

A Narrative Inquiry into the Experiences Related to Pre-Exposure Prophylaxis (PrEP) Access
Among Young Men Who Have Sex with Men (YMSM) in Canada

by

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Abstract

Young men who have sex with men (YMSM) in Canada and globally are disproportionately impacted by human immunodeficiency virus (HIV). Pre-exposure prophylaxis (PrEP) is an effective strategy for reducing transmission and acquisition of HIV infection among high-risk populations, including YMSM. However, there is a limited number of studies exploring YMSM's PrEP access experiences and the different social, structural, behavioural, and clinical factors that influence their PrEP access and use. The purpose of this narrative inquiry study is to explore and understand the experiences of Canadian YMSM in relation to their PrEP access. In this research, I worked collaboratively with three Canadian YMSM between the ages of 21 and 24 over 24 months. With relational ethics at the center, the participants and I engaged in multiple conversations in person and virtually and collected field texts that provided insights into their experiences across time, places, and social contexts. The intensive and long-term researcher-participant relationships allowed us to co-compose narrative accounts that reflected the participants' unique experiences, especially those that shaped their overall PrEP access. Through the continuous telling and retelling of the participants' stories and by reflecting on and laying their narrative accounts side by side, I identified resonant threads that highlighted their experiences of accessing PrEP in relation to and in the contexts of identity-making and social responsibility. This narrative inquiry research provided new understandings and knowledge of Canadian YMSM's PrEP access experiences. The new knowledge from this research can be utilized to inform PrEP programs, research, education, policies, and practice guidelines that will improve PrEP access and help decrease the rate of new HIV infections among Canadian YMSM.

Preface

This thesis is an original work by Jose Benito M. Tovillo. The research project that comprises this thesis received research ethics approval from the University of Alberta Research Ethics Board, Project Name “A Narrative Inquiry into the Experiences Related to Pre-Exposure Prophylaxis (PrEP) Access Among Young Men Who Have Sex with Men (YMSM) in Canada”, Study ID: Pro00110526, July 30, 2021.

Dedication

To all the young men who have sex with men around the world.

From different places and social contexts.

Of the past, the present, and the future.

Before, during, and after PrEP.

This work is for all of you.

Acknowledgments

Thank you, Tuck, Taylor, and Thomas, for sharing and trusting me with your stories, experiences, and narratives. This study will not be possible without all of you.

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Thy will be done.

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Abbreviations

2SLGBTQ+	Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Additional Sexual Orientations and Gender Identities
ADHD	Attention Deficit Hyperactivity Disorder
AHS	Alberta Health Services
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BC	British Columbia
BScN	Bachelor of Science in Nursing
CAHR	Canadian Association for HIV Research
CAI	Condomless Anal Intercourse
CANAC	Canadian Association of Nurses in HIV/AIDS Care
CANFAR	Canadian Foundation for AIDS Research
CDC	Centers for Disease Control and Prevention
CDEC	Canadian Drug Expert Committee
CDNN	Canadian Doctoral Nursing Network
COVID-19	Coronavirus Disease 2019
CRNA	College of Registered Nurses of Alberta
EMHC	Edmonton Men's Health Collective
ER	Emergency Room
ERA	Education and Research Archive
FDA	Food and Drug Administration
HIRI-MSM	HIV Incidence Risk Index for MSM

HIV	Human Immunodeficiency Virus
IPERGAY	Intervention Préventive de l'Exposition aux Risques avec et pour les Gays
iPrEX	Pre-Exposure Prophylaxis Initiative
IRCC	Immigration, Refugees, and Citizenship Canada
IVDU	Intravenous Drug Use
JANAC	Journal of the Association of Nurses in AIDS Care
MSM	Men Who Have Sex with Men
NAIT	Northern Alberta Institute of Technology
PAN	Pacific AIDS Network
PDF	Portable Document Format
PEP	Post-Exposure Prophylaxis
Ph.D.	Doctor of Philosophy
PHAC	Public Health Agency of Canada
PLWH	People/Person Living with HIV
PrEP	Pre-Exposure Prophylaxis
PROUD	Pre-Exposure Prophylaxis to Prevent the Acquisition of HIV-1 Infection
QTHC	Queer & Trans Health Collective
RAH-ER	Royal Alexandra Hospital-Emergency Room
REB	Research Ethics Board
RN	Registered Nurse
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TAF/FTC	Tenofovir Alafenamide/Emtricitabine

TDF/FTC	Tenofovir Disoproxil Fumarate/Emtricitabine
U. S.	United States
U=U	Undetectable = Untransmittable
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
YMSM	Young Men Who Have Sex with Men

Readers' Guide

In this narrative inquiry study, I inquired into the experiences related to PrEP access among three Canadian YMSM. I divided this dissertation into eight chapters - in a sequence that can be different from a traditional dissertation and in a way that may sound unusual to the readers. In Chapter 1, I wrote my narrative beginnings alongside existing literature relevant to the research and justified the need for this narrative inquiry study. In Chapter 2, I focused on the methodology and concepts of narrative inquiry. In Chapter 3, I talked about the narrative inquiry process and design and the specific methods of how I conducted this narrative inquiry research. In Chapters 4-6, I presented each of the three participants' narrative accounts. In Chapter 7, I identified and discussed the two narrative threads. In Chapter 8, I highlighted this study's personal, practical, and social justifications and ended with my concluding thoughts and reflections.

Chapter 1: Narrative Beginnings and Literature Review

Narrative beginnings are the researcher's personal accounts of their relationship to and interest in the phenomenon being studied (Clandinin et al., 2007). Researchers write narrative beginnings to inquire into their own stories and experiences (Clandinin & Caine, 2013) and to situate themselves in the study (Clandinin et al., 2007). Writing narrative beginnings also encourages researchers to be wakeful to their own stories and wonder who they are and who they are becoming (Dubnewick et al., 2017). It is a process of understanding how places and social contexts, as well as their past, present, and future, have shaped their stories and experiences (Clandinin & Caine, 2013). All of these give the narrative inquirer an opportunity to personally justify the purpose of doing the research (Clandinin et al., 2007). It also allows the inquirer to shape and come to understand their research questions or, in narrative inquiry, the research puzzle (Clandinin & Caine, 2013; Clandinin, 2013).

In this chapter, I wrote my narrative beginnings and inquired into personal stories and experiences that inspired me to do this research. Alongside these stories, I presented and discussed literature that supports the study and justifies the need for this narrative inquiry research. As I wrote my narrative beginnings, I became wakeful of how the time, places, and social contexts have shaped who I am and who I am becoming as a person and researcher.

Focusing on HIV: Revisiting Nursing Experiences

After finishing my Bachelor of Science in Nursing (BScN) degree at MacEwan University in 2015, I was offered full-time employment at the Royal Alexandra Hospital-Emergency Room (RAH-ER) in Edmonton, Alberta. At the RAH-ER, I worked with clients of different ages, genders, and backgrounds. As an inner-city hospital, I worked with people with diverse medical and social concerns, such as cardiopulmonary arrest, minor and major traumas,

organ failures, cancer, infections, substance misuse and withdrawals, overdoses, and mental health challenges. Many of the people seeking care also presented with social concerns, such as those related to precarious housing, poverty, violence, and racism.

