

*Increasing PrEP Uptake in MSM at Risk of HIV in
Lebanon: Some Social Psychological Insights*

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Pre-exposure prophylaxis (PrEP) for HIV prevention is effective in men who have sex with men (MSM) [1]. Many psycho-social factors reported to influence PrEP uptake have not been assessed in Lebanon which is a conservative religious society in which there is limited discussion about sexuality and HIV. Our objective was to study the relationship between some psycho-social factors and likelihood of PrEP use in a sample of 241 MSM.

MSM who presented for whatever reason at one of the largest sexually transmitted infections (STIs) clinics in Beirut between January and April 2021 were recruited. **Number of sexual partners** in the last 6 months was collected. **PrEP adherence** was inversely assessed by the number of PrEP pills missed in the last month. Six other variables were measured on a 5-point scale and included: (1) **PrEP acceptability** (“I think PrEP would be beneficial for me”; 1=strongly disagree, 5=strongly agree); (2) **PrEP likelihood of use** (“It is likely that I will use PrEP myself”; 1=strongly disagree, 5=strongly agree); (3) **Self-esteem** (“I see myself as someone who has high self-esteem”; 1=strongly disagree, 5=strongly agree); (4) **HIV perceived risk** (“I think my chances of getting infected with HIV are:”; 1=very low, 5=very high), (5) **Outness** (“How open are you to others about your sexual orientation?”; 1=not at all, 5=very open) and (6) **Happiness** (“How happy do you feel about your sexual orientation?”; 1=very unhappy, 5=very happy). Pearson’s correlation tests were performed to detect statistically significant associations between continuous variables.

Perceived HIV risk and PrEP acceptability both correlated positively with likelihood of

PrEP use. Furthermore, there were positive correlations between happiness about sexual orientation and self-esteem. Outness correlated positively with number of sex partners and negatively with number of PrEP pills missed (suggesting higher PrEP adherence). Table 1 shows the correlation matrix of the continuous variables.

Table 1. Correlations between the key variables

	1	2	3	4	5	6	7	8
1. Number of partners in the last 6 months								
2. PrEP acceptability	-0.097							
3. PrEP likelihood of use	-0.037	0.314**						
4. HIV perceived risk	0.055	0.095	0.134*					
5. Self-esteem	-0.118	0.110	0.096	0.019				
6. Outness	0.187**	-0.116	0.008	0.001	0.083			
7. Happiness	0.056	0.038	0.017	0.008	0.379**	0.435**		
8. Number of pills missed per month	-0.032	0.049	0.073	0.037	0.069	-0.180*	0.033	

* $p < .050$; ** $p < .005$

Three tentative conclusions can be drawn. First, there was no correlation between perceived HIV risk and PrEP acceptability. This suggests that seeing oneself as being at risk of HIV does not affect one's PrEP acceptability but that it may increase the likelihood that one will actually use it. However, PrEP use with lower baseline acceptability (uncertainty or fear) may in time adversely affect adherence. The correlation between acceptability and likelihood of use indicates that increasing PrEP acceptability (by addressing uncertainty or fear) could in turn increase the likelihood that they will actually use it. However, these relationships need to be examined in future research.

Second, the positive correlation between happiness about one's sexual orientation and self-esteem is consistent with our previous research, which indicates that feeling comfortable with one's sexual identity is a determinant of psychological wellbeing [2]. Although not measured in our study, the relationship between decreased self-esteem and sexual risk-taking has been established elsewhere and it is known that those with lower self-esteem also tend to engage in less self-care behavior [3,4]. Therefore, it seems important that addressing sexual identity and wellbeing issues constitutes an important precursor of HIV prevention in MSM in Lebanon.

Third, we observed a positive relationship between outness and number of sex partners.

It is possible that being more socially open about one's sexual orientation may allow access to a broader network of other MSM, from which sexual partners can be met. On the other hand, outness was positively associated with PrEP adherence. This is in line with previous evidence that barriers to PrEP adherence included social stigma and lack of families and peers support [5].

PrEP uptake is complex and appears to be affected by psycho-social factors in Lebanese MSM. Understanding these issues will be vital for the HIV prevention agenda in Lebanon.

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