

How Willing are Sexual and Gender Minorities to Use Pre-Exposure Prophylaxis Modalities? An Online Survey from Brazil, Mexico and Peru

J. Qquellon¹, K.A. Konda^{1,2}, H. Vega-Ramirez³, T.S. Torres⁴, C.F. Cáceres¹, R. Robles-Garcia³, P. Luz⁴, B. Hoagland⁴, C. Pimenta⁴, M. Benedetti⁴, V. Veloso⁴, B. Grinsztejn⁴

¹Universidad Peruana Cayetano Heredia, Center for Interdisciplinary Research in Sexuality, AIDS and Society, Lima, Peru, ²Keck School of Medicine, University of Southern California, Department of Population and Public Health Sciences, Los Angeles, United States, ³Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz, Mexico City, Mexico, ⁴Instituto Nacional de Infectologia Evandro Chagas, Fundação Oswaldo Cruz (INI-Fiocruz), Rio de Janeiro, Brazil

E-Poster: EP0360

Background

- Pre-exposure prophylaxis (PrEP) urgently needs to be scaled up among sexual and gender minorities (SGM) in Latin America
- New PrEP modalities have been developed and may address daily oral PrEP adherence challenges
- We assessed factors associated with willingness to use daily oral, event-driven oral (ED-PrEP), and bimonthly injectable PrEP among SGM from Brazil, Mexico and Peru

Methods

- Cross-sectional survey was conducted online from August to November 2024 among SGM aged 18+ years, excluding people with HIV (PWHIV)
- Willingness to use PrEP modalities was evaluated using a 4-point Likert scale, and we considered “Very likely” as “Willing”
- Multivariate Poisson regression models were used to estimate prevalence ratios (PR) for willingness to use each PrEP modality
- Models were adjusted for age, country, race, income, sex with PWHIV, depression (*Patient Health Questionnaire* [PHQ-9]), homonegativity (*Reactions to Homosexuality Scale*), perceived HIV risk (*8-item Perceived Risk of HIV Scale*), and HIV knowledge (*HIV/AIDS Knowledge Assessment Tool*)

Results

- We had 9257 participants (Brazil: 65.5%; Mexico: 24.6%; Peru: 9.9%)

Table 1: Characteristics of an online sample of SGM from Brazil, Mexico and Peru, 2024

Characteristics	Brazil 6,069 (65.5%)	Mexico 2,275 (24.6%)	Peru 913 (9.9%)
Age (years) (18 - 24)	341 (5.6)	287 (12.6)	141 (15.4)
Race			
White	3,429 (56.5)	430 (18.9)	138 (15.1)
Mixed	1,813 (29.9)	1,405 (61.8)	648 (71.0)
Black/Asian/Indigenous/Other	827 (13.6)	440 (19.3)	127 (13.9)
Monthly income			
≤ minimum wage	1,045 (17.2)	561 (26.4)	220 (26.0)
> 1 to 2 minimum wage	1,018 (16.8)	530 (25.0)	209 (24.7)
> 2 to 6 minimum wage	2,582 (42.5)	795 (37.5)	292 (34.5)
> 6 minimum wage	1,424 (23.5)	237 (11.2)	126 (14.9)
Depression (Yes)	2,169 (35.7)	1,040 (45.7)	387 (42.4)
Homonegativity*	9 (4 - 17)	10 (5 - 16)	7 (13 - 20)
Perceived HIV risk*	25 (21 - 28)	28 (24 - 31)	27 (23 - 30)
HIV Knowledge*	11 (11 - 12)	11 (10 - 12)	10 (9 - 11)
Sex with PWHIV			
Yes	738 (13.7)	339 (15.8)	142 (16.6)
I don't know	931 (17.3)	901 (42.0)	301 (35.3)
Willingness to use PrEP modalities			
Daily oral PrEP	2,217 (51.9)	1,293 (71.4)	468 (65.7)
Event-driven oral PrEP	2,878 (47.4)	997 (43.9)	312 (34.3)
Bimonthly injectable PrEP	4,502 (74.2)	1,332 (58.6)	529 (58.1)

*Median (p25 – p75), PWHIV: People with HIV

Results, cont.