At the RAH-ER, I also often saw people living with HIV (PLWH). PLWH usually presented to the ER with problems such as general medical issues, substance use, homelessness, hunger, and lack of social and financial support, among other reasons. Working with PLWH was one of the ER experiences that stood out for me. I had always been curious about what it was like to live with human immunodeficiency virus (HIV)¹ and the experiences that PLWH had that shaped their day-to-day lives. My own life experiences also drove my curiosity. More than thirteen years ago, I immigrated with my family from the Philippines, a country where HIV was a significant medical problem, and living with HIV was considered a disgrace and was highly stigmatized.

One of the clients who shared their experiences with me was Susan.² Susan was a middle-aged female who presented at the RAH-ER multiple times. Susan suffered from different problems, including substance use, homelessness, and depression. One day, Susan was under my care for an abscess in her left forearm caused by intravenous drug use (IVDU). As I assessed her pulse with my right fingers on her left wrist, I asked her how her day was going. She said that she has 10/10 sharp pain in that forearm. With the same breath, she told me she did not want to come to the ER and instead was trying to “tough it out.” When I asked why, she said she felt unwelcome in the ER and knew that healthcare providers looked at her as “dirty.” I tried to talk

¹ The World Health Organization (WHO, 2023) defines human immunodeficiency virus (HIV) as “an infection that attacks the body's immune system” (para. 2). The Public Health Agency of Canada (PHAC, 2023d) added that it is a “sexually transmitted and blood-borne infection (STBBI) that can be transmitted through exposure to the blood, semen, vaginal fluid, rectal fluid and human milk from a person with HIV” (para. 1). Currently, HIV continues to be a “serious global public health issue” (PHAC, 2023b, p. 10).

² This is a pseudonym and some of the details have been changed to protect the confidentiality of the client.

to her and say that I did not think this was true. Susan looked at me and countered, “Yes, when people know that you have HIV, people think that you are dirty.” She also added, “even when I am taking my medications.” This conversation stayed with me. After our initial conversation, we talked about other things - how she loved the chicken sandwiches from the hospital, how much she loved cats, how she was trying to find support to get a home, and her desire to go for a medical detox to address her substance use. Later that day, Susan was admitted to the hospital. Before she left the ER, she thanked me for “sitting with me” and “talking to me.” She also thanked me for holding her hands without gloves because “nurses do not always do that.” It is only now, long after that moment, that I wonder if Susan still feels the same way about the ER. This conversation with Susan and other PLWH at the RAH-ER has ignited my passion for learning more and promoting awareness about HIV and, more importantly, understanding the experiences of PLWH and those at risk of contracting HIV.

HIV Globally

The rate of new HIV infections globally is continuously increasing despite several prevention strategies (WHO, 2023). The WHO (2023) also reported that HIV remains a “major global public health issue” that is affecting lives in different countries around the world (para. 1). The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2023) and the WHO (2023) also reported that an estimated 39 million people were living with HIV globally by the end of 2022. There were also around 1.3 million new HIV infections in 2022 (UNAIDS, 2023; WHO, 2023). This brings the total number of people who became infected with HIV since the start of the epidemic to approximately 85.6 million (UNAIDS, 2023). Lastly, an estimated 40.4 million people globally have died from HIV and acquired immunodeficiency syndrome (AIDS)-related illnesses since the epidemic started, with 630,000 dying in 2022 (UNAIDS, 2023).

In 2014, the UNAIDS and WHO set a 2020 target of 90-90-90, which aims to have 90% of PLWH who know their status, 90% of PLWH who receive treatment, and 90% of PLWH who have an undetectable viral load (Challacombe, 2021; Frescura et al., 2022; UNAIDS, 2020). In 2019, UNAIDS (2020) reported that of all PLWH, around 81% knew their status, 67% accessed and received treatment, and 59% had an undetectable viral load. The target was updated by UNAIDS in December 2020 and was changed to 95-95-95 with the following goal: “95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2025” (Frescura et al., 2022, p. 1). By the end of 2022, the following achievements related to the target were reported: 86% of PLWH knew their status, 89% were accessing and receiving treatment, and 93% were virally suppressed (UNAIDS, 2023; WHO, 2023).

HIV in Canada

In Canada, HIV continues to affect different populations, and the overall rate of new HIV infections in the country continues to increase (Canadian Foundation for AIDS Research [CANFAR], 2023; Challacombe, 2023). By the end of 2020, it was reported that there were an estimated 62,790 PLWH in Canada (170 PLWH for every 100,000 Canadians (Challacombe, 2023; PHAC, 2022b). Of this number, an estimated 1,520 were new HIV cases, which means that 4 people for every 100,000 Canadians became infected with HIV in 2020 (Challacombe, 2023; PHAC, 2022b). The report for 2021 indicated that there were 1,472 new HIV infections in Canada (3.8 people for every 100,000 Canadians) (PHAC, 2023b). For 2022, PHAC reported 1,833 new HIV diagnoses in Canada (4.7 for every 100,000 Canadians), a 24.9% increase from the 2021 estimates (PHAC, 2023a). In all these reports, Alberta, Manitoba, Ontario, Quebec, and

Saskatchewan were the provinces with the highest number of new HIV infections from 2020-2022 (Challacombe, 2023; PHAC, 2022b, 2023a, 2023c).

Regarding the 90-90-90 goal, Canada showed progress in achieving the three goals (Challacombe, 2023; PHAC, 2022b). Of the 62,790 PLWH in 2020: 90% were aware of their HIV diagnosis (n = 56,200 people), 87% were on HIV treatment (n = 48,660), and 95% had achieved viral suppression (n = 46,100) (Challacombe, 2023; PHAC 2022b, 2023d). This achievement is comparable to the numbers reported by other developing countries, including Australia, Finland, France, Germany, the Netherlands, and the United States of America (PHAC, 2022b).

Lastly, the Government of Canada also showed commitment to the 2025 UNAIDS 95-95-95 targets and the global goal of ending the HIV/AIDS epidemic by 2030 (PHAC, 2022a). To meet these targets, the Government of Canada plans to: 1) provide HIV screening and testing guidance to health professionals, 2) support robust community-based projects to strengthen prevention and access to testing and treatment services, and 3) undertake HIV surveillance to monitor progress and better understand the drivers of the epidemic (PHAC, 2022a). According to PHAC (2022b), Canada will start reporting progress related to the 95-95-95 targets using the 2022 HIV data when available.³

Focusing on Men Who Have Sex with Men (MSM) and Young MSM (YMSM)

Years have passed since my initial encounters with Susan and other PLWH at the RAHER, and my desire to learn more about PLWH's experiences has turned into a desire to engage in HIV research. When I started my graduate program, I was often asked what my particular focus would be. It was in those moments that I often thought about Susan and my memorable

³ The data and report were still not available during my last literature search and chapter update.

encounter with her. Remembering Susan and my desire to engage in HIV research was a reminder of what mattered to me – the importance of promoting awareness about HIV and understanding the experiences of PLWH and those at risk of contracting the virus. As I began my graduate program, I started contemplating the specific focus of my research. In my heart, I knew I wanted to focus on the MSM population, especially on YMSM. This is because I belong to the population, and I knew YMSM who have died from the complications of HIV/AIDS. In some ways, I imagined that I could become a voice for my community - a voice that can help promote a better understanding of the experiences of those who are part of it.

