

Project MSS 239R

Executive Summary

Perceptions on Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) among men who have sex with men in Hong Kong

Aim and objectives

The aim of the project is to investigate perceptions related to Preexposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) among men who have sex with men (MSM) in Hong Kong, so as to provide useful information to facilitate discussion among stakeholders of HIV prevention about implementation of PrEP and PEP.

Study design

A cross-sectional survey was conducted.

Target population

Participants were Hong Kong Chinese males of 18-60 years old and having had anal intercourse with at least one man in the last six months. Those self-reported as being HIV positive were excluded.

A total of 567 eligible MSM were approached through outreach in gay venues (n=323), online recruitment (n=60) and peer referral (n=184), and 403 of them (71.1%) provided verbal consent and completed the anonymous self-administered questionnaire (venue: 232, online: 60, referral: 111).

Main findings

1. Awareness and utilization of PrEP and PEP

Among all participants, 26.6% and 25.1% had ever heard of PrEP and PEP, while only 1.0% and 1.0% had ever used PrEP and PEP, respectively.

2. Behavioral intention to use PrEP and willingness to pay

After being briefed about the efficacy, WHO recommendation and potential side effects of PrEP, as well as the requirements of regular HIV testing after using PrEP, 45.2% showed behavioral intention to use daily PrEP in the next six months if it was provided for free by governmental hospitals or clinics, while only 7.7% intended to use daily PrEP if it cost 8,000

HKD per month. Almost none (1.7%) were willing to pay for the market price (~6,000 HKD per month) if they wished to use PrEP for HIV prevention.

3. Behavioral intention to use PEP within 72 hours after different exposure events

Over half (55.4%) would likely/very likely use PEP if they had had UAI with an HIV positive man, while 39.6% would likely/very likely use PEP if they had had UAI with a man having unknown HIV sero-status.

4. Reasons behind use/non-use of PrEP

After adjusting for significant background variables, those with prior awareness of PrEP (Adjusted odds ratio, AOR: 1.92), perceived higher risk of HIV infection (AOR: 1.47), more positive attitudes toward PrEP (AOR: 1.18), higher perceived support from significant others for using PrEP (AOR: 1.58) and higher perceived behavioral control in using free daily PrEP (AOR: 1.55) were more likely to have behavioral intention to use free daily PrEP. Those having negative attitudes that PrEP would cause harm or inconvenience were negatively associated with behavioral intention to use PrEP (AOR: 0.67).

5. Anticipated risk compensation behaviors in case of using PrEP

Among those with behavioral intention to use free daily PrEP (n=182), the prevalence of the following risk compensation behaviors in the case of using daily PrEP was 18.1% (increase number of regular male sex partners), 15.9% (increase number of non-regular male sex partners), 35.2% (reduce condom use with regular male sex partners), 15.4% (reduce condom use with non-regular male sex partners), and 2.7% (reduce condom use with female sex partners), respectively.

6. Interest to obtain information about PrEP and expectation

83.9% had some interest to obtain information about PrEP. Internet and NGOs were the top two preferable sources to obtain such information. 70.5% believed that governmental clinics should provide free PrEP-related services.

Conclusion

PrEP is still new for local MSM as their awareness and utilization are low. With simple briefing and if provided for free, their interest to use PrEP was moderate which leaves plenty of room for improvement. Future health promotions modifying perceptions may be useful to promote PrEP.