- Most respondents were willing to use bimonthly injectable PrEP (68.7%), then daily oral PrEP (58.5%), and ED-PrEP (45.3%)
- Across the three PrEP modalities:
 - Willingness increased as perceived HIV risk increased
 - Willingness decreased as homonegativity increased
- Willingness to use ED-PrEP and bimonthly injectable PrEP was higher with increased HIV knowledge
- Willingness to use daily oral PrEP and ED-PrEP was higher with increased depression
- Compared to Brazilians, Mexicans and Peruvians were more willing to use daily oral PrEP, but less willing to use ED-PrEP and bimonthly injectable
- Participants who reported sex with PWHIV were less willing to use ED-PrEP, but more willing to use the bimonthly injectable

Table 2: Factors associated with willingness to use PrEP modalities among SGM from Brazil, Mexico and Peru, 2024

Characteristics	Daily oral aPR* [95% CI]	Event-driven oral aPR* [95% CI]	Bimonthly Injectable aPR* [95% CI]
Country (Ref: Brazil)			
Mexico	1.15 [1.05-1.26]	0.86 [0.78-0.94]	0.74 [0.69-0.80]
Peru	1.16 [1.02-1.31]	0.72 [0.62-0.83]	0.84 [0.75-0.93]
Race (Ref: White)			
Mixed	1.10 [1.02-1.20]	1.00 [0.92-1.07]	0.95 [0.89-1.01]
Black/Asian/Indigenous/Other	1.08 [0.96-1.22]	1.00 [0.89-1.12]	0.94 [0.86-1.03]
Monthly income (Ref: ≤ minimum wage)			
> 1 to 2 minimum wage	1.01 [0.91-1.12]	0.94 [0.84-1.04]	1.03 [0.94-1.13]
> 2 to 6 minimum wages	0.94 [0.85-1.03]	0.91 [0.83-1.00]	1.02 [0.94-1.11]
> 6 minimum wages	0.88 [0.78-0.99]	0.88 [0.79-0.99]	1.03 [0.94-1.13]
Depression (Ref: No)			
Yes	1.14 [1.06-1.23]	1.10 [1.03-1.18]	1.05 [0.99-1.11]
Homonegativity	0.99 [0.98-0.99]	0.99 [0.99-1.00]	0.99 [0.99-1.00]
Perceived HIV risk	1.03 [1.02-1.04]	1.03 [1.02-1.04]	1.01 [1.01-1.02]
HIV knowledge	1.00 [0.98-1.02]	1.04 [1.01-1.06]	1.06 [1.03-1.08]
Sex with PWHIV (Ref: No)			
Yes	1.02 [0.91-1.15]	0.83 [0.75-0.92]	1.09 [1.01-1.17]
I don't know	1.00 [0.92-1.09]	0.91 [0.84-0.99]	1.06 [0.99-1.13]

PWHIV: People with HIV, *Adjusted also for age

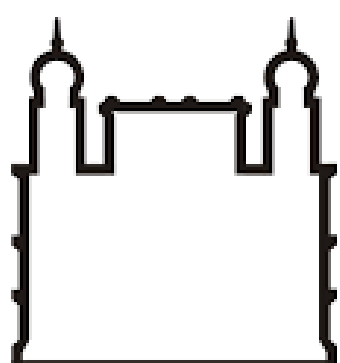
Conclusions

- Bimonthly injectable PrEP was the preferred modality in Brazil, while daily oral PrEP was preferred in Mexico and Peru, possibly reflecting diverse PrEP availability or knowledge
- Willingness to use ED-PrEP and bimonthly injectable PrEP increased with HIV knowledge, which highlight the relevance of continuing educational efforts among key groups

Contact Jazmin Qquellon: luz.qquellon@upch.pe



CENTRO DE INVESTIGACIÓN
INTERDISCIPLINARIA EN
SEXUALIDAD, SIDA Y SOCIEDAD



FIOCRUZ
Fundação Oswaldo Cruz

