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Experiences in Healthcare Predicts Pre-Exposure Prophylaxis Awareness and Attitudes: A brief report on adolescent sexual minority males

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Abstract

This study examines the association between healthcare experiences and LGBTQ+ connectedness with beliefs about pre-exposure prophylaxis (PrEP) among adolescent sexual minority males in romantic relationships. Results revealed that connection to the LGBTQ+ community broadly and comfort discussing sexual health with a primary care provider was positively associated with perceived confidence in taking PrEP daily, while experiences of discrimination by a primary care provider was negatively associated with the perceived PrEP effectiveness to prevent HIV. Findings highlight the importance of fostering an affirming environment for learning about HIV prevention and for increasing confidence in taking care of one’s sexual health.

Resumen

Este estudio examina la asociación entre las experiencias en la atención médica y la conexión con la comunidad LGBTQ+ con las creencias sobre la profilaxis pre-exposición (PrEP) entre los adolescentes varones de minorías sexuales en relaciones románticas. Los resultados revelaron que la conexión con la comunidad LGBTQ+ en general y la comodidad para discutir la salud sexual

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con un proveedor de atención primaria se asociaron positivamente con la confianza percibida para tomar PrEP diariamente, mientras que las experiencias de discriminación por parte de un proveedor de atención primaria se asociaron negativamente con la percepción de la efectividad de la PrEP para prevenir el VIH. Estos hallazgos destacan la importancia de fomentar un entorno afirmativo para aprender sobre la prevención del HIV y para aumentar la confianza en el cuidado de la salud sexual.

Keywords

adolescent; discrimination; LGBTQ+ community; PrEP; sexual minority males; HIV

INTRODUCTION

Nearly a quarter of new HIV infections are among youth aged 13 to 24 years old [1]. Adolescent sexual minority males (SMM) disproportionately represent youth impacted by HIV and account for approximately 93% of new infections among youth. One promising avenue for reducing HIV infections is biomedical prevention like antiretroviral medications used as pre-exposure prophylaxis (PrEP) [2]. Daily oral PrEP was approved by the Food and Drug Administration (FDA) as a biomedical prevention strategy for adolescents at high risk of acquiring HIV in 2018. Recommendations define high risk to include adolescent SMM who have inconsistent or no condom use, HIV-positive sex partners, recent sexually transmitted infection, or exchange sex.

Although PrEP uptake continues to increase annually in the United States, it remains low among adolescents and emerging adults. Only 15 to 20% of youth at high risk are currently prescribed PrEP [3]. Limited awareness of PrEP is one potential barrier to uptake among youth. Survey studies suggest between 45% and 68% of youth have previously heard of PrEP [4, 5]. Among adolescent SMM who are aware of PrEP, beliefs about the effectiveness of PrEP or self-efficacy to adhere to PrEP may suppress uptake. One study found that only a third of adolescent SMM believed that taking PrEP daily would be effective at preventing HIV when having sex without a condom [5]. Another found that perceived difficulties in taking PrEP daily were associated with lower willingness to initiate PrEP in a sample of young SMM (aged 18–29) [6]. Despite the implications for PrEP uptake, the number of studies examining these PrEP attitudes among adolescent SMM are limited [7]; and even less is known about PrEP attitudes among adolescent SMM in romantic relationships, who may be at higher risk of contracting HIV [8].

Healthcare providers are an important source of health information for adolescent SMM generally. Although health providers are essential gatekeepers for PrEP initiation, providers rarely discuss HIV prevention or administer HIV testing with adolescents [4]. The onus to initiate a conversation about HIV prevention is often placed on the adolescent, and adolescent SMM who are not comfortable communicating about sexual health with their provider may not have the opportunity to learn about PrEP. Obtaining PrEP related information from healthcare providers may be further complicated by invalidating or stigmatizing healthcare experiences. One study of adult SMM found that perceived discrimination in healthcare was associated with lower PrEP awareness [9]. Despite the importance of healthcare providers in HIV prevention, the extent to which experiences in healthcare are associated with PrEP attitudes among adolescent SMM has rarely been explored.

