Behavior Disclosure, Access to Healthcare, and HIV/STI Testing Among Male Sex Workers and Other MSM in the US: Findings from a Qualitative Study on PrEP Acceptability

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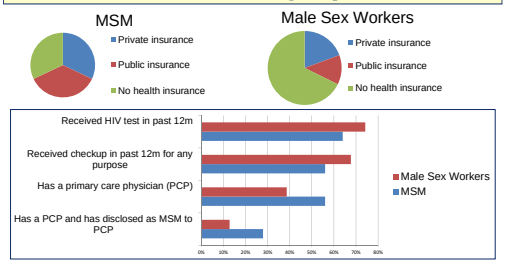
Background

- Many new HIV prevention technologies must be prescribed by clinicians, such as pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), treatment as prevention, and male circumcision. This study focused on PrEP; tenofovir with emtricitabine (TDF-FTC) is safe and efficacious as PrEP (1-4), and the FDA approved daily TDF-FTC for PrEP in 2012 (5).
- Uptake of biomedical prevention methods requires access to healthcare services, including HIV testing and providers for prescription and follow-up. Access also depends on individuals' willingness to disclose HIV risk to providers. For example, PrEP providers must verify that users are "at substantial risk of HIV acquisition" (6); for men who have sex with men (MSM), this may include condomless anal sex or STI in the past 6 months or an ongoing sexual relationship with an HIV-positive male partner.
- HIV prevention among MSM is an urgent US priority, and a majority of new HIV infections continue to occur within this group (7). Men who exchange sex for money, drugs, or other goods are at particularly elevated risk of infection due to substance use, injection drug use, condomless sex with clients, and risks from both primary and transactional partnerships (8).
- Among MSM and male sex workers, access to health care, uptake of HIV testing, and disclosure of risk behavior to clinicians are not yet well-understood. Survey studies suggest suboptimal HIV testing rates and nondisclosure practices among MSM (9-10) and male sex workers (11), which can limit PrEP access.
- Qualitative study is needed to explore experiences of (non)disclosure, access to care, and access to HIV testing among MSM and male sex workers. We collected these data as part of a larger study on willingness to use PrEP and barriers/facilitators to PrEP uptake.

Methods: Individual Interviews

- We conducted n=31 interviews with male sex workers and n=25 interviews with other MSM in Providence, RI, from April 2013-April 2014.
- Inclusion criteria for both samples were as follows: (1) biological male, (2) aged 18 or older, (3) self-reported negative HIV status, (4) self-reported condomless anal sex in the past 6 months with a male of positive or unknown HIV status, and (5) never took part in a PrEP efficacy or effectiveness trial. Male sex workers disclosed having exchanged sex in order to get money, drugs, or other goods in the past 6 months.
- We recruited participants through direct outreach and advertising in entertainment venues, sex work venues, community-based organizations, clinics, and local media serving MSM.
- Participants completed a pre-interview survey to assess demographic characteristics, sexual behavior, partnerships, substance use, HIV testing behavior, health insurance, and access to primary care physicians.
- Interviews were semi-structured and focused on access to healthcare and healthcare experiences, HIV testing, PrEP knowledge/acceptability, beliefs and intentions regarding risk behaviors in the event of PrEP use (e.g., risk compensation), and interpretation of framed messages about PrEP efficacy. Interviews were audiotaped, transcribed, and thematically coded in NVivo 9.
- Interviewers provided participants with information about PrEP efficacy (from iPrEx, TDF2, Partners, and Bangkok Tenofovir Studies), side effects, dosing, secondary viral resistance, FDA approval, and the need for routine HIV testing.
- All procedures were approved by the Yale University and Miriam Hospital IRBs.