Digging Deeper: My Sexuality Journey

This story, which I wrote in one of my doctoral courses, was hard for me to write:

2008. It was the year I turned 18. I was still living in the Philippines. It was also the summer when I admitted to myself that I was gay. Admitting to being gay in the Philippines, a Catholic and conservative country, was hard because most people think homosexuality is a sin. Those people who believed this included my family and some of my friends. While I knew I was gay, I decided not to tell anyone. I was scared to lose my family. I was also afraid to lose my friends.

2010. It was the year that I moved to Canada. I was still keeping my sexuality a secret. It was also when I started using dating apps discreetly because I was worried that someone who might know me would see and tell my family.

2011. It was the year that I started nursing school in Edmonton. I promised myself that I would not tell anyone my secret. Being a new immigrant, being a new university student, and being gay was very hard and stressful. It was at that time that I decided to set my sexuality aside.

2012. This was the year that I first came out to a friend through Facebook. She had asked me if I was gay. She was my only friend in nursing school and one of my few friends in Edmonton. I could not lie to her. It was scary, but it felt good at the same time.

2013. This was a significant year for me. I was eating dinner with my mother and two younger siblings at a Korean restaurant. They asked me if I was dating anyone. I told them that I was “kinda seeing a guy.” I still do not know what prompted me to tell them the truth that evening. My siblings said they were happy for me, but my mom said nothing. That evening, I thought, “At least she didn’t say she hated me.” Yet, for a very long time, we did not talk about it again.

2015-2016. This was the period where I started telling my closest friends. It was becoming easier to tell other people, which was good. My mom and I also started talking more about it. She also welcomed the very first guy that I brought home with a smile.

2017. I just turned 27, and as part of my birthday celebration, I went to Las Vegas with my friends. I received a message from my father. He said, "Happy Birthday. I hope you are having fun. I wish you all the best in life." I responded to my dad saying, "Thank you, Ama!" (Ama means father in Filipino). And then I added, "Ama, I just want to let you know that I am gay. I don't want anything for my birthday but for you to understand me." I also added, "You don't have to accept me. You just have to respect me." I ended the text with, "I love you, Ama." It took many hours for my dad to respond, but when he did, he wrote: "You are my child, and I love you. You do whatever will make you happy. I am always here for you. Just promise me that you will not let any guy hurt you, or I will go to that guy and will punch him in the face."

2017-Present: I started living life to the fullest as a gay man. And I still do up to this day.

It is only now that I can see how many years it has taken me to be able to come to terms with who I am. It was important to me that my friends and family, particularly my parents, were able to embrace me. Many other things happened along the way. I will never forget the first time I worried about having HIV. I will also always remember David, a dear friend whose life was taken by HIV/AIDS at a very young age.

My First Worry about HIV

One of the requirements to go to Canada was to do a medical test. If I am healthy, the Canadian immigration office will process my permanent residence application faster. This also means that I will be able to go to Canada right away. My dad and my younger siblings woke up early in the morning and took a taxi to the clinic that was acknowledged specifically by the Canadian Embassy. I was nervous when we got to the clinic. I was not worried that I had heart, lung, or any medical problems. I was afraid because I saw that one of the tests needed was an

HIV test.⁴ I asked myself, “What if I have HIV?” I knew that the risks were low because I was not sexually active, but paranoia overcame me. I was terrified that they would not let me come to Canada if I had HIV. Also, I was scared that I was sick and the physician would know and tell my family. At this moment, I was reminded that HIV in the Philippines is considered a disgrace and is highly stigmatized.

Moreover, having HIV also means discovering that I am gay. Why? Because in the Philippines, HIV is storied as a gay disease. If you have HIV, it means that you are gay and dirty and should be avoided. I did not want all of that. Who wants to be considered dirty?⁵ Who wants to be avoided? All these thoughts lingered within me as I sat in that gray chair to get my blood taken. I went home feeling worried, and I can still remember the sleepless nights as I waited for my HIV test results.

Remembering David

David⁶ was a handsome young gay guy whom I met through Facebook when I was new in Canada. He was a university student in the Philippines while I was a university nursing student in Canada. I remembered him messaging me and wanting to be friends. I agreed to be friends with him because he was a charming and lovely guy. David and I would talk almost every night, and he would tell me about his day. David would show me videos of him dancing (he was an excellent dancer), and he promised that we would go dancing when I visit the Philippines. We connected for months until the communication was cut off for reasons I cannot

⁴ The Immigration, Refugees, and Citizenship Canada (IRCC) requires a mandatory HIV screening for all foreign nationals ages 15 and older who are applying for permanent residence in Canada (Haddad et al., 2018; Haddad et al., 2021). This mandatory HIV screening, which our family had to do around 2008-2009, was introduced by IRCC in 2002 (dela Cruz et al., 2020).

⁵ This reminded me of what Susan told me in the RAH-ER: “Yes, when people know that you have HIV, people think that you are dirty.”

⁶ This is a pseudonym and some of the details have been changed for confidentiality.

remember. I did not hear from or about David for several months. Until one day, I saw a Facebook post saying condolences to David. I thought one of David's family members died. I went on and scrolled through his Facebook account and realized that David was the one who died. He was twenty-three years old. My body felt numb after seeing that post. I was in shock. David was young, and he always had seemed healthy to me.

Days after reading the news about David, I connected with one of our common friends. He said that David's family was saying that he died of pneumonia, but the truth was that he had HIV, and the pneumonia was a complication of the virus. He said a close friend knew of the diagnosis, but David and his family wanted to keep it a secret. I was sad that David might have died having to lie about what was going on with him to avoid people's judgment, including the judgments he faced from his friends and family. I wonder if my research will make a difference for young people like David and for people like me.

HIV Among MSM Globally

Globally, adults ages 15-49 accounted for the highest number of new HIV infections in 2022 (UNAIDS, 2023). However, within this age group, men who have sex with men (MSM)⁷ were one of the key populations that had a higher prevalence compared to other groups (UNAIDS, 2023). The WHO (2024) reported an increased number of new HIV infections among

⁷ UNAIDS (2009) referred to the term “men who have sex with men” (MSM) as “those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being ‘gay’ or ‘bisexual’” (p. 2). The WHO (2015) defined MSM by saying: “MSM refers to all males – of any age – who engage in sexual and/or romantic relations with other males. The words “men” and “sex” are interpreted differently in diverse cultures and societies, as well as by the individuals involved. Therefore, the term “men who have sex with men” encompasses the large variety of settings and contexts in which male-to-male sex takes place, across multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with particular community or social groups” (p. 3). I used these definitions to define and describe MSM/YMSM in this research.

MSM in different parts of the world, including North America, Asia and the Pacific, and Eastern and Southern Africa.

Throughout the years, the number of new HIV cases among MSM has continuously increased (Centers for Disease Control and Prevention [CDC], 2023a; WHO, 2024). While different groups are affected by the virus, MSM remain disproportionately affected by HIV (CDC, 2021, 2023a; Jaiswal et al., 2018; Kularadhan et al., 2022; Lima et al., 2021; Riddell et al., 2018; WHO, 2024). Biello et al. (2019) found that the number of new HIV infections among MSM has increased consistently over the last 20 years. This is alarming because as the number of new infections decreases among other groups, the number within the MSM population continues to increase (Biello et al., 2019; Jaiswal et al., 2018). Currently, MSM's risk of acquiring HIV infection is reported to be 26 times higher in comparison to the general population (Kularadhan et al., 2022; WHO, 2024).