Adolescent SMM may also learn about HIV from the broader lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community; however, the influence of the LGBTQ+ community on PrEP awareness is not well understood. Consistent with theoretical models that emphasize the influence of social learning and intergroup modeling, attachment or connection to the LGBTQ+ community appear to be a particularly important psychosocial factor associated with increased PrEP uptake among adult SMM [10]. Adult SMM who are connected to the LGBTQ+ community are more likely to encounter those using PrEP. These individuals advocate for PrEP uptake in the broader LGBTQ+ community by routinely asking if others are on PrEP, talking about PrEP openly, and demystifying perceived barriers to PrEP such as taking it daily [11]. Although early studies signal the importance of the LGBTQ+ community as a source of information about PrEP for adult SMM, the extent to which connection to the LGBTQ+ community is associated with PrEP among adolescent SMM is not currently known.

Current knowledge regarding PrEP awareness and attitudes among SMM is largely grounded in studies of adults. Furthermore, PrEP attitudes among adolescent SMM in romantic relationships are noticeably missing. Adolescent SMM in romantic relationship may benefit most from the adoption of PrEP. Although rates of HIV transmission between main romantic partners among adolescent SMM is unknown, an estimated 79% of new HIV diagnoses among older youth (18 to 24-years old) occur between main partners [8] – which emphasizes the need to understand attitudes about PrEP within younger SMM in romantic relationships specifically. The current study builds on these gaps by examining known correlates of PrEP attitudes from adult studies. Specifically, this study examines both healthcare experiences and connection to the LGBTQ+ community as predictors of PrEP awareness, perceived PrEP effectiveness to prevent HIV, and perceived efficacy in daily adherence to oral PrEP in a sample of partnered adolescent SMM.

METHODS

Participants

Data come from Project Connect, a quantitative cross-sectional pilot study of adolescent SMM. Participants were eligible if they were a cisgender male between 15–19 years old, were in a romantic relationship with another cisgender male for at least 30-days, had a partner who was at least 15 years old, had vaginal or anal sex at least once in their lifetime, lived in the United States of America, and were able to read and write in English. Participants under 18 years old were excluded if their partner was 2 or more years older than themselves because of variations in sexual consent laws across the United States. Participants were excluded from the current analysis if they indicated an HIV positive serostatus because they were not presented with items related to PrEP.

Procedures

National online advertisements were posted across social media, geo-dating applications, and listservs of community-based organizations that serve sexual minority adolescents between March 2021 and December 2022. Advertisements linked to a brief screening survey on Qualtrics. Eligible participants were then directed to a page providing assenting (those aged 15-17 years old) or consenting (aged 18-19 years old) information. Participants completed an assent/consent comprehension quiz and provided written assent/consent before advancing to the study survey. This study was reviewed and approved by the City University of New York (CUNY) Integrated Institutional Review Board and was granted a waiver for obtaining parental consent for participants younger than 18 years old.

Measures

Participant Characteristics. Participants reported on common demographic characteristics including age, race and ethnicity, HIV status, and PrEP uptake. Participants also reported on sexual behaviors over the past 30-days including (1) if they had anal sex with their main partner in the past 30-days, (2) the frequency of condomless anal sex with their main partner in the past 30-days, and (3) the frequency of condomless anal sex with a casual partner in the past 30-days. The frequency of condomless anal sex with both main and casual partners were dichotomized as 1 (had condomless anal sex with [main/casual] partner at least once in the past 30-days) or 0 (did not have condomless anal sex with [main/casual] partner in the past 30-days).

LGBTQ+ Community. The LGBTQ+ community attachment scale is a five-item measure that assessed perceived connection to the sexual and gender minority community [12]. An example item includes “I am happy that I am a member of the LGBT+ community.” Participants responded on a 4-point Likert-type scale between 1 (strongly disagree) to 4 (strongly agree). The five items were summed to create a total score, with higher scores reflecting more connection to the LGBTQ+ community. The LGBTQ+ community attachment scale had had adequate internal reliability in this sample (α = .88).

Communication with healthcare providers. Comfort discussing sexual health with health care providers was assessed across 5-items on the sexual health communication with providers subscale. An example item includes “How comfortable are you discussing sex with your healthcare provider?” Response options were on a 5-point Likert scale between 1 (not at all comfortable) to 5 (very comfortable). The five items were summed to create a total score, with higher scores reflecting being more comfortable talking to health care providers about sexual health. This scale had adequate internal reliability in this sample (α = .90).

Discrimination by healthcare providers. Experiences of discrimination by their healthcare provider was assessed with a single item, “My healthcare provide disapproves of or makes negative comments about my sexual orientation.” Response options included a 5-point Likert-type scale between 1 (never) to 5 (always), which was dichotomized into 0 (never having experienced discrimination) and 1 (has experienced discrimination by their healthcare provider).

