



Barriers and facilitators to PrEP use in Barbados among gbMSM

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INTRODUCTION

HIV continues to have an important public health impact on Gay, bisexuals and other men who have sex with men (gbMSM) throughout the world. The advent of pre-exposure chemoprophylaxis (PrEP) against HIV, creates another method for gbMSM to live sexually wholistic lives, without the additional burden of compromising their health through contracting HIV. However, PrEP as a tool of social justice is not readily available for all gbMSM, particularly in the Caribbean. PrEP is only available in Barbados and Bahamas through subsidized and free programs, coordinated by healthcare professionals. However, these programs have limited spaces and use extensive inclusion and exclusion criteria. This includes being over the age of 18, and expressing willingness to use PrEP as prescribed.

OBJECTIVES

To explore gbMSM barriers and facilitators to a low cost PrEP program in Barbados.

METHODS

Study Design: Cross-sectional study design. This study received ethics approval from the University of the West, Indies, Cave Hill (IRB No. 190305-A).

Participants: The study comprised of gbMSM identified from a Listserv gathered from a popular LGBTQI+ group in Barbados. The inclusion criteria: participants 18 and older; residents of Barbados.

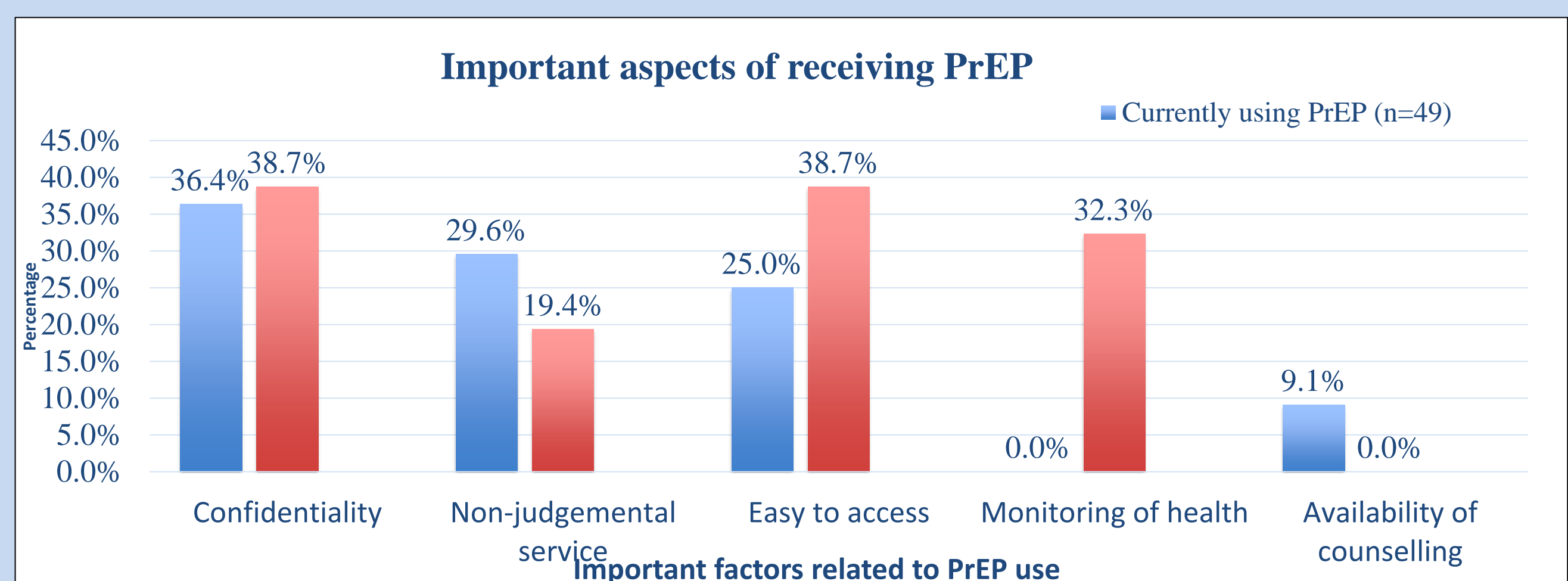
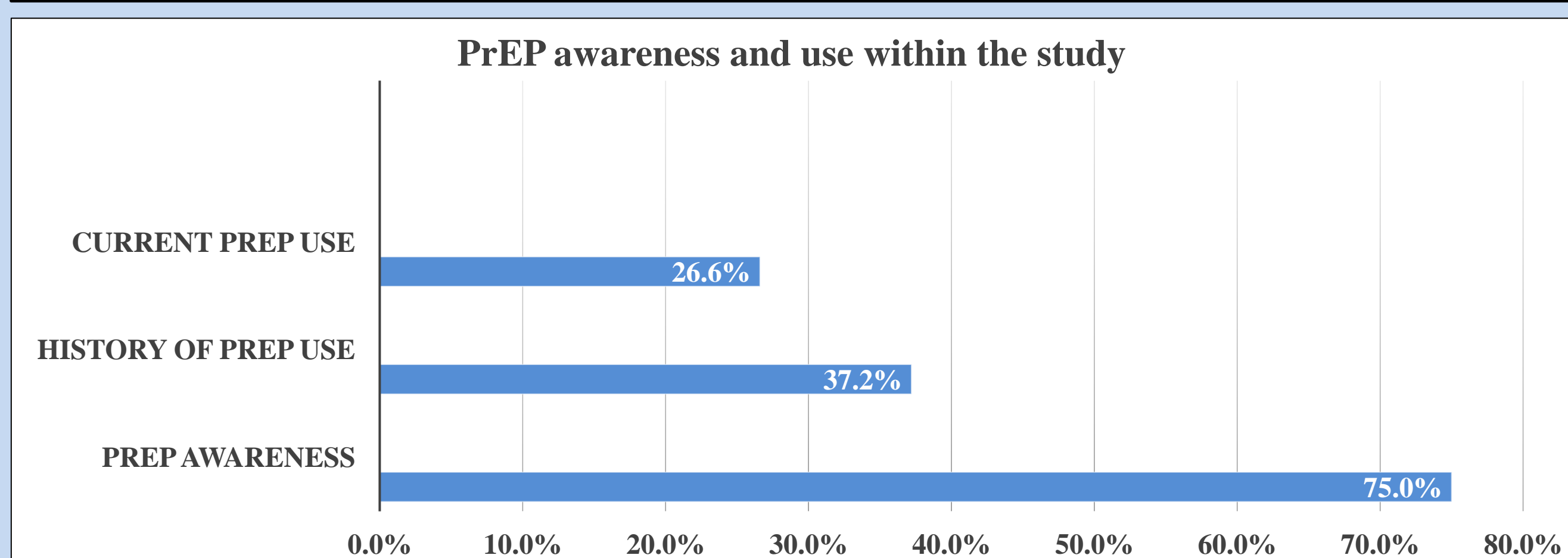
Sampling and Recruitment: Non-probability sampling, both convenient and snowballing were utilized. Each participant was asked to refer at least one other person. No incentives were provided. The survey was administered through SurveyMonkey between July 21st and September 30th 2019.