In many high-income countries, the incidence of HIV among MSM continues to climb even while overall HIV incidence is in decline (Kularadhan et al., 2022; MacFadden et al., 2016; Wilton et al., 2016). For example, HIV incidence among MSM in the United States is the highest compared to other groups (Arnold et al., 2017; Baker et al., 2018; CDC, 2021, 2023a; Mustanski et al., 2018; Refugio et al., 2019). Researchers found that MSM, who only account for approximately 2-3% of the United States population, represented 63% of the country's new HIV infections in 2015 (Elopre et al., 2018), 70% in 2019 (CDC, 2023a), and 71% in 2021 (CDC, 2023b).

HIV Among MSM in Canada

In Canada, several researchers reported that significant new HIV infections occur among MSM (Challacombe, 2023; Grace et al., 2018; Hull & Tan, 2017; PHAC, 2023b). Like in other

countries, HIV continues to affect the MSM community disproportionately, and the rate of new infection within this community is continuing to increase relentlessly (Challacombe, 2023; Cox et al., 2021; PHAC, 2023b; Tan et al., 2017). For example, researchers found that Canadian MSM's relative risk of contracting HIV was 131 times higher than other Canadian men in 2014 (Grace et al., 2018; Tan et al., 2017). Also, the number continues to increase over the years despite the prevention efforts and implementation of HIV-prevention programs for Canadian MSM (Klassen et al., 2017).

In 2020, PHAC reported that out of the 1,520 new HIV cases in Canada, 709 (46.6%), or almost half of all the new cases, were among MSM (Challacombe, 2023; PHAC, 2022b). This is a slight increase from 2017, when Canadian MSM accounted for 46.4% of new HIV infections in the country (Haddad et al., 2018). Statistically, PHAC reported that the 2020 estimated rate of infection among Canadian MSM was 166/100,000, compared to the estimated 4/100,000 new HIV infections among the general Canadian population (Challacombe, 2023; PHAC, 2022b). Of the 62,790 PLWH in Canada in 2020, 33,335 of them were MSM (53.1% of the total number of PLWH in Canada) (Challacombe, 2023).⁸ All in all, this shows that the MSM population still remains over-represented and accounts for the highest number of new HIV infections in Canada (Challacombe, 2023).

Lastly, in relation to the 90-90-90 and 95-95-95 targets, the percentages among Canadian MSM are close to reaching the global goals (Challacombe, 2023; PHAC, 2022b). By the end of 2020, there were 47,320 Canadian males living with HIV, and among them: 90% knew of their diagnosis, 87% were on treatment, and 96% had suppressed viral load (PHAC, 2022b).⁹ In

⁸ Final data and reports for 2021-2023 were still not available during my last literature search and chapter update.

⁹ MSM-specific data and reports for 2021-2023 were still not available during my last literature search and chapter update.

addition, a study conducted specifically with 2,449 Canadian MSM from 2017 to 2019 (Engage Study) showed that of the 421 participants living with HIV: 98% knew of their diagnosis, 96% were on treatment, and 94% had achieved viral suppression (Challacombe, 2023; PHAC, 2022b). Overall, this shows relative improvements and successes despite the increased number of new HIV infections within the Canadian MSM population (PHAC, 2022b).

HIV Among YMSM Globally and in Canada

Within the MSM population, young men who have sex with men (YMSM)¹⁰ are a group that is disproportionately and highly impacted by HIV (Asiago-Reddy et al., 2022; Beach et al., 2018; Coelho et al., 2021; Huebner et al., 2023; Koss et al., 2018; Liu et al., 2019; Macapagal et al., 2020; Newcomb et al., 2018; Valente et al., 2022). It is also the group that is the most vulnerable to HIV infection (Huebner et al., 2023; Liu et al., 2019) and, hence, a demographic group within the MSM population in which the number of new HIV infections is increasing the most (Coelho et al., 2021; Macapagal et al., 2020; Newcomb et al., 2018; Valente et al., 2022).

Specifically, Coelho et al. (2021) reported that YMSM ages 15-24 account for the increasing number of new HIV infections in different parts of the world. This includes countries in Asia, Africa, North America, and Latin America (Coelho et al., 2021). Researchers found this alarming because as incidences of new infection decrease among other populations, the rate of new infection continues to increase among YMSM (Coelho et al., 2021).

¹⁰ Several studies defined YMSM as those MSM in the following age group: 12-24 (Yusuf et al., 2020), 13-24 (Baker et al., 2018; Bauermeister et al., 2019; Strauss et al., 2017; Valente et al., 2022), 15-24 (Coelho et al., 2021; Siegler et al., 2019), and 15-29 (Bourgeois et al., 2017; Closson et al., 2019). The WHO (2015) referred to YMSM as those “males 10–24 years, including boys 10–17 and men 18–24 who have sex with other males” (p. 3). For this research, I worked with YMSM between the ages of 21 and 24 (inclusion criteria was 16-24 years old), a range that fell within the YMSM definition of the WHO and researchers who have worked with this specific population. I chose to work with YMSM in this specific age group as they had the capacity to participate and provide consent at the time of the research (University of Alberta, 2024).

In the United States, YMSM continues to have the highest incidence of new HIV infection (Huebner et al., 2023; Marks et al., 2017; Myers et al., 2019; Refugio et al., 2019; Strauss et al., 2017; Valente et al., 2022). These numbers are also reported to continuously increase annually (Fujimoto et al., 2019; Holloway et al., 2017; Myers et al., 2019; Starks et al., 2019; Valente et al., 2022; Yusuf et al., 2020). Specifically, most of the YMSM affected by the virus are those between the ages of 12-24 years (Baker et al., 2018; Huebner et al., 2023; Siegler et al., 2019; Strauss et al., 2017; Valente et al., 2022; Yusuf et al., 2020). For example, in 2015, researchers found that the incidence of new HIV infection among YMSM accounted for more than 80% of total new infections among those who are 13 to 24 years of age (Bauermeister et al., 2019; Jaiswal et al., 2018). In 2019, the CDC reported that 21% of the new HIV infections in the United States were among youths ages 13-24 (Valente et al., 2022). Within this 21%, CDC indicated that 85% of the new HIV infections were among YMSM (Valente et al., 2022).

In Canada, YMSM also continue to have the highest number of new HIV infections in the country (Challacombe, 2023; Closson et al., 2019; Leonard et al., 2023). In 2016, it was reported that MSM, in general, accounted for 44.1% of the new HIV infections, with over half of these new infections acquired by YMSM between 15 and 29 years of age (Bourgeois et al., 2017; Closson et al., 2019). In 2021, the Canadian HIV diagnosis rate for males was “6.5 for every 100,000 males in Canada” (Challacombe, 2023). Out of this statistic, almost a quarter, or 24.2%, were HIV diagnoses among Canadian male youths ages 15-29 (Challacombe, 2023; Leonard et al., 2023), with Canadian YMSM making up one-third to half of the new HIV cases within this age range (Leonard et al., 2023).¹¹

¹¹ Canadian YMSM-specific data and reports for 2021-2023 were still not available during my last literature search and chapter update.

