

Prevalence of and Factors Associated with HIV Testing and HIV-Positive Serostatus among Lesbian, Gay, Bisexual, Trans, Queer, and Two-Spirit (LGBTQ2+) persons in Quebec: Results from the UNIE-LGBTQ Project

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We have no conflicts of interest to declare.



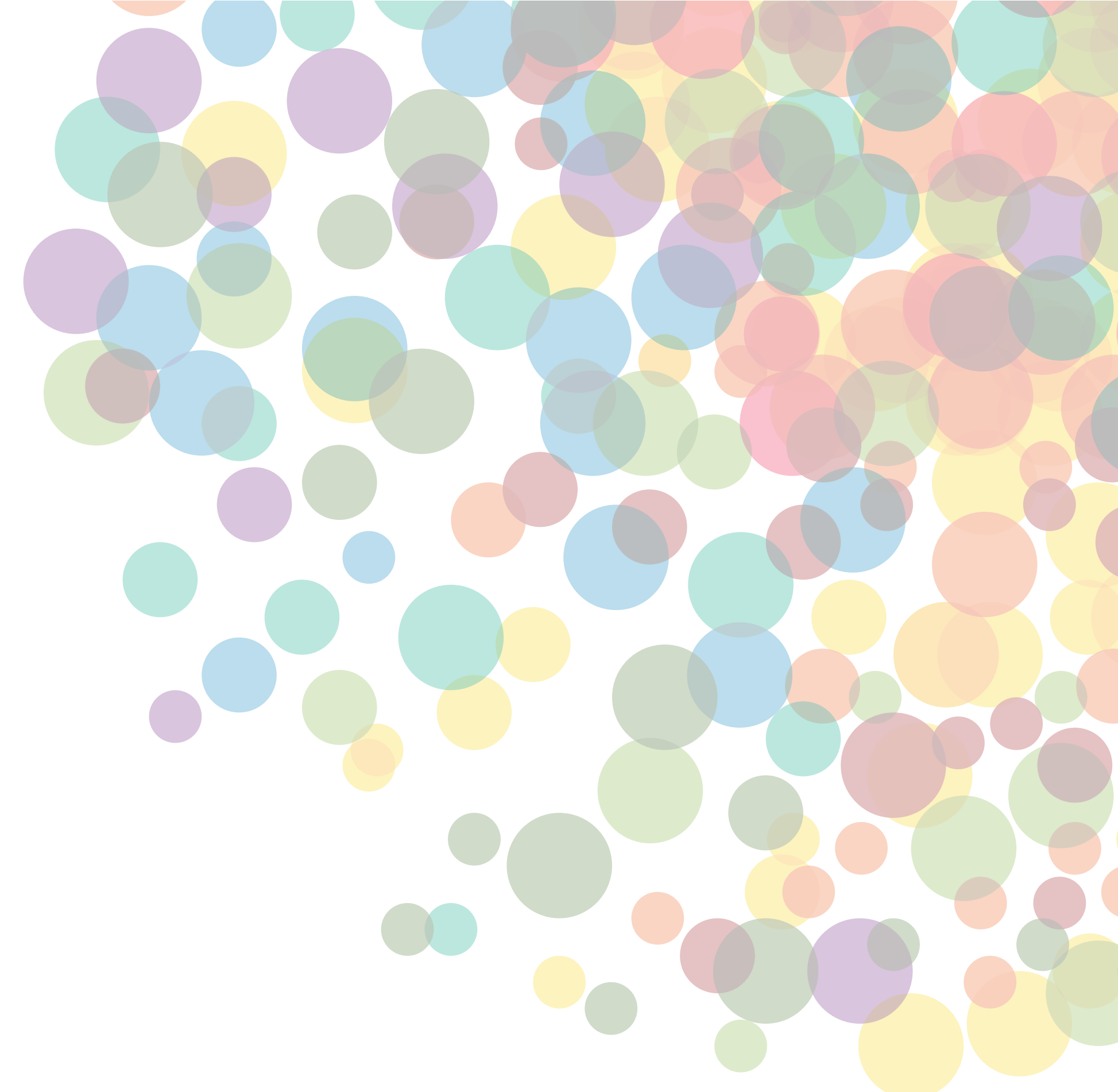
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Objectives

To examine the prevalence of and factors associated with lifetime HIV testing and HIV seroprevalence among Quebec's Lesbian, Gay, Bisexual, Trans, Queer, and Two-Spirit (LGBTQ2+) population.

