Key factors in the acceptability of TasP in Scotland: an exploratory qualitative study with communities affected by HIV

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Background

While the effectiveness of Treatment as Prevention (TasP) as an HIV-prevention intervention at the population-level continues to be debated, little evidence is currently available on the acceptability of TasP amongst those affected by HIV [1].

Aim

This qualitative study explores the acceptability of, and the practical and ethical issues surrounding, TasP for two of the groups most affected by HIV in Scotland: gay, bisexual and/or men who have sex with men (MSM) and men & women from African communities (African).

Methods

Participants recruited through community & clinical settings across Scotland (Glasgow, Lothian, Grampian, Lanarkshire, Borders).

- 7 Exploratory Focus groups (FGs) (n=33)
  - HIV+: 4 FGs (n=22, 3 MFS FGs, 1 African FG)
  - HIV-: 3 FGs (n=11, 2 MFS FGs, 1 African FG)
- 34 In-depth Interviews (IDIs)
  - HIV+: 10 MFS, 7 African (6 women, 1 man)
  - HIV-: 10 MFS, 7 African (4 women, 3 men)

Results

TasP awareness

Participants expressed very limited knowledge of TasP as an HIV prevention strategy. A minority of participants reported some awareness of the link between an undetectable viral load and levels of infectiosity.

Barriers to TasP

Discussions about the potential use of TasP were strongly shaped by social concerns and constraints.

HIV+ participants expressed anxieties around TasP:
- the criminalisation of HIV transmission
- risk of STIs
- the physical and psychological burden of treatment
- the pressures to start treatment/loss of choice

If I was HIV and they gave me those drugs I would take them every day because I know obviously, it is a drug, eventually you’re gonna be taking drugs all the time through your life ‘cause you know it’s helping you. So I don’t think it would be a problem for them to be taking a drug that’s helping them. (HIV+ African FG)

HIV+ participants not yet on treatment were reluctant to start taking ARVs because of:
- the perceived burden of taking ARVs
- the low perception of risk of HIV transmission due to existing HIV risk management strategies

I was getting a sort of spate of sort of infections then they said ‘maybe think about starting you on treatment to prevent other people from getting it’. I said no, it’s because I was barebacking with sort of other positive guys I’m getting a lot more infections from them. If I’m infected with negative guys I always used condoms so the risk of me passing it onto an HIV negative guy’s like very, very, very low because I use condoms. (HIV+ MSM, IDI)

Most HIV+ participants described TasP as a prevention strategy suitable only for long-term sexual partners in trusting relationships.

I don’t think I would start using it just for, like, anybody, I think, but if it was sort of a, someone, a very long-term thing and you know, we’d discussed everything. (HIV-positive MSM, IDI)

Most HIV- participants including those on treatment and with undetectable viral loads did not feel they were in a position to introduce and/or negotiate TasP within their sexual relationships.

It’s up to him as well isn’t it? To be convinced to say “yeah, it’s safe now.” (HIV-African woman, IDI)

However, most HIV- participants, including those on treatment and with undetectable viral loads did not feel they were in a position to introduce and/or negotiate TasP within their sexual relationships.

Conclusion

In order to ensure informed, effective and ethical uptake of ‘TasP’, findings from this study highlight the need for:

- tailored information and support which addresses the low levels of and inequalities in TasP awareness
- a focus on how uptake and management of TasP will be contingent on the dynamics of existing and socially acceptable risk management strategies, especially in relation to long-term sero-discordant relationships

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References


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