Health Demographics



Other Demographics & Behavior

	MSM (n=25)	Male Sex Workers (n=31)
Median age	33	32
Race	76.0% White 12.0% African American 4.0% Native American 4.0% Asian 4.0% Refused	77.4% White 19.4% African American 3.2% Native American
Hispanic/Latino	24.0%	9.7%
Housing	4.0% Homeless 24.0% Staying with friends/family 52.0% Renting home/apartment 20.0% Owns home/apartment	29.0% Homeless 38.7% Staying with friends/family 32.3% Renting home/apartment 0% Owns home/apartment
Income <$12,000 per year	16.0%	51.6%
Education	20.0% Did not complete high school 28.0% High school or GED 24.4% Some college 28.0% Completed college	29% Did not complete high school 35.5% High school or GED 32.3% Some college 3.2% Completed college
Employment	12.0% Disabled 16.0% Unemployed 28.0% Full-time job 28.0% Part-time/seasonal work 16.0% Other	6.5% Disabled 67.7% Unemployed 6.5% Full-time job 19.4% Part-time/seasonal work
Sexual attraction	56.0% Mostly/only males 28.0% Males & females equally 16.0% Mostly/only females	22.6% Mostly/only males 29.0% Males & females equally 45.2% Mostly/only females 3.2% Unsure
Sexual orientation	40.0% Bisexual 44.0% Gay/mostly gay 12.0% Straight/mostly straight 4.0% Other	41.9% Bisexual 19.4% Gay/mostly gay 32.3% Straight/mostly straight 6.5% Other
Had main partner in past 6m	36.0%	58.1%
Gender of main partner (among those with main partner)	55.6% Main partner male (of 9) 44.4% Main partner female or transgender female	33.3% Main partner male (of 18) 61.1% Main partner female 5.6% One male and one female
"Never" or "very rarely" uses condoms with main partner	55.6% (of 9)	94.4% (of 18)
Top/bottom during anal sex with men	40.0% Always top 4.0% Always bottom 56.0% Both	54.8% Always top 3.2% Always bottom 38.7% Both
Score of 2 or higher on the CAGE questionnaire for alcohol use (12)	32.0%	29.0%
Used drugs multiple times per week in past 6m	28%	67.7%
Injection drug use in the past 6m	4.0%	51.6%
Shared needles or works with others (among those who reported injection)	0% (of 1)	75.0% (of 16)
Purchased sex in past 6m	4.0%	35.5%
Physically forced to have sex in past 6m	8.0%	19.4%
Did not know HIV status	16.0%	35.5%
Received STI diagnosis in past 6m	4.0%	3.2%
Median number of all sex partners in past 6m	10 (range 1-50)	9 (range 2-150)
Sex with both men and women in past 6m	52.0%	80.6%
Median number of male oral sex partners in past 6m	7 (range 1-50)	5 (range 1-149)
Median number of male anal sex partners in past 6m	4 (range 1-50)	3 (range 1-80)

Themes: Male Sex Workers

Access to Healthcare

- **Sources of care**: correctional institutions, emergency rooms, substance use treatment or psychiatric care centers, and community-based clinics serving low-income or homeless communities, or individuals with substance use disorders.
- **Most recent care**: physical exams linked to incarceration or substance use treatment, routine or emergency mental health care, drug detox and residential or outpatient drug treatment, emergency care for injuries/pain, and surgeries.
- **Reasons for selecting providers**: location, recommendations from friends or family, familiarity, ability to pay, non-refusal of emergency room care.
- **Unmet healthcare needs**:
  - substance use treatment services, mental health care, pain management
  - primary care, eye care, dental care, prescription drug coverage
  - STI testing, hepatitis C care
  - chronic condition management (e.g., diabetes, asthma, migraines, ADHD, scoliosis).
- **Barriers to care**: transportation, lack of insurance, fear of discovering damage due to substance use, lack of interest during periods of severe substance abuse.
- **Healthcare themes**: unwillingness to use preventive or non-emergency medical care, concern about obtaining medical insurance, negative experiences with medical debt, and familiarity with public resources for accessing free care.

INT003: "I go to the doctor if it's an, an emergency, otherwise I fight through it."

