

# Comfort Discussing Sex with Healthcare Providers, Risky Condomless Anal Sex, and HIV Testing Engagement Among Gay, Bisexual, Two-Spirit and Other Men Who have Sex with Men

**David J. Brennan,**<sup>1</sup> David Collicot,<sup>1</sup> Tsegaye Bekele<sup>1</sup>

<sup>1</sup>CRUISElab, Factor-Inwentash Faculty of Social work,  
University of Toronto, Toronto, Ontario



# Background/Methods

## Background

- Increasing access to HIV testing is important for gay, bisexual, Two-Spirit and other men who have sex with men (GB2M).
- We examined if comfort with discussing same-sex behaviour with healthcare providers (HCPs) was associated with HIV testing uptake among GB2M.

## Methods

- 910 GB2M were recruited through mobile apps and completed a survey about sexual health and activity. A subset of 79 GB2M completed a semi-structured interview.
- HIV-negative GB2M were queried on HIV testing (last 3 months), risky condomless anal sex (CAS; last 3 months), and comfort discussing sex with HCPs.
- Risky CAS: CAS with HIV-negative partner not on PrEP, HIV-positive partner with detectable viral load, or unknown HIV status partners.

## Data Analysis

- For quantitative data (n=206), multivariable logistic regression modelling was used to assess the relationship between comfort discussing sex with HCP and HIV testing among HIV-negative GB2M who reported risky CAS.
- For qualitative data (n=79), thematic analysis was used to identify themes associated with comfort discussing sex with HCPs.

# Results

## Sample Characteristics

- Median age: 27 years
- 58% White
- 71% born in Canada
- 73% gay or bisexual
- 64% lived in urban areas
- 52% with university degree
- 73% employed
- 64% with income <\$40K

## Results (Quantitative data)

- 51% (n=104) of participants reported that they feel comfortable discussing sex with men with HCP
- 88% (n=181) felt that they were at high risk for HIV infection
- 46% (n=94) were tested for HIV in the past 3 months

## Results (Quantitative data)

- Younger GB2M (<30 years) were less likely (40% vs. 56.3%;  $p=0.018$ ) to be tested for HIV than GB2M who were 30 years or older
- GB2M who felt comfortable discussing sex with men with their HCP were more likely (54.5% vs. 36.3%,  $p=0.021$ ) than others to be tested for HIV

## Multivariable logistic regression

- GB2M who felt comfortable discussing sex with men with their HCPs were more likely to be tested for HIV in the past three months (aOR=2.69; 95% CI: 1.06-6.87;  $p=0.038$ ) than others (Table 1).

# Results

**Table 1.** Comfort discussing sex with HCP as a predictor of HIV testing in the past 3 months

Predictor variable	OR (95% CI)
<b>Age</b>	
<30	1.56 (0.42-5.72)
30-49	3.21 (0.82-12.53)
50+ (Ref)	1.00
<b>Comfort discussing sex with HCP</b>	
Comfortable	<b>2.69 (1.06-6.87) *</b>
Neutral	2.06 (0.68-6.22)
Uncomfortable	1.25 (0.44-3.55)
Don't have a HCP (ref)	1.00

OR=odds ratio; CI=Confidence Interval

\*Indicates statistical significance at  $p < 0.05$  level

## Results (Qualitative data)

1. HCP GB2M competency important in **facilitating comfort** and HIV knowledge acquisition
  - A. Particularly salient among the narratives of **transgender GB2M**.
2. Past negative interactions with HCP (particularly with family physicians) limits GB2M perceived **safety to request** sexual health-related services (e.g., PrEP, HIV testing)
  - A. This subsequently **limits perceived access to TasP strategies**, such as PrEP.
  - B. This also **limits perceived access to HIV testing services**.
  - C. Participants **seek services elsewhere** with clinics with perceived GB2M competency (e.g., Hassle Free Clinic in Toronto).

# Conclusions

- HIV testing uptake may be influenced by comfort discussing sex with men with HCPs.
- The importance of queer competency among HCPs, and non-judgemental healthcare environments may increase GB2M comfortability in discussing sex with men.
- Relatedly, qualitative findings indicate that other sexual health services, such as PrEP uptake, might be influenced by comfort discussing sex with men with HCPs and are limited by past, negative interactions with HCPs (particularly GPs).
- Provides some evidence in support of GB2M sexual health knowledge acquisition among HCPs to encourage comfortable healthcare environments and access to necessary sexual healthcare services for GB2M.

