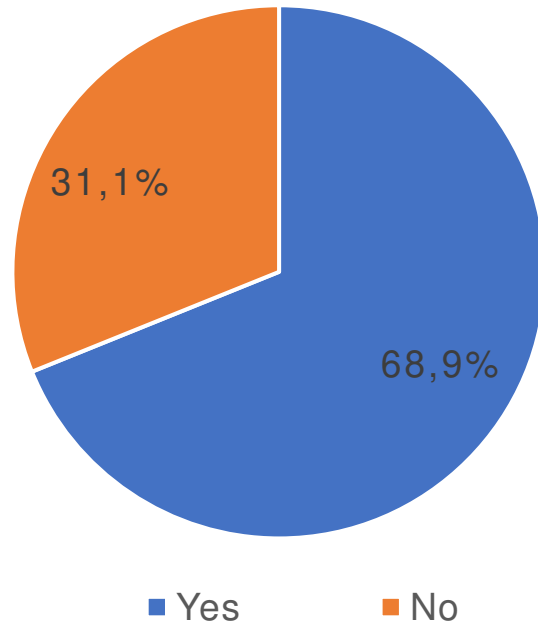
Monthly income



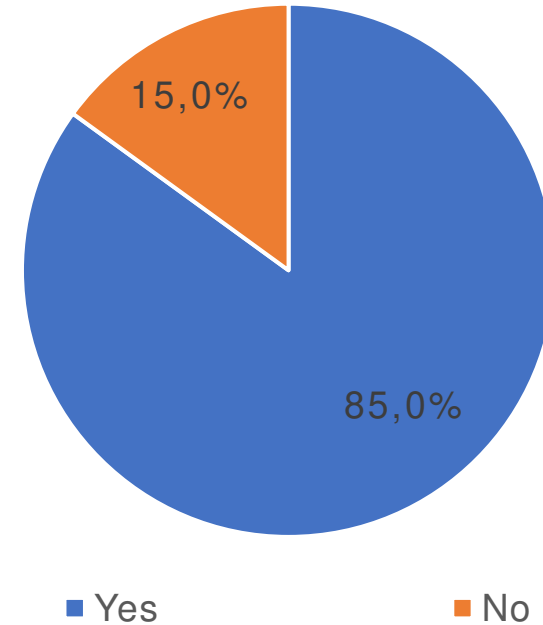
■ No income ■ < 558 USD ■ > 558 USD

Results – General

PrEP Awareness



Willingness to use PrEP



	Willingness to use PrEP		<i>p</i>
	Yes, n (%)	No, n (%)	
Awareness of PrEP	111 (72.5)	13 (48.1)	0.01
Use of daily PrEP	139 (90.8)	12 (44.4)	< 0.001

Results – Sexual Behavior

No differences in:

- Condomless sex
- Frequency of HIV tests
- Risk compensation
- Perceived HIV risk acquisition

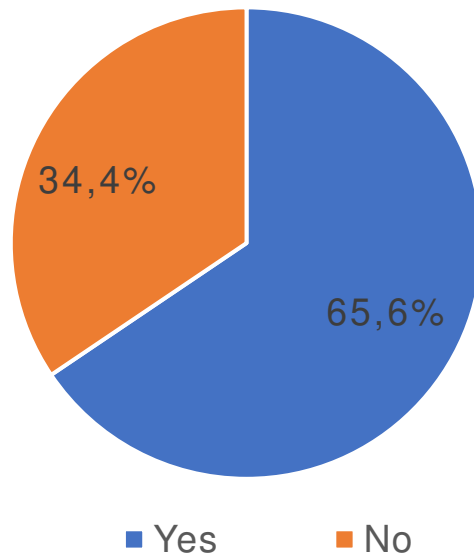
	Willingness to use PrEP		<i>p</i>
	Yes, n (%)	No, n (%)	
Sexual attraction			
Men	121 (79.1)	18 (66.7)	< 0.001
Women	13 (8.5)	9 (33.3)	
Both sexes	19 (12.4)	0 (0.0)	
N° sexual partners (last 6 mo.)			
None	31 (20.3)	8 (29.6)	0.02
1-5	77 (50.3)	18 (66.7)	
> 5	45 (29.4)	1 (3.7)	
Use of Grindr® for sexual encounters			
Never	57 (37.3)	19 (70.4)	< 0.01
Monthly	34 (22.2)	5 (18.5)	
Weekly	31 (20.3)	3 (11.1)	
Daily	31 (20.3)	0 (0.0)	
Use of Facebook® for sexual encounters			
Never	64 (41.8)	20 (74.1)	0.01
Monthly	14 (9.2)	1 (3.7)	
Weekly	8 (5.2)	2 (7.4)	
Daily	67 (43.8)	4 (14.8)	

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WHO's high risk for HIV & PrEP



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Results – Barriers for PrEP

Barriers	Willingness to use PrEP		<i>p</i>
	Yes, n (%)	No, n (%)	
Afraid of short-term side effects [^]	106 (69.3)	24 (88.9)	0.04
Afraid of not being protected 100% protected against HIV [^]	108 (70.6)	24 (88.9)	0.05
Afraid that people may think I am HIV(+) [*]	54 (35.3)	16 (59.3)	0.02
Afraid that people may ask why I am taking pills [*]	48 (31.4)	14 (51.9)	0.04
Taking PrEP means I am at risk of HIV infection [*]	79 (51.6)	22 (81.5)	< 0.01
Concern for HIV/ STI testing every 3 mo. ^μ	66 (43.1)	18 (66.7)	0.02

[^] Information barriers

^{*} Beliefs barriers

^μ Behavioral barriers

Results – Factors associated

- Awareness of PrEP (OR= 2.8, 95% CI: 1.2-6.5), and taking daily PrEP (OR= 12.4, 95% CI: 4.8-31.6) predicted WPr.
- Some barriers negatively predicted WPr:
 - Afraid of short-term side effects (OR= 0.2, 95% CI: 0.1-0.9).
 - Taking PrEP would mean be at risk for:
 - HIV infection (OR= 0.2, 95% CI: 0.1-0.7)
 - Being already HIV+ (OR= 0.4, 95% CI: 0.2-0.9).
 - Concern for HIV/ STI tests every 3 mo. (OR= 0.4, 95% CI: 0.2-0.9).

Conclusions

- Awareness and WPr were high among this sample which were also a sample at high risk for HIV infection.
- Participants who used apps to seek sexual encounters in daily basis the WPr was more frequently found.
- Informational and belief barriers could represent obstacles for WPr.
- Communication of evidence-based information about PrEP should be spread among MSM at high risk for HIV.

Limitations

- This was a convenience sample and a cross-sectional study in an urban clinic.
- The participants were highly educated.
- The HIV status was self-reported.
- Recall bias could be present at the moment of the data collection.
- Other PrEP regimens are poorly known among Mexican MSM.
- Direction of associations may not be inferred.

Thank you // ¡Gracias!

Hamid Vega
hamid.vega@gmail.com



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