Method

Data Source

The Understanding the Inclusion and Exclusion of LGBTQ People (UNIE-LGBTQ) Project

Data collection

Recruitment from September 2019 to August 2020 through the project's and community partners' communication channels (listservs, the project website, Facebook, Twitter, and LinkedIn), web and printed media, and word of mouth.

Inclusion criteria

- Self-identifying as LGBTQ2+
- Understanding French or English
- Being ≥ 18 years old
- Living in the province of Quebec

Analytical sample

3,282 LGBTQ2+ participants.

Outcomes

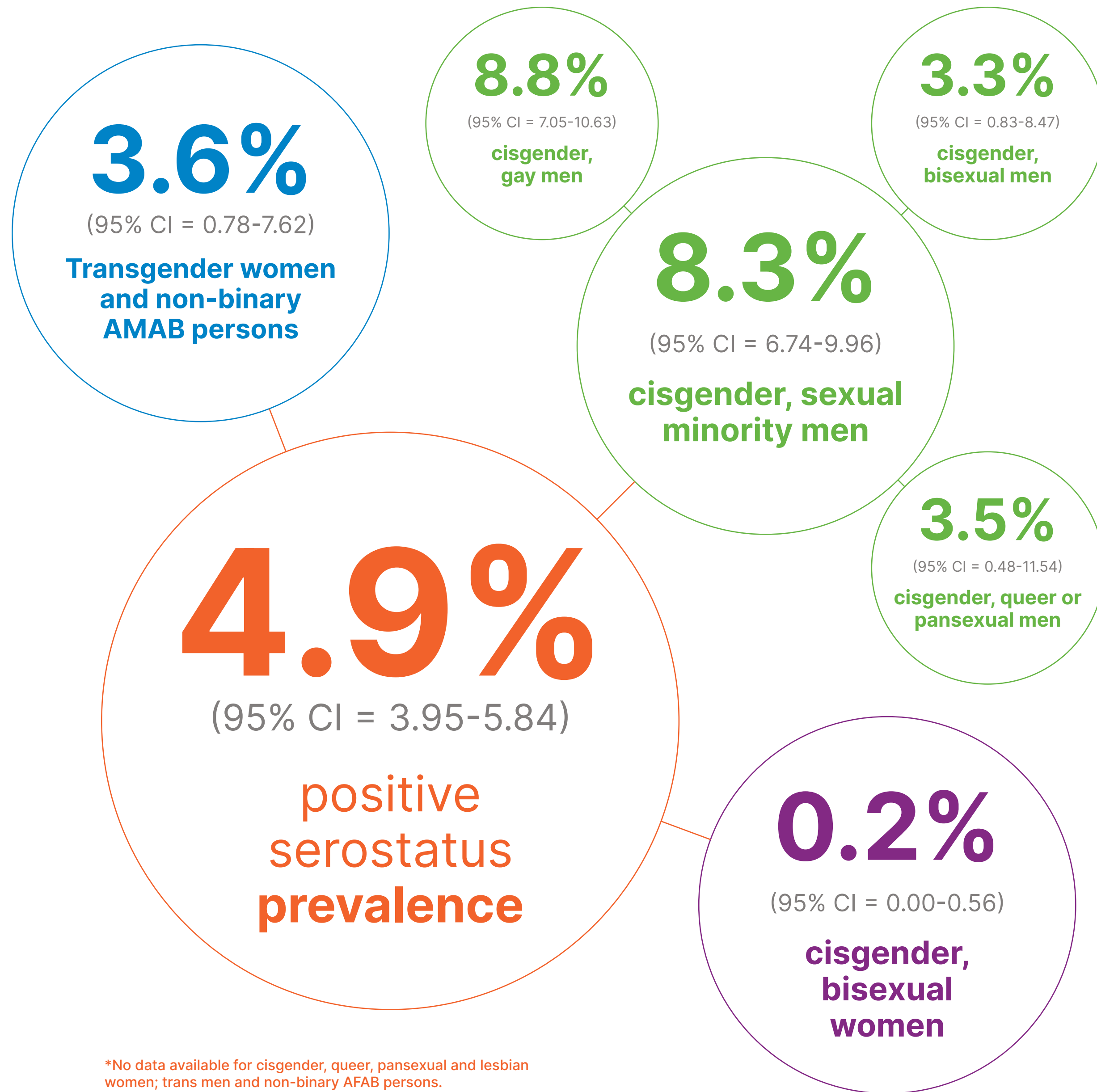
- Lifetime HIV testing
- HIV seroprevalence

