

Abstract

PREP USE AND BARRIERS TO USE AMONG ADULT AND YOUNG SEXUAL MINORITY MEN IN THE UNITED STATES

By

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Pre-exposure prophylaxis (PrEP) was approved for all individuals 13 years of age and older in May 2018. However, research pertaining to uptake has mostly focused on adult sexual minority men (SMM), leaving out many barriers that may exist for those under 18 years of age. Two of the most important precursors leading to PrEP uptake identified in prior research are perception of self as a PrEP candidate and having intentions to begin PrEP. Developmental and dual processing theories suggest that individuals who are younger make behavioral decisions differently from those who are older. Developmental theories suggest that compared to those who are older, those who are younger make decisions by placing more weight on how other's will perceive them, as opposed to their own individual benefits. Dual processing theories suggest that as individual's age, they utilize more 'cold' cognitive processing and conscious thought in their decision making. As such, the aims of this dissertation were to: (1) provide evidence that young SMM (YSMM;13-24 years of age) have less experience with PrEP use, and likely have different barriers than those who are older (25 years of age and up); (2a) investigate the role of age between affective and cognitive perception of HIV risk as associated with self-perception of PrEP candidacy and PrEP intentions among YSMM who are at-risk for HIV seroconversion; and (2b) investigate the role of age between perceived benefits of PrEP use and PrEP stigma as associated with PrEP intentions among YSMM.

To achieve these aims, data were collected as part of a larger study of SMM living across the United States. As part of this project, participants first completed an online master screener survey (OMS) and then once enrolled, completed a baseline assessment. Utilizing data collected from the screener survey, in Study 1, I tested a series of hypothesis examining differences in PrEP use among YSMM versus adult SMM. In bivariate analyses, I found that PrEP utilization was lowest among those under 25 years of age. In regression analyses, stratified by age group and predicting PrEP use (i.e., never, former, and current), I found that the odds of being a current PrEP user increased by 31% for each unit of increased age for YSMM. Additionally, I found YSMM who were on their parent or guardian's medical insurance had decreased odds of PrEP use compared to those on their own health insurance. There were also various demographic differences that distinguished PrEP use between the age groups. Taken together, the findings from the first aim suggest there are many variables that need to be further investigated before PrEP uptake among YSMM is likely to increase.

Data for the second aim of this dissertation came from baseline data collected as part of the parent project to this dissertation. Utilizing this data, in Study 2, I investigated a series of theoretically grounded hypotheses predicting the associations between different psychodevelopmental factors and the two primary precursors to PrEP uptake (i.e., PrEP candidacy, and PrEP intentions). I found that affective perception of HIV risk was significantly associated with PrEP candidacy and that this association became stronger with increases in units of age. Additionally, I found that cognitive perception of HIV was significantly negatively associated with PrEP candidacy, and this association became weaker with increases in units of age. Next, I tested affective and cognitive perception of HIV risk on PrEP intentions, mediated by perceived PrEP candidacy. Partial mediation was supported for both affective and perception

of HIV risk. Lastly, I tested a model assessing for the associations between perceived benefits of PrEP use and PrEP stigma on PrEP intentions, and moderated by age. I found that perceived benefits of PrEP use was positively associated with PrEP intentions, and this association strengthened with increased age. In contrast, I found PrEP stigma was negatively associated with PrEP intentions, and this association weakened with increased age. Findings from this dissertation highlight differences in psychodevelopmental that significantly affect YSMM and may impede PrEP uptake. The clinical implications and future directions of this work are discussed.