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**“That’s kind of like the big struggle right now  
is can we get PrEP?”: Facilitators and barriers  
to PrEP uptake among active duty gay and  
bisexual males**

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# Background

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- 350 new HIV infections are detected among military personnel each year, rising especially among active duty Black gay and bisexual men (GBM)<sup>1,2</sup>
- Approximately 4% of male service members identified as gay or bisexual<sup>3</sup>
- Estimated 12,000 GBM service members may be eligible for PrEP<sup>1</sup>
- Don't Ask and Don't Tell (DADT) Policy (1994-2010) was shown to be harmful for LGBT service members<sup>4,5</sup>



# Main Study questions

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- What is the interest in and access to PrEP among active duty military GBM?
- What are the perceived barriers and facilitators to PrEP uptake among active duty military GBM?



# Methods: Military Acceptance Project

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## Qualitative

- Recruitment via expert advisory panel
- Life history calendar interviews
- PrEP information in discussions of sexual health & military healthcare
- Structural & descriptive coding

## Quantitative

- RDS recruitment
- Online survey with PrEP items:
  - *Are you interested in having access to PrEP?*
  - *Have you ever talked to a military doctor about PrEP?*
  - *Do you have access to PrEP through a military healthcare provider?*
- Descriptive & bivariate analysis



# Sample Characteristics

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## Qualitative

- N = 22 GBM service members interviewed
- N = 10 talked about PrEP (analytic sample)
  - All White GBM serving in the Army, Navy or Air Force
  - N = 2 military HCPs

## Quantitative

- N = 114 GBM service members completed survey
- N = 93 answered PrEP questions (analytic sample)
  - 79% White
  - 67% Single
  - > BA degree (75%)
  - Median age is 28 years



# Results: Quantitative



## PrEP Interest (71%)

- \*Lived off Base (82%)



## Discussed PrEP with a Military Provider (59%)

- \*Single (74%), \*Disclosed Sexual Orientation (92%)



## Access to PrEP (48%)

- \*Younger (26 years), \*Disclosed Sexual Orientation (93%)



# Results: Qualitative Themes

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- Providers' negative beliefs or knowledge gaps regarding PrEP
- Lack of a system-wide approach to PrEP access
- Confidentiality Concerns
- Relying on peer networks for PrEP guidance & support



## Theme: Providers' negative beliefs or knowledge gaps re: PrEP

***“you can either expose yourself to the dangers of HIV or you can go date girls. It’s your choice.”*** – Gay male, Air Force

***“They [doctors] have no idea what it [PrEP] is and they have to google it...I have less confidence in the military healthcare providers over this..”*** – Bisexual male, Air Force





## Theme: Lack of a system-wide approach to PrEP access

***“I would have to essentially talk to my colleagues that I consult with regularly about my sexual health...But my concern is well how does that affect anybody else?”*** – Gay male, Air Force

***“the big question is whether or not they can get PrEP, even when they aren’t specifically barred from getting it and some have limited success and others can’t get it at all.”*** – Bisexual male, Air Force



## Theme: Confidentiality concerns

***“But I could see how very easily someone could get turned off with the idea that they don’t have a single doctor or a confidential doctor...instead they’re being passed from one doctor to the next, to the next, to the military and it appears that their medical history is just open for all to have a look at.”*** – Gay male, Navy, HCP



## Theme: Relying on peer networks for PrEP guidance & support

*someone went and posted that on Facebook like “this is what the nurse told me [about PrEP]” everyone immediately...being like these are all the avenues in which you can complain about this.” – Gay male, Navy*

*”Many of my colleagues [healthcare providers]...who either know that I’m gay or know that I have some level of experience in treating LGBT service members will come to me, personally”. – Gay male, Navy, HCP*



# Discussion

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- 71% indicated PrEP interest but half accessed it
- Military health care providers → lack of PrEP knowledge and discriminatory behavior
- Lingering Effects of DADT → confidentiality issues and limited trust in the military health care system
- Procedural barriers in obtaining a PrEP prescription
- Peer networks within GBM service members offer support, advocacy and exchange of valuable health information



# Future Directions

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Need for system-wide improvement in PrEP accessibility within military healthcare system, including (but not limited to):

- HIV-related training programs for HCPs
- Strategies for mitigating confidentiality concerns & improving trust
- Address structural barriers
- More PrEP research



# Limitations

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- Cross-sectional design
- RDS may not produce representative sample
- Qualitative sample limited to participants who spontaneously discussed PrEP
- Largely White sample, may not accurately reflect PrEP experiences of Black and other GBM service members of color



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- Members of our Expert Advisory Board  
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# Thank You

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