INT214: "Because sometimes you're scared, you're like you want to get checked for a certain thing, but you don't have medical and you know if you're seen the bill's going to be so sky high and then it sort of builds up. It's going to ruin your credit."

- **Mistrust of clinical providers**: frequent in hospital or jail settings, less likely in substance use treatment and detox. Some attributed substance use disorders to mismanaged medical care and overprescription of medications.

INT001: "So what I think about doctors. I was addicted to OxyContin and prescription pills. I think they suck . . . [b]ecause I think they give, they give out a lot of things to people that don't need them . . . They was offering way too much and I was getting whatever I wanted."

INT006: "My bingeing on the drug replacement therapy would strain [my] relationship with the doctor . . . [W]hen they thought you would make . . . headway in keeping me healthy, like, I would end up screwing it up, you know? . . . . The [relationships] were not as long-lasting or as intimate as what I have now . . . . I got clean with this [new] doctor's help."

- Some men perceived **non-MSM-related discrimination by providers**, which they attributed to clinicians' views about homeless or poor people, individuals with substance use or mental health disorders, or people detained in correctional institutions.

INT217: "They were probably looking at me as some homeless person that didn't have a job. I mean I worked for years. I'm just, you know I'm down at the moment, but again, they looked at me like I was trash or something and that was unacceptable."

INT220: "Yeah. It's you're not treated like a normal person. Like they think just 'cuz you're a convict . . . because you're in jail you're an asshole, you know what I mean . . . But I'm here trying to change who I am and what I did and like you're still trying to put me as a label."

HIV/STI testing

- Male sex workers reported **frequent and ready access to HIV testing**. Most reported testing at least once per year for HIV.
- **HIV testing locations**: research studies, walk-in clinics, drug rehabilitation centers, primary care, contacts with street-based outreach workers, a newly opened drop-in center for male sex workers, and correctional institutions. Many reported that they did not actively seek out testing, but accepted it when offered by outreach workers or needle exchange personnel.

INT005: "[I]t's not like I set an actual schedule to do it, it's just happened to be done in some studies ... [or] like I, I've gone into needle exchange and they've offered HIV testing and I'll take 'em up on it."

- **STI testing was rare**; most reported no test in the past year, and many reported never having tested. Barriers to STI testing included lack of knowledge, perceived low risk, uncertainty about free or lost-cost testing locations, and inability to pay.
- **HIV testing motivations**: recent/ongoing risk behavior, routine testing, joint testing with main partners, self-care intentions linked to substance use treatment, rumors that sexual partners were infected. **Testing barriers** also included recent risk behavior (linked to increased fear), transportation, lack of concern during times of severe substance use.

Disclosure

- **Almost none disclosed male sex work or MSM behavior to providers**; disclosure was more likely among men who identified as gay, and in settings related to mental health and substance use treatment. Disclosure experiences tended to be positive, although several perceived discomfort and reported switching doctors.
- **Facilitators for disclosure**: most men preferred long-term doctor relationships while others wanted unfamiliar doctors to avoid disclosure to partners or family. Some preferred male doctors; a few believed that disclosing sex work was necessary for substance use treatment. **Disclosure barriers**: beliefs that MSM behavior is irrelevant to care, fear of discrimination (esp. in group treatment), waiting for doctors to ask, and the belief that doctors have nothing to offer MSM. Men were more comfortable disclosing drug risks or risks related to heterosexual sex than MSM behavior.
- Men reported willingness to disclose to obtain PrEP, but some would describe only heterosexual risk. **Preferred PrEP providers** included PCPs, infectious disease specialists, psychiatrists, and substance use treatment clinicians.

