

# Facilitating Engagement with Pre-exposure Prophylaxis among Young Men who have Sex with Men (MSM) and Transgender Women in Thailand: A Practice-based Combination Prevention Analysis

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# Background

- PrEP approved in Thailand in 2017, fee-based availability
- National estimates of 50% of new HIV infections diagnosed among:
  - young people aged 15–24 years
  - the majority men who have sex with men (MSM) and transgender women (TGW)
- **PrEP usage remains very low**
- With scale-up planned under universal health coverage, we explored a matrix of multilevel factors and public health practices that impact engagement with PrEP among young MSM and TGW

# Methods

## Data Collection

- June – August 2018; 3 Thai provinces under-represented in HIV research
- 4 focus group discussions ( $n = 25$ )
  - 20 MSM & 5 TGW
  - 16 – 20 years-old (mean age = 18.0; SD, 1.3)
  - from high schools, vocational schools, & universities
  - segmented by age (16-17 yrs and 18-20 yrs)
- Key informant (KI) interviews ( $n = 17$ )
  - 7 Healthcare providers; 5 NGO leaders; 5 youth advocates

## Data Analysis

- All interviews transcribed verbatim (in Thai or English)
- Transcripts reviewed using thematic analysis in ATLAS.ti Web by a bilingual team
- Coding discrepancies resolved by consensus

# Results

| Factors affecting the practices of engaging with PrEP | Ecology of spatially and temporally specific factors   |   |  |  |
|---|--|---|--|--|
|   | Macro-level  | Meso-level  | Micro-level  | Individual-level   |
| <b>1. Material</b>                                    | E.g., government funding for free/subsidized PrEP; Access to PrEP; healthcare guidelines                         | E.g., unclear PrEP guidelines; lack of local availability   | E.g., personal health privacy; healthcare regulations; access to HIV services/testing by adolescents?                                  | E.g., low-/no-income; private space                                    |
| <b>2. Symbolic</b>                                    | E.g., public discourses; media representations; complacencies  | E.g., sociocultural taboos, family/social norms and traditions; sexual stigma                         | E.g., peer acceptability of PrEP; peer network perceptions; family acceptability; school network; clinic barriers (stigma as HIV+)     | E.g., sexual/gender-non-conformity; HIV stigma                         |
| <b>3. Competence</b>                                  | E.g., national/local youth-engaged PrEP campaigns; peer navigators/educators?                                    | E.g., healthcare providers; healthcare systems; PrEP services   | E.g., peer knowledge; peer perception of practice; (CSE) sex education in school?; talk to parents about HIV/sexual health/prevention? | E.g., PrEP knowledge; risk perception; know-how and know where         |
| <b>4. Relational</b>                                  | E.g., lack of access to HIV testing/HIV services; lack of youth-friendly clinics                                 | E.g., unsupportive healthcare providers; provider-user relations; community supports                  | E.g., partners and power relations; partners and family engagement; teacher/school engagement; LGBT+ school org'n                      | E.g., individual 'disposition' such as gender, sexual orientation, SES |
| <b>5. Motivational</b>                                | E.g., international targets, national action plan, political commitment (advocacy to change policy about testing | E.g., community participation, community vision, LGBT+ community organization, LGBT student alliances | E.g., peer, partners, teachers, parents' desire and vision   | E.g., individual desire and vision; accessing PrEP information         |



# Conclusions

- Treating PrEP not only as a biomedical intervention added to combination prevention, but as a social and public health practice contingent on a constellation of multilevel factors, can identify public health interventions and policies to facilitate PrEP engagement among young gay, bisexual and other men who have sex with men (GBMSM), and transgender women (TGW) in Thailand
- The “Phi Nong” Project is a culturally adapted, theory-based peer intervention that will pair younger and slightly older GBMSM and TGW to increase HIV testing, diagnosis, treatment and prevention

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