

Preferences for HIV prevention strategies among newly arrived Asian-born men who have sex with men living in Australia: a discrete choice experiment

Ung M¹, Martin S.J.^{2,3}, Terris-Prestholt F^{4,5}, Quaife M⁴, Tiesapjaroen W^{6,7}, Phillips T^{6,7}, Lee D⁶, Chow E.P.F^{6,7}, Medland N^{6,8}, Bavinton B.R⁷, Pan S.W^{9,10}, Mao L¹¹, Ong J.J⁵⁻⁷

¹Department of Infectious Diseases, Concord Hospital, Sydney, Australia, ²Canberra Sexual Health Centre, Canberra, Australia, ³ANU Medical School, The Australian National University, Canberra, Australia, ⁴United Nations Joint Programme on HIV/AIDS, Geneva, Switzerland, ⁵Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, United Kingdom, ⁶Melbourne Sexual Health Centre, Melbourne, Australia, ⁷Central Clinical School, Monash University, Melbourne, Australia, ⁸Kirby Institute, University of New South Wales, Sydney, Australia, ⁹Department of Health and Environmental Sciences, Xi'an Jiaotong-Liverpool University, Suzhou, China, ¹⁰University of Liverpool, Liverpool, United Kingdom, ¹¹University of Sydney, Sydney, Australia

Background: Despite overall declines in HIV incidence among men who have sex with men (MSM) in Australia, this has not been observed among newly-arrived (i.e. living in Australia \leq 4 years) Asian-born MSM. The study aimed to evaluate preferred strategies for HIV prevention among newly-arrived Asian-born MSM.

Methods: We conducted an online discrete choice experiment, presenting a series of hypothetical choices to allow quantitative measurements of the strength and variation of preferences among newly-arrived Asian-born MSM not living with HIV and age over 18 years. We estimated the relative importance for each HIV prevention strategy using random parameter logit (RPL) models. We explored heterogeneity of preferences using latent class analysis (LCA).

Results: In total, 286 participants completed the survey: mean age 29.2 years (SD 6.8) and mean number of regular sex partners in the last 6 months was 2.0 (SD 4.0). In regards to relative importance of strategies, men most preferred PrEP as a HIV prevention strategy, followed by consistent condom use, post-exposure prophylaxis, asking their sexual partners for their latest HIV test result, and seropositioning. The LCA uncovered 3 classes: 'PrEP' (52%), 'Consistent condoms' (31%), and 'No strategy' (17%). Compared to the 'No strategy' class, men in the 'PrEP' class were more likely to be working and less likely to ask partners for their HIV test result. Men in the 'Consistent condoms' class were more likely to get information about HIV from online sources and used condoms in their last sex.

Conclusions: Overall, PrEP was the most preferred HIV prevention strategy for this subpopulation of MSM at higher risk for HIV. Addressing the needs of newly-arrived Asian-born MSM through targeted health promotion, removal of residual access barriers to PrEP and informed clinical care could accelerate progress towards ending HIV transmission in Australia.

Disclosure of interest statement: None