Several researchers argued that there are different factors that lead to the increasing number of new HIV infections among YMSM. These factors include condomless sex, alcohol and drug use, unsafe sexual practices, and lower HIV risk perception (Coelho et al., 2021; Macapagal et al., 2020; Valente et al., 2022). Researchers also attributed the increasing HIV incidence among YMSM to the lack of proper sex education at schools, especially for sexual and gender minority youths (Coelho et al., 2021; Macapagal et al., 2020). Additionally, YMSM were found to have suboptimal engagement in different HIV prevention strategies and initiatives (e.g., PrEP) (Coelho et al., 2021; Huebner et al., 2023; Valente et al., 2022).

Focusing on Pre-Exposure Prophylaxis (PrEP)

I first heard about PrEP in 2016 through Grindr, a gay dating application I used on and off in university and during my early nursing years. In Grindr, aside from the option to inform others when one last got tested for HIV and if one is HIV positive or not, one can also post if he is on PrEP. The first time I saw the word PrEP, I thought it was a medication for HIV and that if someone is on PrEP, it means he is being responsible for his disease. Eventually, I learned from my friends that PrEP, which is also referred to as the “blue pill,” is the only Canada-approved medication used to prevent HIV infection. After learning about it, I said, "Oh, interesting!" However, I did not pay much attention to it because I was not planning on accessing PrEP. I told myself at that time that I do not “hook up” with multiple guys; hence, I did not need it.

Meeting with Patrick and the Davie Buyers Club

Patrick¹² and I met one afternoon on the main floor of the health sciences building at the University of Alberta. We sat across from each other and found warmth in the nice couches while having our coffees on the table. Patrick looked like a smart guy, and I knew from the start

¹² This is a pseudonym and some of the details have been changed for confidentiality.

that I would learn a lot from him. We started talking about the status of HIV in Edmonton and the sexual health services available to everyone in Edmonton, especially those available for men who have sex with men in the city. And then our conversation turned to PrEP. Patrick told me about the Davie Buyers Club story – a story that has stayed with me.

I learned from Patrick that the Davie Buyers Club was started by a sexual health and STI/HIV/AIDS clinic nurse in Vancouver named Alex Smith (Hibbard, 2017; Peters, 2018). Alex worked side-by-side with Canadian MSM. Because PrEP was not approved by Health Canada at that time, Alex set up an anonymous website where people could learn more about PrEP and order PrEP. He figured out a way to order generic PrEP that was also approved by the U.S. Food and Drug Administration (FDA) from pharmacies in Asia and got them shipped to the United States. He then found friends to help him collect the medication and distribute it to people who wanted access to PrEP. Alex impressed and inspired me even though I had never met him. I was thinking about how amazing it is to make such a positive change for so many people, especially MSM.

After meeting with Patrick, I started reading more about PrEP. My interest heightened, and I realized I wanted to focus on PrEP access for my doctoral studies. My interest in PrEP led me to being a part of the Alberta PrEP Research and Evaluation Committee. I started my doctoral studies in September 2018, a month before PrEP was publicly funded in the province of Alberta. In one of the Alberta PrEP Research and Evaluation Committee's first meetings, we discussed how, indeed, PrEP access was a challenge, especially among MSM and YMSM in Alberta and Canada.

Lack of Research Among YMSM: A Finding from An Integrative Review

As part of my doctoral program, I engaged in an independent study course (NURS 661: Exploring HIV and PrEP) with my supervisor, Dr. Vera Caine, and Thomas Trombetta, a colleague who works closely with an organization focused on men's sexual health in Alberta and Canada. To fulfill the course requirements, we conducted an integrative review, which looked at the barriers and facilitators to PrEP access among different groups and populations.¹³ During the data analysis phase, we discovered that diverse populations face several challenges related to PrEP access. Specifically, we found several studies that looked into the barriers and facilitators to PrEP access among MSM in general. However, we also realized that not much research has been done to understand the experiences of YMSM related to PrEP access. Also, most of the studies focused on YMSM were conducted in countries outside of Canada. These findings further shaped the focus of my doctoral research.

After careful discussion with my supervisor, I decided to focus on YMSM as my population of interest. As a young gay man, I felt the importance of understanding the experiences of those like me and those who come after me. After learning that there is little known about PrEP access, barriers, and facilitators among YMSM, I also felt it was time to conduct research alongside this population. It is important for me to understand the experiences of YMSM and the challenges that they are facing, especially when accessing PrEP. It is also important for me to find ways to improve PrEP access among YMSM so they can be protected from HIV and not suffer from the disease at a young age – just like my dear friend, David.

¹³ Manuscript for publication in progress.

Focusing on the Literature About PrEP

PrEP involves the use of an antiretroviral agent, which can be taken daily and orally by individuals who are HIV-negative (Arkell & Harrigan, 2023; Leonard et al., 2023). Researchers found that PrEP can be helpful and effective in preventing possible HIV transmission and infection (Eaton et al., 2017; Grace et al., 2018; Leonard et al., 2023; Munasinghe et al., 2023). Specifically, PrEP is a highly effective HIV-prevention strategy that can be used by adults who are at high risk of HIV infection (Arkell & Harrigan, 2023; Leonard et al., 2023; Tan et al., 2017). Currently, two antiretroviral agents are approved to be used as PrEP in Canada: tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) (brand name: Truvada™) and tenofovir alafenamide/emtricitabine (TAF/FTC) (brand name: Descovy™) (Arkell & Harrigan, 2023; Knox et al., 2022; Leonard et al., 2023). In addition, a long-acting/extended-release injectable medication called cabotegravir can also be used as PrEP, but it is only approved in the US and is expected to be approved in Canada in 2024 (Hosien, 2023; Knox et al., 2022; Leonard et al., 2023). For this study, I will focus only on tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) (brand name: Truvada™), as it was the only Health Canada-approved PrEP at the time of my research.¹⁴

The U.S. FDA approved Truvada™ for PrEP for HIV prevention in July 2012 (Elopre et al., 2018; Klassen et al., 2017; Morgan, Ferlatte, et al., 2018; Pérez-Figueroa et al., 2015). In the same year, WHO recommended the use of PrEP for serodiscordant couples¹⁵ and MSM (Fonner et al., 2016). Moreover, the CDC endorsed PrEP in May 2014 as an HIV-prevention intervention

¹⁴ In addition, all participants in this research are/were on tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) (brand name: Truvada™).

¹⁵ This term refers to “an intimate partnership in which one person is HIV-positive and the other is HIV-negative” (Muessig & Cohen, 2014, p. 435).

(Schwartz & Grimm, 2017). PrEP clinical practice guidelines were also published in 2014 (Kesler et al., 2016).