PrEP Awareness. Awareness of PrEP was assessed with a single item: “Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV, but who are at risk for HIV infection, to prevent HIV by taking a pill every day. Are you familiar with PrEP?” Response options included ‘yes’, ‘no,’ and ‘unsure.’ Response options of ‘yes’ indicated previous awareness of PrEP, while response options of ‘no’ and ‘unsure’ were indictive of not being previously aware of PrEP as a method of preventing HIV.

Perceived PrEP Effectiveness. Participants reported on a single item asking “How effective do you think PrEP is at preventing HIV?” Participants responded using a sliding scale from 0 to 100%. Responses were divided by 10 to create a score between 0 and 10.

Confidence in PrEP Adherence. Participants reported on a single item asking, “How confident are you that you could take PrEP every day?” Participants responded using a sliding scale from 0 to 100%. Responses were divided by 10 to create a score between 0 and 10.

Data Analysis

Data were analyzed using SPSS version 29 and occurred in three steps. Prior to analyses, variables were reviewed for conformity to distributional assumptions. Bivariate associations were first explored between primary care experiences (e.g., comfort, discrimination), LGBTQ+ community connectedness, and outcomes of interest (PrEP awareness, perceived PrEP effectiveness, and perceived confidence in taking PrEP daily). Pearson coefficient correlations (r) were calculated between two continuous variables, point-biserial correlations (r_{pb}) were calculated between a dichotomous and continuous variable, and Phi (Φ) was calculated between two dichotomous variables. A multivariate logistic regression model predicting PrEP awareness was calculated. Predictors of primary interest included experiences with healthcare providers (e.g., sexual health communication, discrimination) and connectedness to the LGBTQ+ community. Finally, two multivariate linear regressions were calculated predicting perceived confidence in taking PrEP daily and perceived PrEP effectiveness among those who had previously heard of PrEP. Primary predictors of interests included experiences with healthcare providers (e.g., sexual health communication, discrimination) and LGBTQ+ community connectedness.. Given the known associations with HIV [1], models adjusted for age, race (non-Hispanic White vs. not White), PrEP uptake (currently taking PrEP vs. not currently taking PrEP), and recent condomless anal sex (past 30-days).

RESULTS

Participants

Recruitment efforts produced a sample of 50 youth who completed the survey. Of these, 9 were removed indicated they were living with HIV and were excluded. The final analytic sample included 41 HIV negative adolescent SMM. On average, participants were 18.24 years old (SD = 0.94). Most participants identified as non-Hispanic White (n = 21, 51.2%), followed by non-Hispanic Black (n = 8, 19.5), Hispanic (n = 9, 22.0%), and Asian or Pacific Islander (n = 3, 7.3%). Most also identified their sexual identity as gay (n = 24), followed by bisexual (n = 11, 26.8%), and queer or pansexual (n = 6, 14.7%). The sample was diverse with respect to their region of residence with 34.1% (n = 35.5%) living in the Northeast, 29.3% in the Midwest (n = 12), 24.4% in the West (n = 10), and 12.2% in the South (n = 5).

Most adolescent SMM had anal sex in the past 30-days with their main partner (n = 36, 87.8%). More than half of adolescent SMM engaged in condomless anal sex with their main partner (n = 22, 53.7%) and more than a quarter (n = 11, 26.8%) engaged in condomless anal sex with a casual partner in the past 30-days. Most adolescent SMM (n = 31, 75.6%) had previously heard of PrEP prior to participating in this study. Fewer were actively prescribed PrEP (n = 7, 17.1%). On average, participants believed PrEP was 79.6% effective at preventing HIV and adolescent SMM were confident that they could take PrEP daily 69.0% of the time.

Bivariate Correlations

Awareness of PrEP as a medication for preventing HIV was not correlated experiences of discrimination in primary care ($r_{pb} = -.28$, $p = .081$) or comfort discussing sexual health with a primary care provider ($r_{pb} = .11$, $p = .492$). Similarly, awareness of PrEP as a medication for preventing HIV was not correlated with connectedness to the broader LGBTQ+ community ($r_{pb} = -.21$, $p = .195$). Awareness of PrEP was also not associated with age ($r_{pb} = -.09$, $p = .585$), being non-Hispanic White ($\Phi = .01$, $p = .929$), or being prescribed PrEP ($\Phi = .26$, $p = .099$).

