

What does HIV risk mean for GBMSM in Middlesex County, Ontario?

Qualitative findings from the Health in Middlesex Men Matters (HiMMM) Project

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Sex, Stigma and Substance Use: Gay Men and Risk
November 18, 2013 – 10:45am



OHTN 2013
RESEARCH
CONFERENCE

NOVEMBER 17-19, 2013

CHANGING THE COURSE OF THE
HIV PREVENTION, ENGAGEMENT AND
TREATMENT CASCADE

Statements of Declaration

- No Conflict of Interest to declare
- This study was funded by the Canadian Institutes of Health Research (CIHR) Operating Grant
- GBMSM = gay, bisexual and any other men who have sex with men

On “RISK” ...

Our team recognizes there is sensitivity when discussing the language of HIV risk in the context of gay men’s sexual health. We are committed to acknowledging GBMSM’s diverse understanding of risk in London-Middlesex so that we can influence sexual health/health programming and services to be relevant, sex positive and affirming.

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Research team

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Background

- 2006 queer community forum
- Social isolation/exclusion, homophobia & communication
- HIV, health & health care access for local GBMSM
- Inform health professionals, care providers, social workers, HIV testers, public health, ASOs, policy makers about: sexual risk assessment, negotiation & communication amongst GBMSM
- How do GBMSM access (or do not access) health services, conceptualize health & think about what it means 'to be healthy'?



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Methods

- 20 interviews conducted with community members & service providers using purposive sampling
 - Age
 - Ethnicity
 - HIV status
 - Geography
 - Sexual orientation identity
- (Modified) grounded theory
- NVIVO 10 coding and analysis: Health, HIV/AIDS, Risk



Findings: **knowledge of HIV/AIDS and STIs**

- Basic knowledge/understanding of HIV/AIDS, including transmission
- Internet as a primary source of information (HIV & STIs)
- More concerned about HIV
- Learning about sexual health through HIV/AIDS (emergence)
- Acknowledged HIV stigma
- Little support for PHAs from within the broader gay community
- Feared discrimination, shame & stigma from accessing HIV information from health care providers



Findings: **knowledge of HIV/AIDS and STIs**

“I went to the internet because it is a place where you are not going to get...the internet is not going to look at you or talk back to you. There is no social setting on the internet where you might feel uncomfortable.”

“HIV treatment has really progressed to the point where it becomes, you know, sort of a chronic illness you live with, but if you are not getting treatment then, you know, that’s not gonna happen and so, you know, it’s very important, I think, to get tested if for no other reason than to know that you’re HIV positive and that you need to be getting treatment and you need to be sort of doing sorts of things cause there is obviously lifestyle modifications that are going to have to happen”.

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Findings: **risk activities**

- Biggest risk = “unsafe sex” = condomless anal sex in relation to HIV (vs. an STI)
- Substance use – includes drugs & alcohol
- Not getting tested
- Multiple partners
- SPACES: connection between spaces like bars, clubs, bathhouses & risk
- Awareness of risk & participation in risk
- Participation in risk = more likely to get tested versus regularized/annual testing
- Risk can impact emotional & mental health, partner abuse



Findings: risk activities

“When I’ve engaged in risky behaviour, I know for myself it’s directly related to my emotional health, so I’ve often done things and been like “why did you do that?”...well you did it because you’re feeling sad...or you’re feeling depressed...or you’re, you know, whatever and then I feel guilty about it and then I go get tested, so...”

“If I feel that I have done something that is risky behaviour I usually go and get tested for whatever and yeah. Like I get tested on a 6 month to generally to like a year basis for HIV and I have been to the STI Clinic like 3 or 4 times in my life. I haven’t been having sex for that long so...”

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Findings: **risk reduction**

- Condoms for anal sex
- Not sharing IDU drug equipment
- Being in a 'monogamous relationship' can reduce the risk for contracting HIV
- Personal responsibility to sexual partners - testing



Findings: **risk reduction**

“I was obsessed with bareback sex...I grew to believe that there is something special in unprotected sex. That, if I let someone have unprotected sex with me then they would love me. Then they would be my boyfriend and then give me a place to stay. So, I oftentimes try to use unprotected sex as a means of acquiring a boyfriend and a place to stay...”

“...I believe in informed consent. If two adults choose not to use condoms well they should be aware of the risks that they may re-infect each other with, you know, another strain, um, or risk opening themselves up to other STIs but, you know, if two grown men make the decision not to use protection then I believe that’s their right”.

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Discussion

- Continuum of HIV risk for GBMSM remains complex
- Multiple co-occurring factors to consider when determining an actual level of HIV risk for GBMSM (viral load, treatment adherence, UAI, having multiple partners, antibody testing and STI's)
- Important to define all elements of risk in a continuum – dispelling myths about testing & no risk of HIV transmission within relationships



Next steps

- A mixed methods paper
- 2014 Pride Town Hall
- www.himmm.ca - website to engage with (KTE)
- Fact sheets
- Rainbow Health Ontario (February 2014)
- Primary health care providers
- Local testing campaigns
- Local HIV prevention & support programs



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Acknowledgements & thanks:



The gay, bisexual and other sexually identified men across London-Middlesex county

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www.himmm.ca

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