Lastly, Health Canada approved the use of TDF/FTC (Truvada™) as an HIV-prevention strategy on February 29, 2016 (Greenwald et al., 2019; Hull & Tan, 2017; Klassen et al., 2017; Morgan, Ferlatte, et al., 2018; Pico-Espinosa et al., 2023). Before the February 2016 announcement, healthcare providers in Canada prescribed antiretroviral therapy (ART) for off-label PrEP use (Kesler et al., 2016). According to Grace et al. (2018), “PrEP has been prescribed off-label in Canada for several years by a small number of specialists,” and the usage has increased steadily since its regulatory approval in February 2016 (p. 24). In August 2016, the Canadian Drug Expert Committee (CDEC) formally recommended to Canadian public drug plans that TDF/FTC (Truvada™) be listed for PrEP indication if: (a) it is provided in the context of sexual health by an experienced prescriber and (b) the price is reduced, so it becomes more affordable and accessible to Canadians (Hull & Tan, 2017). By early 2017, only the province of Quebec offered public funding for PrEP, while other provinces had limited those wishing to be on PrEP by having coverage via private insurance or “buyers clubs” (Hull & Tan, 2017). Ontario followed Quebec’s footsteps in September 2017, and British Columbia followed afterward (Hull & Tan, 2017). As of January 2022, all provinces and territories have some degree of publicly funded PrEP (TDF/FTC [Truvada™]) coverage (Leonard et al., 2023; Yoong, 2022).¹⁶

Effectiveness of PrEP

As mentioned in the previous section, PrEP is found to be effective in preventing the transmission of HIV infection (Grace et al., 2018; Leonard et al., 2023; Maksut et al., 2018;

¹⁶ Alberta, British Columbia, Northwest Territories, Nunavut, Prince Edward Island, Saskatchewan, and Yukon have universal PrEP coverage (Yoong, 2022). Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, and Quebec have full or shared PrEP coverage (Yoong, 2022).

Nunn et al., 2017; Pico-Espinosa et al., 2023; Riddell et al., 2018). The effectiveness of PrEP is established through several studies, clinical trials, and demonstration projects (Doblecki-Lewis et al., 2017; Knox et al., 2022). These include the following: 1) Pre-Exposure Prophylaxis Initiative (iPrEX) Study (Galindo et al., 2012; King et al., 2014); 2) Partners PrEP Study (Riddell et al., 2018); 3) Bangkok Study (Riddell et al., 2018; Tan et al., 2017); 4) PROUD Study (Riddell et al., 2018; Spinner et al., 2016); 5) IPERGAY Study (Riddell et al., 2018; Spinner et al., 2016); and, 6) several PrEP open-label and demonstration projects (Riddell et al., 2018).

Overall, early studies found that the use of TDF/FTC (Truvada™) can reduce transmission and acquisition of HIV infection by 44 to 86% (Kesler et al., 2016; Riddell et al., 2018). Most recent studies also found that if PrEP is taken daily and consistently, it could prevent the transmission of HIV by nearly 100% (Arkell & Harrigan, 2023; Grace et al., 2018; Knox et al., 2022; Leonard et al., 2023; Munasinghe et al., 2023; Riddell et al., 2018). All in all, PrEP's potential to help slow the HIV epidemic was considered as “one of the most significant breakthroughs in the field of HIV prevention” (Eaton et al., 2017, p. 1244).

PrEP for MSM and YMSM

PrEP is indicated for and is found to be safe and effective in preventing HIV transmission among MSM (Haddad et al., 2021; Hubach et al., 2017; Hull & Tan, 2017; Knox et al., 2022; Pico-Espinosa et al., 2023; Rana et al., 2018; Sun et al., 2022). Specifically, PrEP has been indicated for use by MSM who “have had condomless anal intercourse (CAI) in the past 6 months and are not in a monogamous sexual partnership with a recently tested, HIV uninfected man” (Marks et al., 2017, p. 471). Given the effectiveness of PrEP, the medication has been incorporated into different HIV prevention programs and strategies for MSM in North America (Morgan, Ferlatte, et al., 2018).

In addition, PrEP is found to be efficacious as an HIV-prevention intervention measure among YMSM (Baker et al., 2018; Biello et al., 2019; Kuhns et al., 2017; Leonard et al., 2023; Liu et al., 2019; Macapagal et al., 2020; Marks et al., 2017; Valente et al., 2022). PrEP is also considered a critical part of HIV-prevention strategies among YMSM (Amico et al., 2019; Leonard et al., 2023; Macapagal et al., 2020). If used and implemented effectively, PrEP can help curtail and alleviate the dramatic increase in HIV infections among YMSM (Biello et al., 2019; Leonard et al., 2023). Thus, it is crucial to ensure the effective access and use of PrEP and adequate adherence to the medication among YMSM (Biello et al., 2019; Leonard et al., 2023).

PrEP Uptake and Access Among MSM and YMSM

Researchers found that although PrEP is safe and effective in preventing possible HIV infection, utilization of this medication by MSM has been lower than required to control the HIV epidemic (Marks et al., 2017; Pico-Espinosa et al., 2023). Other HIV researchers supported this claim and argued that PrEP uptake among MSM continues to be slow (Eaton et al., 2017; Hannaford et al., 2018; Rana et al., 2018; Schwartz & Grimm, 2017; Sun, Anderson, Bangsberg, et al., 2019). This slow and limited uptake has been noted in different parts of the world, including various settings in Canada (Cox et al., 2021; Greenwald et al., 2019; Klassen et al., 2017; Knox et al., 2022; Pico-Espinosa et al., 2023).

Several researchers also found that PrEP uptake and access among YMSM have been specifically low (Asiago-Reddy et al., 2022; Biello et al., 2019; Hess et al., 2019; Kuhns et al., 2017; Marks et al., 2017; Yusuf et al., 2020). Despite PrEP being an effective HIV-prevention intervention among YMSM, the adherence and uptake within this group have been inadequate (Asiago-Reddy et al., 2022; Baker et al., 2018; Biello et al., 2019; Liu et al., 2019; Valente et al., 2022). Yusuf et al. (2020) reported that PrEP engagement among YMSM, one of the groups at

the most significant risk for HIV acquisition, is at the lowest. Hess et al. (2019) also found that in the United States, even though there is generally an increase in PrEP use among MSM, the percentage of uptake among YMSM remains limited and is still well below the number of those who could benefit from this medication. In Canada, PrEP use among YMSM ages 15-29 also remains relatively low compared to older MSM (Leonard et al., 2023; Lima et al., 2021). Thus, it is vital to understand and be aware of the barriers to PrEP access among YMSM (Arnold et al., 2017; Leonard et al., 2023; Lima et al., 2021). Even though PrEP could help reduce new HIV infections among YMSM, suboptimal adherence and uptake among this group could threaten PrEP's effectiveness (Koss et al., 2018; Leonard et al., 2023).