Confidence in taking PrEP as prescribed was positively associated with both comfort discussing sexual health with a primary care provider ($r = .51$, $p = .003$) and connectedness to the broader LGBTQ+ community ($r = .43$, $p = .016$), but was not associated with experiences of discrimination in primary care ($r_{pb} = -.23$, $p = .207$). Confidence in taking PrEP was not associated with age ($r = -.08$, $p = .672$), being non-Hispanic White ($r_{pb} = -.30$, $p = .102$), or being prescribed PrEP ($r_{pb} = .08$, $p = .659$).

Perceived PrEP effectiveness was negatively associated experiences of discrimination in primary care ($r_{pb} = -.57$, $p < .001$), but was not associated with comfort discussing sexual health with a primary care provider ($r_{pb} = .16$, $p = .403$) or connectedness to the broader LGBTQ+ community ($r_{pb} = .25$, $p = .173$). Perceived PrEP effectiveness was also not associated with age ($r = .28$, $p = .124$), being non-Hispanic White ($r_{pb} = .02$, $p = .936$), or being prescribed PrEP ($r_{pb} = -.25$, $p = .168$).

Primary Aims

Table 1 presents the multivariate regression models predicting PrEP awareness, PrEP confidence, and PrEP effectiveness.

The specified logistic regression model predicting awareness of PrEP as a medication for preventing HIV was not significant, $\chi^2(6) = 7.40$, $p = .286$. Consistent with the results from the bivariate models, connectedness to the broader LGBTQ+ community (adjusted odds ratio, aOR = 0.84, $p = .103$), comfort discussing sexual health with primary care providers (aOR = 1.77, $p = .270$), and experiences of discrimination in healthcare (aOR = 0.22, $p = .159$) were not significant predictors of PrEP awareness.

The specified linear regression model predicting confidence in taking PrEP daily was statistically significant, $F(7, 23) = 5.66$, $p < .001$, and accounted for 63.3% of the variance. Consistent with the results from the bivariate models, both connectedness to the broader LGBTQ+ community ($B = 0.19$, $p = .009$) and comfort discussing sexual health with primary care providers ($B = 0.91$, $p = .040$) were positively associated with the confidence in being able to take PrEP daily. Experiences of discrimination from healthcare providers were negatively associated with confidence in taking PrEP daily ($B = -2.29$, $p = .039$).

The specified linear regression model predicting perceived PrEP effectiveness was statistically significant, $F(7, 23) = 3.35$, $p = .013$, and accounted for 50.5% of the variance. Consistent with the results from the bivariate model, experiences of discrimination from primary health care providers were negatively associated with the perceived PrEP effectiveness to prevent HIV ($B = -1.81$, $p = .016$). Neither connectedness to the broader LGBTQ+ community ($B = 0.08$, $p = .110$) nor comfort discussing sexual health with primary care providers ($B = 0.37$, $p = .196$) were associated with perceived PrEP effectiveness.

DISCUSSION

This study is among the earliest to examine PrEP attitudes among partnered adolescent SMM. Although most adolescent SMM in this study were aware of PrEP, only 17.1% of adolescent SMM were actively taking PrEP for HIV prevention. Although the rate of PrEP uptake is consistent with earlier surveys [3], the low PrEP uptake in this sample is concerning because over half of adolescent SMM in this study were engaging in condomless anal sex with their main partner and more than a quarter were having condomless anal sex with casual partners. This underscores the need for engaging partnered adolescent SMM in PrEP services, given the high rates of condomless sex with both main and casual partners.

Perceived PrEP effectiveness was low in this sample. On average, adolescents perceived PrEP to be 79% effective at preventing HIV, which is substantially lower than PrEP's actual effectiveness at preventing HIV (up to 99%) [2]. It is possible that the knowledge deficit in PrEP effectiveness is contributing to low PrEP uptake among these youth.

Results also revealed that being comfortable discussing sexual health with healthcare providers was associated with confidence in taking PrEP daily, while experiences of sexual identity discrimination in healthcare was associated with lower perceived PrEP effectiveness. These findings highlight the importance of healthcare providers fostering a comforting and affirming environment where adolescent SMM can openly discuss strategies for preventing HIV. Despite the fact that adolescents generally want to talk about sex with their healthcare providers, physicians in primary care spend less than a minute discussing sexuality when adolescents bring up the topic [13]. Communication about sexual health within the primary care setting offers a modifiable path to increase knowledge and efficacy in HIV prevention.

