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Coming Out to Health Care Providers in Puerto Rico: Opportunities for Prevention, Linkage and Engagement in Care

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Introduction

- Puerto Rico (PR) has the eighth highest incidence of HIV¹ and the third highest mortality rate² when compared to the United States mainland.
- 20,196 people were living with HIV/AIDS in PR by September 2015 and 25% (n=11,656) of all cases were Men who have Sex with Men (MSM)³.
- In 2013, the percentage of infection amongst MSMs surpassed those observed among any other population at risk in men, becoming the principal mode of transmission for newly diagnosed cases for this year in PR⁴.
- There are limited studies regarding the subject and in PR, disclosure of same sex attraction to Health Care Providers (HCP) is still poorly understood.
- Understanding disclosure to HCP can help target future prevention efforts for this group, raise awareness and improve MSM overall health outcomes in PR.

Study Objective

To examine the relation between sociodemographic, behavioral, and health-related characteristics with MSM disclosure of same-sex attraction to a HCP.

National HIV Behavioral Surveillance System (NHBS)

- CDC funded cyclical surveillance system conducted in 20 jurisdictions including Puerto Rico⁵.
- NHBS comprises 3 different populations at high risk for HIV: MSM, People who Inject Drugs (PWID), and Heterosexuals at increased risk for infection (HET).
- Venue-based, time-space sampling is used for MSM recruitment.
- Participants complete an anonymous standardized questionnaire that collects information on HIV-related risk behaviors, HIV testing, and access and use of HIV prevention services. HIV testing is also offered to all participants.
- For this analysis, data from the 2011 PR-NHBS participants who reported having at least 1 male sex partner in the past year (n=302) was used.

Statistical Analyses

- Univariate analysis was performed to describe the study sample.
- Chi square, Fisher's exact test or independent t-tests were used for bivariate analysis.
- Collinearity test for potential confounders (only with significant co-variables) was employed.
- Logistic regression analysis was used to examine the relation between sociodemographic, behavioral, and health related characteristics with same-sex disclosure. Log likelihood test for goodness of fit was used.
- Odds ratios (OR) and 95% confidence intervals (95% CI) were calculated using logistic regression models.

