

“PrEP tourism” in Bangkok and sexual risk behavior of MSM: A three- and six-month follow up study

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Background

The formal availability of Pre-Exposure Prophylaxis (PrEP) in many countries is limited. An important option for men who have sex with men (MSM) to obtain PrEP is abroad, at MSM travel destinations where PrEP is easily available and affordable, such as Thailand. With PrEP sourced in Bangkok, our aim was to assess PrEP use and sexual risk-taking behavior among such MSM. We investigated PrEP use and sexual behavior during a three- (T2) and six-month (T3) follow up compared to baseline (T1).

Methods

MSM clients (n=126) of the Silom Pulse Clinic completed a survey on-site about PrEP use and sexual behavior in February-April 2017 (T1). Surveys at T2 (n=65) and T3 (n=48) were completed online. Mean age was 38 years (range: 22-70). The sample was internationally diverse: 97 participants (77.0%) did not live in Thailand and only four (3.2%) were born in Thailand.

At T1, 91 participants are current or past PrEP users, 35 are interested in PrEP or starting up PrEP use.

Discussion

Despite not having access to formal PrEP care in their home country, the vast majority of participants managed to follow a daily regimen and to obtain necessary medical checks, and reported increased quality of sex life. Despite their relative distance to local health care provision, this specific group of “PrEP tourists” is well aware of how to use PrEP correctly.

Special counseling and medical checks are recommended for these PrEP tourists because of their high risk sexual behavior. However, these counseling and medical checks are not always available in the home countries of the PrEP tourists.

A limitation is that high dropout between T1-T2 could have led to an overestimation of daily PrEP regimens.

PrEP TOURIST

Original Truvada costs 100USD/30tabs in Bangkok

1. Fly to Bangkok
2. See the doctor
3. Get tested
4. Get Original PrEP
5. Money saved, flight paid

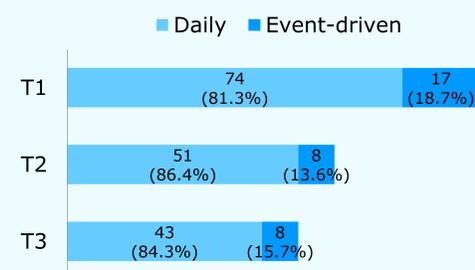
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Results

PrEP Use

PrEP regimen



Adherence problems among event-driven users (T1)

- Four participants (23.5%) used less than four pills per session (insufficient)
- Nine participants (52.9%) did not take two pills 2-24 hours in advance

Sexual and General Health at T1

Number of sex partners
Mean = 18, range = 0 - 150

HIV test frequency

Every three months	72 (57.1%)
Every six months	38 (30.2%)
Once per year or less	16 (12.7%)

Renal function test frequency (PrEP users)

Every three months	37 (40.7%)
Every six months	27 (29.7%)
Once per year or less	17 (18.7%)
Never	10 (11.0%)

Other health issues

Had an STI in the past year	43 (34.1%)
Used antibiotics (Doxycycline as syphilis and chlamydia prevention)	20 (15.9%)
Used creatine for muscle mass	23 (18.4%)

Sexual Behavior and Well-being

Quality of sex life (T2 and T3)

At T2, since starting PrEP use (n=57), 82.5% felt less anxious when having sex, and the same proportion reported increased quality of sex life. This remained stable between T2 and T3 (repeated measures $F < 1$).

Condom use

At T1, 56.5% used condoms often or always. Lower condom use since starting PrEP was reported by 67.9% at T2 and 72.5% at T3.

Recreational/sex drug use

At T1, recreational drugs were used by 43 participants (34.1%) during sex. At T2, 15.8% reported increased drug use (T3: 23.5%) since starting PrEP.

Key findings

- MSM who buy PrEP abroad “PrEP tourists” report many high risk behaviors.
- 16% also use antibiotics as bacterial STI prevention.
- Condom use is decreasing under PrEP.
- We define two subgroups:
 1. MSM who use PrEP daily and manage to obtain the necessary medical checks.
 2. MSM who use PrEP event-driven, drop out at T2/T3, and are at increased risk because of suboptimal PrEP use or lack of HIV testing.

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