Variables

Gender modality and identity, birth cohort, racialized status (Black, Indigenous, People of Colour; BIPOC), education, income, residential area

Analysis

- Descriptive statistics
- Firth's logistic regression



*No data available for cisgender, queer, pansexual and lesbian women; trans men and non-binary AFAB persons.

Results

HIV seroprevalence

- Overall HIV prevalence was 4.9%, with cisgender GBQ+ men (8.3%) as well as trans women non-binary assigned male at birth (AMAB) participants (3.6%) reporting the highest prevalence rates.
- HIV prevalence was higher among participants born before 1981 (aOR from 4.64, 95%CI: 1.70-12.66 to 8.84, 95%CI=3.48-22.47).
- Education, income, racialized status, and residential area were not associated with HIV-positive serostatus.

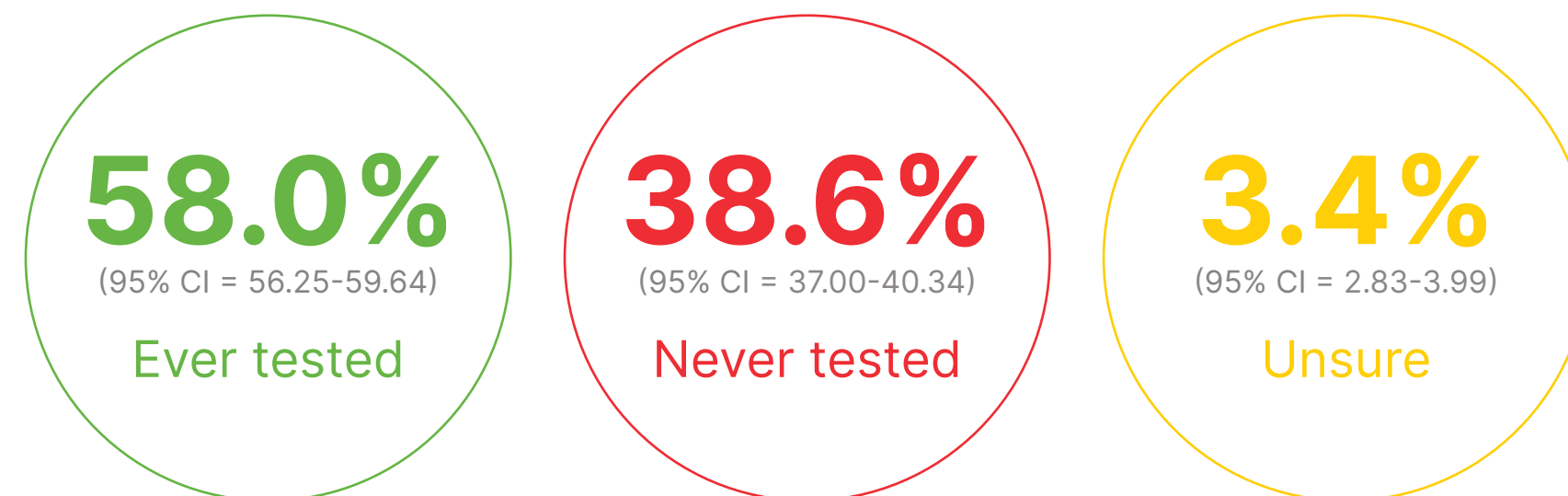
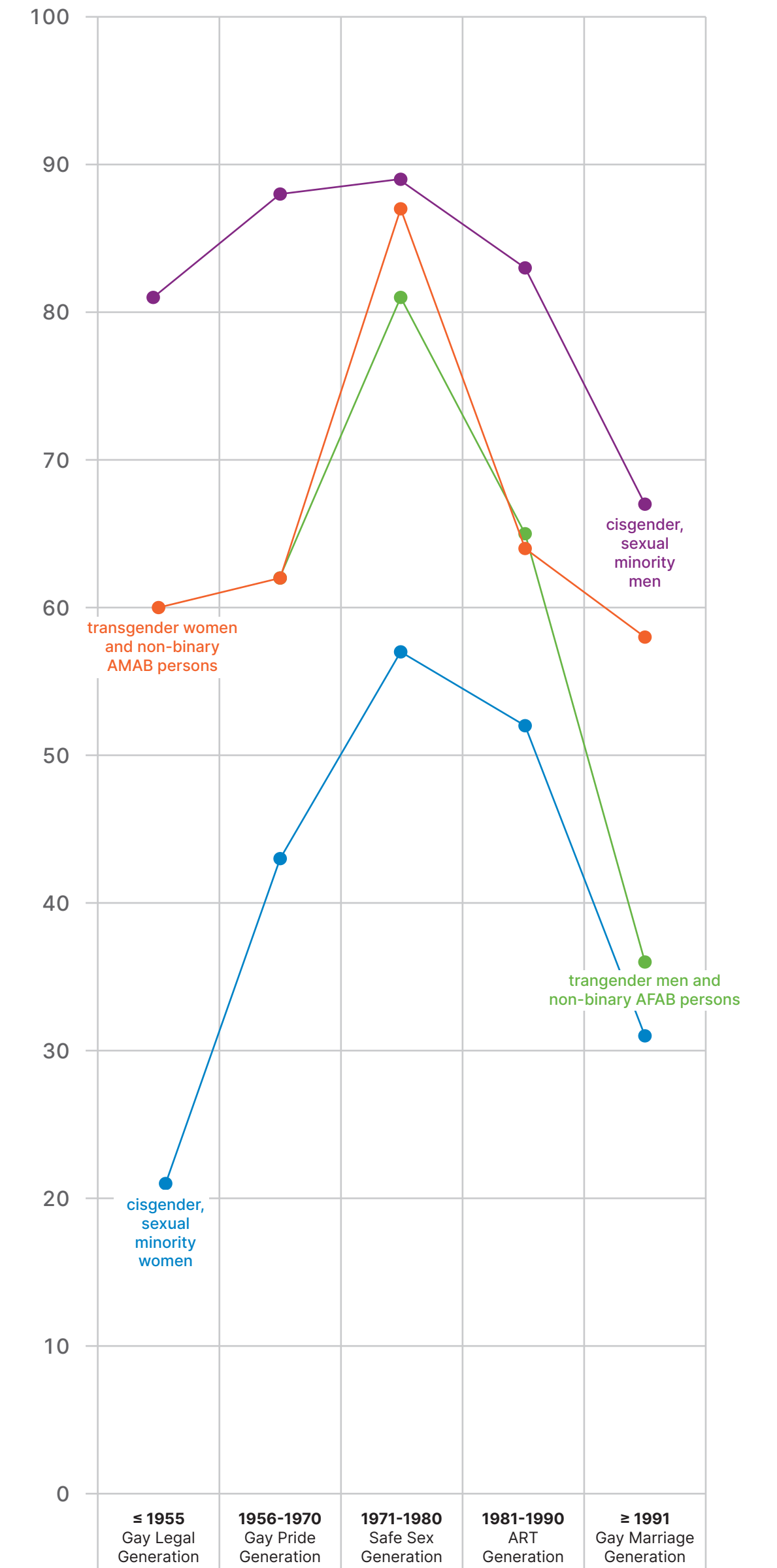
Results

