

BACKGROUND:

- ASM/GDM are at increased risk of acquiring sexually transmitted infections (STIs), including HIV.
- HIV PrEP is a safe and highly effective HIV prevention strategy for adolescents. Uptake among ASM/GDM remains low.
- Little is known about how ASM/GDM communicate with their PCPs about sexual health and PrEP.

PURPOSE:

- We aimed to explore ASM/GDM perspectives on SHC and PrEP in the context of the primary care setting.

METHODS:

- Using a semi-structured interview guide, we conducted individual in-depth interviews with N=14 ASM/GDM, ages 14-17.
- Topics discussed included whether participants had a PCP; if so, whether SHC took place with their PCP, the timing and frequency of those conversations, how participants felt during the conversation, and what specific topics were covered (e.g., HIV, PrEP).
- Participants were also asked about prior PrEP knowledge and sources of PrEP information.
- Facilitators wrote a detailed debrief immediately following the interview, and we conducted content analysis of these debriefs to identify preliminary themes.

Adolescents in this study generally had little to no sexual health communication with their primary care providers.

CONCLUSIONS:

ASM/GDM in this study generally had little to no SHC with their PCP, a factor potentially related to low PrEP uptake in ASM/GDM. Future research should explore how improving SHC between PCPs and ASM/GDM can increase PrEP uptake.

RESULTS:

- Most participants were non-Hispanic (n=9) and white (n=11). Half were cisgender while the other half were gender diverse (n=7).
- Most (n=11) had a PCP, and of these, all but one (n=10) reported having little or no SHC with their PCPs.
- Half of all participants (n=7) were aware of PrEP prior to the interview, and of these seven participants, the majority had a PCP (n=5). Notably, among these five participants who were both aware of PrEP and had a PCP, the majority (n=4) had learned about PrEP through non-healthcare settings.
- The one participant who reported the highest frequency of SHC with their PCP was also the only participant to have ever been prescribed PrEP.
- Facilitators of SHC with PCPs included respectful staff, visual signals of welcoming spaces (e.g., LGBTQ flags in the office), and proactive PCPs.
- Barriers included lack of time with their PCP without their parent/guardian present and a lack of familiarity or comfort amongst PCPs regarding LGBTQ sexual health needs.

Insufficient SHC

"Well they don't bring up the conversation so I don't, and it's just not really necessary."
Participant A

"Oh, I don't need to talk about this if nothing's happening."
Participant B

Facilitators of SHC

"I think it should be the PCP's job to ask if possible ... I think they're the ones who should be checking in. Are you sexually active? ... The teen, if they're concerned, they should mention it. But as the doctor and especially on like a check up, I feel like they should be asking questions like that."
Participant C

"[The employees at my PCP's office] have the gay stickers ... And you see posters about trans patients. And it's like, 'oh, that's really nice.' You feel a bit more represented in the world."
Participant D

Barriers to SHC

"I hadn't ever felt it super helpful or like comforting to speak to that person [my PCP]. So [my PCP] wasn't really a person I ever sought to use as a resource."
Participant E