Themes: MSM

Access to Healthcare

- **Sources of care**: primary care, specialists, psychiatric care centers, community-based clinics serving low-income or homeless communities, urgent care, dental offices.
- **Most recent care**: routine/emergency mental health care, routine primary care checkups, substance use treatment, dental care, surgical procedures, chronic health condition management, treatment for injuries, care for weight loss, and routine lab work.
- **Reasons for selecting providers**: perceived friendliness to MSM, referrals from other providers, insurer networks, location, speed, and convenience.
- **Unmet healthcare needs**:
  - dental care, eye care, prescription drug coverage, smoking cessation
  - postponed elective surgery, colonoscopy procedures
  - chronic condition care (e.g., diabetes, insomnia, cholesterol, weight).
- **Barriers to care**: transportation, medical insurance, conflict with work schedules, and limited insurance networks.

INT033: "Um well at this point my, my desperation is dental insurance so I'd probably go to the dentist [laughter] and have my fillings taken care of . . . [public insurer] just doesn't cover it you know and it's tough."

- **Healthcare themes**: concern about doctors' readiness to prescribe medications, perceived lack of need for preventive care, concern about the risks of medical procedures, and often long-term relationships with providers. Uptake of preventive/routine care was far more likely among MSM than sex workers.

HIV/STI Testing

- **Testing was frequent among MSM**, with many reporting testing annually or more frequently. HIV testing locations included primary care, walk-in clinics with anonymous testing, clinics serving MSM, and emergency rooms.
- **HIV testing motivations** included routine testing habits, concerns about partner fidelity, testing with partners, recent risk behavior, a desire to set a good example for others in the community, and accepting tests offered by providers. **Testing barriers** included transportation and concerns about state records and non-anonymous testing.
- **STI testing was more frequent among MSM** than among male sex workers, and MSM often reported having received a recent STI test with HIV testing.

Disclosure

- **MSM were much more likely than male sex workers to disclose**; a majority of men had disclosed to clinical care providers, both PCPs and other providers.
- **Facilitators for disclosure** included a belief that disclosure is important for good care (esp. mental health care), questions specific to MSM sex or HIV risk, and recent risk behavior. Many reported positive experiences with disclosure; those who had negative experiences reported changing providers. **Disclosure barriers** included anticipated discrimination, embarrassment, feeling vulnerable during medical exams, anxiety about thinking about HIV, low perceived HIV risk, and concern about confidentiality (esp. for MSM with female partners).

INT016: I mean I've never felt uh that they looked down on me or thought I was a weirdo or you know anything like that so the conversations have, have gone fine.

INT226: [I wouldn't disclose to PCP because] although I think he as a responsibility to confidentiality, he still, in my mind, knows my wife, knows my family."

- Some men reported that even when doctors are unsupportive of disclosures of MSM behavior, **discrimination reflects on individuals but not the medical profession**.

INT014: "It didn't put me off because … No matter what whether you're a doctor or not there's people there that don't, that just are disgusted by homosexuality, like it has nothing to do with the fact that he was a doctor or not . . . I'm still, I'm willing to tell doctors that because now it's like, the way I see it is like if you really want help from a doctor you have to tell them everything basically. "

- Men who had disclosed MSM behavior or a bisexual or gay orientation to providers often felt that **providers should actively offer PrEP** and other HIV prevention technologies. Several mentioned feeling insulted, however, if a provider's first response to disclosure is to offer HIV testing. Several men also suggested that they would try to obtain PrEP without disclosing their partners' gender. **Preferred PrEP providers** included primary care physicians and sometimes psychiatrists.

Conclusions

- Male sex workers and MSM have unmet healthcare needs ranging beyond HIV prevention. Although HIV testing is accessible in both populations, STI testing uptake is particularly low for male sex workers due to cost and perceived low risk.
- Providers can facilitate disclosure by actively asking about sexual behavior with both male and female partners, making men aware that PrEP and PEP are available in the event of disclosure, and clarifying how disclosure of sexual behavior can improve care.
- Integrating PrEP and PEP education and referrals into venues such as emergency rooms, substance use treatment, mental health treatment, and HIV testing may increase awareness and uptake among MSM and male sex workers.

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