Findings from this study also suggests that having a stronger connection to the broader LGBTQ+ community increased perceived confidence in taking PrEP daily. It is possible

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that adolescents who are connected to the LGBTQ+ community have open dialogue with others about what it is like to be prescribed PrEP. Similarly, advertisements and resources for PrEP are often displayed in spaces occupied by the LGBTQ+ community, which may reduce perceived barriers to sexual health services including the adoption of PrEP and ability to take PrEP as prescribed.

It was surprising to find that PrEP awareness was not significantly associated with either healthcare experiences or LGBTQ+ community connectedness in this study. Theoretical models that emphasize social learning and intergroup modeling would suggest that adolescent SMM who are connected to the LGBTQ+ would have more exposure to PrEP and may be more willing to use PrEP if modeled from peers [10, 11]. Non-significant findings regarding awareness of PrEP in the study may be attributed to low variability in PrEP awareness. Only 10 participants in this sample had not previously heard of PrEP. Relatedly, examinations of the wide 95% confidence intervals in the multivariate logistic regression model predicting PrEP awareness suggest limitations to the statistical power in the current sample. Larger sample sizes that include greater variability in PrEP awareness are likely necessary to detect significant effects, and the role of healthcare providers and the broader LGBTQ+ community in PrEP education among adolescent SMM remains unknown.

Limitations

The current study must be viewed considering its limitations. First, the study sample was small and the study was likely underpowered to examine PrEP awareness. These data were also cross-sectional in nature and not adequate for making casual inferences. Given the use of secondary data, this study was also limited to cisgendered sexual minority adolescent males in romantic relationships. It is possible that these results do not generalize to unpartnered sexual minority males, as well as gender minority and expansive adolescents.

Conclusion

This study is among the first to demonstrate the impact of healthcare providers and community connectedness on attitudes related to PrEP in a sample of partnered adolescent SMM. Findings revealed that comfort in sexual communication with a healthcare provider predicted increased perceived efficacy in taking PrEP daily, while experiences of discrimination in healthcare predicted lower beliefs in the effectiveness of PrEP at preventing HIV. These findings highlight the importance of fostering a comforting and affirming environment for discussing HIV prevention strategies.

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List of Abbreviations:

PrEP	pre-exposure prophylaxis

SMM	sexual minority males

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Table 1.

Summary of regression models.

	PrEP Awareness[a] (n = 41)			PrEP Confidence[b] (n = 31)			PrEP Effectiveness[c] (n = 31)		
	aOR	95% CI	p	B	95% CI	p	B	95% CI	P
Age	0.88	(0.32, 2.46)	.810	−0.54	(−1.51, 0.42)	.257	0.47	(−0.17, 1.12)	.143
White	1.05	(0.18, 5.99)	.958	−1.48	(−3.06, 0.11)	.067	1.01	(−0.05, 2.06)	.060
PrEP Status	-	-	-	1.04	(−1.24, 3.32)	.354	−0.09	(−1.61, 1.43)	.906
Recent condomless anal sex	0.46	(0.05, 4.05)	.487	2.32	(0.57, 4.07)	.012	−0.40	(−1.56, 0.76)	.485
LGBT Community Attachment	0.84	(0.69, 1.04)	.103	0.19	(0.05, 0.33)	.009	0.08	(−0.02, 0.17)	.110
Communication with Healthcare Providers	1.77	(0.64, 4.93)	.270	0.91	(0.04, 1.77)	.040	0.37	(−0.20, 0.94)	.196
Discrimination in Healthcare	0.22	(0.03, 1.80)	.159	−2.29	(−4.45, −0.12)	.039	−1.81	(−3.25, −0.38)	.016

Notes. aOR = adjusted odds ratio. Only those who were previously aware of PrEP answered the items assessing confidence in taking PrEP as prescribed and perceived PrEP effectiveness to prevent HIV.

[a] Model statistics predicting PrEP awareness, $\chi^2(6) = 7.40$, $p = .286$.

[b] Model statistics predicting PrEP confidence, $F(7, 23) = 5.66$, $p < .001$, $R^2 = .633$.

[c] Model statistics predicting PrEP effectiveness, $F(7, 23) = 3.35$, $p = .013$, $R^2 = .505$.