Barriers to PrEP Access and Uptake Among MSM

Researchers identified several barriers to PrEP access that affect the use and uptake of PrEP among MSM, including Canadian MSM (Cox et al., 2021; Jaiswal et al., 2018; Morgan, Ryan, et al., 2018; Munasinghe et al., 2023; Pico-Espinosa et al., 2023; Rana et al., 2018; Sun et al., 2022). Some of the identified barriers to PrEP access among MSM are those related to stigma and discrimination (Elopre et al., 2018; Haddad et al., 2021; Hubach et al., 2017; Maksut et al., 2018; Munasinghe et al., 2023; Pico-Espinosa et al., 2023; Underhill et al., 2015). Other significant barriers to PrEP access among MSM are the lack of access to healthcare and healthcare providers, as well as the lack of health insurance that will cover the cost of PrEP (Doblecki-Lewis et al., 2017; Haddad et al., 2021; Hubach et al., 2017; Knox et al., 2022; Morgan, Ryan, et al., 2018; Pérez-Figueroa et al., 2015; Rana et al., 2018). These barriers are further aggravated by geographical location and spatial access problems, especially in rural communities (Doblecki-Lewis et al., 2017; Hubach et al., 2017; Ojikutu et al., 2019). Lastly, a lack of proper knowledge about PrEP is another barrier to PrEP access and uptake among MSM

(Jaiswal et al., 2018; Klassen et al., 2017; Marks et al., 2017; Pico-Espinosa et al., 2023; Sun et al., 2022). This lack of knowledge among MSM is further exacerbated by some healthcare providers' lack of awareness about PrEP, which affects PrEP education and information provided to MSM who want to use and access the medication (Jaiswal et al., 2018; Sun, Anderson, Bangsberg, et al., 2019; Tan et al., 2017). In addition to this, MSM, especially MSM of colour, reported that the healthcare providers' lack of knowledge about culturally safe and competent care also serves as a barrier to their access, uptake, and use of PrEP (Cahill et al., 2017; Lelutiu-Weinberger & Golub, 2016).

Barriers to PrEP Access and Uptake Among YMSM

The YMSM population, including Canadian YMSM (Leonard et al., 2023), is also experiencing barriers that affect uptake and access to PrEP (Arnold et al., 2017; Asiago-Reddy et al., 2022; Biello et al., 2019; Hess et al., 2019; Refugio et al., 2019; Valente et al., 2022). These barriers are often related to social and structural factors unique to the YMSM community (Arnold et al., 2017; Asiago-Reddy et al., 2022; Hess et al., 2019; Jaiswal et al., 2018; Lima et al., 2021; Pérez-Figueroa et al., 2015). Arnold et al. (2017) reported that the significant factors that negatively affect PrEP access and uptake among YMSM include the following: structural factors (e.g., cost, lack of financial assistance), social factors (e.g., stigma), behavioural factors (e.g., sexual behaviours), and clinical factors (e.g., perceived side effects). Biello et al. (2019) also found that YMSM deal with unique psychosocial and socio-cultural issues that affect their ability to access and adhere to the use of PrEP. These challenges include sexual identity formation, substance use, depression, stigma, unstable housing, family trauma, and bullying (Biello et al., 2019). Additionally, lack of knowledge also plays a role in the slow uptake of PrEP among YMSM (Closson et al., 2019; Hess et al., 2019; Macapagal et al., 2020; Strauss et al.,

2017; Yusuf et al., 2020). Several researchers also reported other barriers to PrEP access and uptake among YMSM. These barriers include low risk perception (Hess et al., 2019; Macapagal et al., 2020; Pérez-Figueroa et al., 2015), underemployment (Strauss et al., 2017), discrimination (Hess et al., 2019; Valente et al., 2022), lack of trust in healthcare providers (Asiago-Reddy et al., 2022; Hess et al., 2019; Jaiswal et al., 2018; Refugio et al., 2019), lack of support (Jaiswal et al., 2018), the need to adhere to the required monitoring schedule (Jaiswal et al., 2018; Pérez-Figueroa et al., 2015; Refugio et al., 2019), doubts about the effectiveness of PrEP (Jaiswal et al., 2018), and providers' lack of knowledge about PrEP (Valente et al., 2022), among others.

Uncovering the Need for This Research

Several scholars indicated and expressed the need for more research that focuses on the experiences of YMSM when accessing PrEP (Asiago-Reddy et al., 2022; Coelho et al., 2021; Huebner et al., 2023; Knox et al., 2022; Leonard et al., 2023). First, researchers found that most PrEP studies that included YMSM were done during clinical trials and demonstration projects (Holloway et al., 2017; Morgan, Moran, et al., 2018). They also added that most of the clinical trials were done among MSM of different ages, and findings in these trials may not adequately or accurately reflect the actual experiences of YMSM (Holloway et al., 2017; Hosek et al., 2017; Yusuf et al., 2020). Therefore, given the increasing number of new HIV infections among YMSM, there is a need to fully understand the experiences of YMSM outside these trials and demonstration projects (Holloway et al., 2017; Morgan, Moran, et al., 2018).

Secondly, several HIV and PrEP researchers also argued that many published articles mostly explored the experiences, barriers, and facilitators to PrEP access among older MSM (Coelho et al., 2021; Holloway et al., 2017; Hosek et al., 2017; Leonard et al., 2023; Macapagal et al., 2020). Currently, there is less known about the barriers and facilitators experienced by the

YMSM population (Asiago-Reddy et al., 2022; Holloway et al., 2017; Hosek et al., 2017; Knox et al., 2022; Macapagal et al., 2020). There are also limited numbers of studies exploring PrEP uptake and access among YMSM (Arnold et al., 2017; Macapagal et al., 2020; Morgan, Moran, et al., 2018; Strauss et al., 2017; Yusuf et al., 2020). Thus, this calls for the need to understand YMSM's experiences, especially the different social, structural, behavioural, and clinical factors that influence their PrEP uptake and access (Arnold et al., 2017; Coelho et al., 2021; Knox et al., 2022).

Moreover, it is also crucial to conduct qualitative research that explores the experiences of YMSM. Researchers argued that there is a need for more qualitative research that will provide information on YMSM's access, uptake, and attitude toward PrEP (Pérez-Figueroa et al., 2015; Pico-Espinosa et al., 2023). It is also vital to further understand the experiences of YMSM related to PrEP access, as well as the diverse factors that influence their decision to access the medication (Asiago-Reddy et al., 2022; Leonard et al., 2023; Macapagal et al., 2020; Valente et al., 2022). In addition, Kubicek et al. (2015) added that conducting further research that examines and explores the experiences of YMSM and the factors that influence these experiences is also a way to address the gap in research related to YMSM, HIV, and PrEP. To address this gap, Leonard et al. (2023) recommended that it is critical to conduct further research that emphasizes and engages YMSM in discussions around PrEP and their overall sexual needs. Addressing the gap and conducting further research exploring YMSM's experiences could also help explore and understand the reasons for their suboptimal access to PrEP (Asiago-Reddy et al., 2022; Leonard et al., 2023; Macapagal et al., 2020).

Overall, it is timely and critical to conduct further research to improve PrEP access for YMSM. As documented in the literature, YMSM continue to account for more than half of the

new HIV cases within the general MSM population (Coelho et al., 2021; Macapagal et al., 2020; Newcomb et al., 2018; Strauss et al., 2017; Valente et al., 2022). Therefore, studies related to HIV prevention among YMSM should be considered a high-priority research area (Strauss et al., 2017; Valente et al., 2022). Research with the YMSM population is also crucial because the prevention of new HIV cases among YMSM should be a priority and is vital in controlling the HIV epidemic within this group (Bauermeister et al., 2019; Mustanski et al., 2018; Valente et al., 2022). Lastly, conducting further research and exploring YMSM's experiences could help inform and improve PrEP implementation in various settings, better facilitate PrEP access and uptake among YMSM, and help slow and decrease the rate of new HIV infection within the YMSM population (Asiago-Reddy et al., 2022; Macapagal et al., 2020; Morgan, Moran, et al., 2018; Valente et al., 2022).