Lifetime HIV Testing Correlates

- Lifetime HIV testing was lower among cisgender LGBQ+ women, trans women and non-binary AMAB persons, as well as among trans men and non-binary AFAB persons, compared to cisgender GBQ+ men.
- Lifetime HIV testing was more likely among participants born before 1991.
- Social inequalities in HIV testing was observed on education, with participants with a university degree being almost twice as likely to have been tested. A marginally significant association was observed on income.
- Racialized status was not associated with lifetime HIV testing.
- Participants in rural areas and small towns were less likely than those in larger urban areas to have ever been tested for HIV.

		Adjusted Odds Ratios (aOR)	95% CI		
Gender modality and identity	Cisgender, sexual minority men	ref. cat.	ref. cat.		
	Cisgender, sexual minority women	0.18	0.15	0.22	
	Transgender men and non-binary AFAB persons	0.26	0.20	0.35	
	Transgender women and non-binary AMAB persons	0.57	0.39	0.84	
Birth cohort	≥ 1991	Gay Marriage Generation	ref. cat.	ref. cat.	
	1981-1990	ART Generation	2.11	1.71	2.61
	1971-1980	Safe Sex Generation	3.27	2.45	4.37
	1956-1970	Gay Pride Generation	2.05	1.55	2.71
	≤ 1955	Gay Legal Generation	1.09	0.75	1.60
Education	Cégep or less	ref. cat.	ref. cat.		
	University degree	1.87	1.57	2.21	
Income	30,000 CAD or more	ref. cat.	ref. cat.		
	Less than 30,000 CAD	1.20	0.98	1.45	
Racialized status	No (White)	ref. cat.	ref. cat.		
	Yes (BIPOC)	1.00	0.79	1.28	
Residential area	Large urban areas (>100,000 inhab.)	ref. cat.	ref. cat.		
	Mid-size urban areas (10,000 to 100,000 inhab.)	0.78	0.58	1.05	
	Rural areas and small towns (<10,000 inhab.)	0.69	0.53	0.91	

Percentage of participants reporting having been tested for HIV, by gender modality and identity, and birth cohort.



*No data available ≤ 1955 for transgender men and non-binary AFAB persons.

Conclusion

Cisgender gay men, as well as trans women and non-binary AMAB persons accounted for most of the HIV seroprevalence in this LGBTQ2+ sample.

Differences in lifetime HIV testing across racialized status and income were not statistically significant in this sample. Yet, there was evidence of social inequalities in lifetime HIV testing across education and residential location.

- Higher education may be associated with a better understanding of HIV risks and screening needs, or with better knowledge of and access to healthcare resources or to a social network that provides information and support.
- In rural residential areas, where HIV testing likely occurs in general medical facilities, the development and maintenance of LGBTQ2-friendly facilities could promote greater access to HIV testing.

The results highlight the importance of promoting HIV testing adapted to multiple modalities and gender identities, and in rural residential areas.

Although the lower prevalence of HIV testing among younger people may reflect shorter exposure to testing opportunities and needs, the overall decline among participants born after 1980 should be closely monitored.

Further research is needed to better understand the specific barriers to HIV testing among cisgender women, transgender men, and non-binary AFAB persons (e.g., low-risk perception; health professionals' reluctance to address HIV testing among specific subpopulations).