Results

Figure 1. Disclosure of Same-Sex attraction to Healthcare Provider

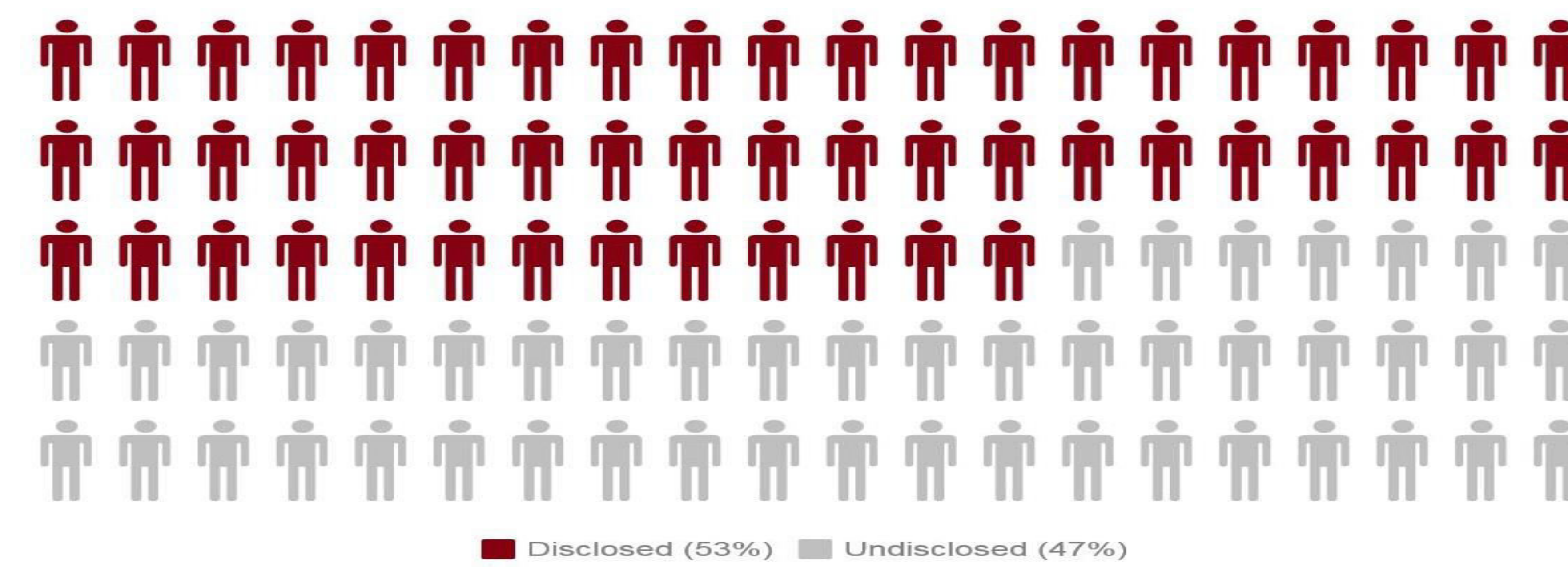


Table 1. Characteristics of NHBS 2011 MSM.

Characteristics	Not disclosed same-sex attraction to health care provider (n=141; 46.7%)		Disclosed same-sex attraction to health care provider (n=161; 53.3%)		p-value
	No.	(%)	No.	(%)	
Age					
Mean age ± Std. Deviation	29.4±9.5		32.5±11.5		0.015 ^b
Education					
High school or less	41	29.1	38	23.6	0.28
Some college or more	100	70.9	123	76.4	
Health Insurance					
No	30	21.3	36	22.4	0.82
Yes	111	78.7	125	77.6	
Employment					
Employed full/part time	96	68.57	124	78.48	0.11
Students	22	15.71	14	8.86	
Unemployed	22	15.71	20	12.66	
Annual Household Income					
0-19,999	132	94.9	150	93.7	0.65
≥20,000	7	5.1	10	6.3	
Sexual Orientation					
Homosexual	124	87.9	139	86.3	0.68
Bisexual	17	12.1	22	13.7	
Age at MSM Sexual Debut					
Mean age ± Std. Deviation	16.6±5.2		15.9±5.2		0.33
Venue Type					
Bars/Clubs or Sex Venues	110	94.8	128	96.2	0.59
Other Venues ^a	6	5.2	5	3.8	
Female partners in the last 12 months					
No	44	93.6	64	95.5	0.29
Yes	3	6.4	3	4.5	
More than 5 male partners in the last 12 months					
No	111	78.7	124	77.0	0.69
Yes	30	21.3	37	23.0	
Unprotected anal sex in last 12 months					
No	57	40.4	61	37.9	0.61
Yes	84	59.6	100	62.1	
Aware of partner serostatus					
No	84	59.6	77	48.1	0.047 ^b
Yes	57	40.4	83	51.9	
Visited healthcare provider in last 12 months					
Yes	97	68.8	127	78.9	0.046 ^b
No	44	31.2	34	21.1	
Tested for HIV in last 12 months					
No	85	61.15	70	43.48	0.002 ^b
Yes	54	38.85	91	56.52	
HIV prevalence					
No	131	92.9	147	91.3	0.61
Yes	10	7.1	14	8.7	

^aOther venues includes gym, restaurants, parks and beaches, street locations, social organizations, and other places where MSM congregate.
^bSignificant p-value.

Results

Table 2. Multivariable analysis for disclosing same-sex orientation

Characteristics	Adjusted OR (95%CI)	p for Wald
Age	1.03 (1.00-1.05)	0.0203
Awareness of partner serostatus	1.65 (1.04-2.64)	0.0341
Not visited Health Care Provider in the last 12 months.	0.66 (0.38-1.14)	0.1369
Not tested for HIV in last 12 months	0.49 (0.30-0.80)	0.0046

Adjusted by age, awareness of partner serostatus and visited HCP provider in last 12 months variables.

- Multivariate analysis showed that as age increases MSMs were 3.0% (OR: 1.03, 95%CI: 1.00-1.05) more likely to disclose to a HCP.
- Likewise, MSM's aware of their partner's serostatus were 66.0% more likely to disclose to a HCP (OR: 1.65, 95% CI: 1.04-2.64).
- A marginal association between disclosure and visiting a HCP in the last 12 months was observed (OR: 1.65, CI95%: 0.97-2.81).

Conclusions

- Puerto Rican MSMs had a low prevalence of disclosure of same-sex attraction to HCPs, which might impact HIV screening, treatment, adherence, and engagement in care.
- Age and awareness of partner's serostatus played an important role on the disclosure to a HCP.
- Development of multilevel efforts are needed in order to promote disclosure of sexual orientation within the primary healthcare setting among the MSM population in Puerto Rico.
- The 2020 National HIV/AIDS strategy intends for high-risk patients to regularly test for other STDs and initiate usage of Pre-Exposure Prophylaxis (PrEP). Disclosure to HCP could facilitate conversations regarding these topics.

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