Instrument: Contained six sections:
-HIRI MSM, a measure of HIV risk
-Knowledge and awareness of PrEP
-Barriers, facilitators
-Sexual encounters
-HPV and post-exposure prophylaxis.

Statistical Analysis: Descriptive statistics were used to describe the data. The analysis was done using Stata (version 15, StataCorp, College Station, TX, USA).

RESULTS

- Participants – 188, of which 171 were born male
- 75.0% (141/188) were aware of PrEP prior to the survey
- 50.0% (70/141) of those aware had previously used PrEP
- Prevalence of current PrEP uptake was 26.6% (50/188)
- 76.8% (126/164) scored as high risk (HIRI-MSM risk index, cut-off ≥ 10)
- PrEP facilitators
 - Assurance of confidentiality, non-judgmental service, easy access to PrEP, monitoring of health
- Main PrEP barriers
 - felt stigma, perceived side effects, unawareness to PrEP, perceived cost and lack of accessibility



CONCLUSION

Stigma around the use of PrEP, as determined by participants' acknowledgment of felt stigma, is very important to its uptake. This may indicate that there may be a need to address this in reorienting health promotion activities among healthcare professionals. Further emphasis should be placed on expanding the PrEP program outside a centralized location, for example, making it available to pharmacies throughout the island nation.

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