The Research Puzzle

In this chapter, I discussed that, globally, YMSM remain disproportionately affected by HIV. This is the same case in Canada, where YMSM continue to account for more than half of the new HIV cases within the general MSM population. I also discussed PrEP as a safe HIV-prevention intervention that is available in different provinces in Canada. However, in my literature review, I found that despite its efficacy, PrEP uptake among YMSM has been low because of various barriers and challenges related to PrEP access.

Overall, the findings from the literature review made me wonder more about the specific challenges YMSM are experiencing when accessing PrEP in Canada. The findings also inspired and encouraged me to explore Canadian YMSM's experiences in accessing PrEP. Additionally, in my narrative beginnings, I have uncovered several stories of personal tensions and struggles as a young gay man. I have also unpacked different structural, social, clinical, behavioural, and

relational challenges I have experienced when accessing sexual health services at a young age.

All these personal stories and experiences, together with what I have learned from the literature review, caused and provoked me to raise the following research puzzle: What are the experiences of Canadian YMSM related to accessing PrEP? What personal and social factors influence YMSM's decision to access and use PrEP? What barriers and facilitators do YMSM experience when accessing PrEP in different contexts? What are the social, structural, clinical, behavioural, and personal challenges related to PrEP access that Canadian YMSM experience over time? What roles does PrEP play in Canadian YMSM's overall life, growth, health, and well-being? To explore the answers and pieces to my research puzzle, I conducted a narrative inquiry study that aimed to inquire into the experiences related to PrEP access among YMSM in Canada.

Chapter 2: A Turn to the Methodology and Phenomenon

Narrative inquiry is a research methodology pioneered by D. Jean Clandinin and Michael F. Connelly in the 1990s (Haydon et al., 2018; Lindsay & Schwind, 2016; Riley & Hawe, 2005). Clandinin and Connelly first used the term 'narrative inquiry' in educational research, specifically in an article published in the *Educational Researcher* journal (Clandinin et al., 2007). The methodology was later adapted by other disciplines, such as anthropology, medicine, psychology, and other health-related fields, including nursing (Lindsay & Schwind, 2016).

Narrative inquiry seeks to understand human experiences (Caine et al., 2013; Clandinin & Connelly, 2000; Dubnewick et al., 2017; Wang & Geale, 2015; Yang, 2011). Specifically, it is an intimate study of people's experiences that happened over time and in different contexts (Clandinin & Connelly, 2000). Narrative inquirers engage in a relationship with research participants to build knowledge and understand individuals' life experiences (Fitzpatrick, 2017; Yang, 2011). Through personal stories, narrative researchers obtain insights that can provide an in-depth understanding of participants' perspectives and experiences (Wang & Geale, 2015).

Lastly, narrative inquiry sees research as a puzzle, where both the researcher and the participants explore pieces of a puzzle to create a clearer understanding of the experiences being studied (Haydon et al., 2018). Narrative inquirers develop an understanding and make meaning of individual experiences "through listening, observing, living alongside another, and writing and interpreting texts" (Clandinin et al., 2017, p. 91). Therefore, ensuring a meaningful collaboration between a narrative inquirer and participants is fundamental (Connelly & Clandinin, 1990).

Narrative Inquiry: A Phenomenon and a Methodology

People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a

person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study. (Connelly & Clandinin, 2006, p. 477)

Clandinin and Connelly regard narrative inquiry as both a methodology and a phenomenon being studied (Caine et al., 2018; Clandinin & Connelly, 2000; Clandinin et al., 2018). Caine et al. (2013) explained that they see narrative inquiry as a methodology used to understand human experiences and as a phenomenon under study. For them, narrative inquiry “carries with it a view of the phenomenon of experience” (Caine et al., 2013, p. 584). Caine et al. (2013) added that understanding narrative inquiry as both a phenomenon and a methodology “forms the basis for ways we know how to be, and live, as researchers and as people in relations” (p. 575). As Connelly and Clandinin (2006) expounded in the text above, when one uses narrative inquiry as a methodology to understand human experiences, one must also view the experience as a phenomenon being studied. Therefore, it is crucial for narrative inquirers to remember that the experience is considered a storied phenomenon when conducting a narrative inquiry study (Dubnewick et al., 2017).

Attending to and Understanding the Phenomenon Under Study

Clandinin et al. (2007) argued that narrative inquiry offers a unique way to attend to and understand a phenomenon of experience – a way that cannot be understood using other methodologies or theories. Narrative inquiry research explores an individual's life experiences to attend to and develop an understanding of a phenomenon under study (Haydon et al., 2018).

Narrative inquiry is also utilized to explore and develop a deeper understanding of a chosen phenomenon by working with and inquiring into the lives of individuals who have experienced it (Lindsay & Schwind, 2016; Yang, 2011). Yang (2011) added that narrative inquirers study the different ways individuals experience the world and how they make meaning of their personal life experiences. Wang and Geale (2015) explained that the new knowledge derived from narrative inquiry research can give the readers a deeper understanding of the phenomenon under study. It can also provide readers with “extra insight to apply the stories to their own context” (Wang & Geale, 2015, p. 95).

The Philosophical Assumption of Narrative Inquiry: Dewey and Pragmatism

John Dewey, a pragmatist, education theorist, and philosopher, inspired Connelly and Clandinin in the development of narrative inquiry (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin & Connelly, 2000). Specifically, Dewey’s pragmatic philosophy and temporal view of experience serve as a significant ground for the development of narrative inquiry (Caine et al., 2018; Clandinin et al., 2018). Dewey’s (1938) pragmatic philosophy views temporality and continuity as central to understanding experience. Dewey’s (1938) temporal view of experience suggests that “[e]very experience both takes up something from those which have gone before and modifies in some way the quality of those which come after” (p.35). This means that it is crucial to focus on the continuity and temporality of experience, take the future into consideration, and understand that experiences are “unfolding and enfolding over time” (Caine et al., 2018, p. 134).

Moreover, Clandinin and Rosiek (2007) explained that Dewey’s pragmatic philosophy views ontology as transactional and not transcendental. According to Dewey (1938), “[a]n experience is always what it is because of a transaction taking place between an individual and

what, at the time, constitute his environment” (p. 43). The pragmatist idea of thinking encourages narrative inquirers to attend to their and their participants’ lives within the “social, cultural, familial, linguistic, and institutional narratives” (Clandinin et al., 2018, p. 17). Additionally, the pragmatist view of experience encourages narrative inquirers to be in transaction and relation with their participants and to inquire together “on what it means to undergo an experience and to live a life” (Clandinin et al., 2018, p. 17). In Dewey’s (1981b) words:

[R]egulative ideal for inquiry is not to generate an exclusively faithful representation of a reality independent of the knower. The regulative ideal for inquiry is to generate a new relation between a human being and her environment—her life, community, world—one that ‘makes possible a new way of dealing with them, and thus eventually creates a new kind of experienced objects, not more real than those which preceded but more significant, and less overwhelming and oppressive. (p. 175)

Dewey’s Theory of Experience

In addition to Dewey’s pragmatist philosophy, Dewey’s theory of experience is the most often cited philosophical underpinning of narrative inquiry (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin, 2006). Dewey (1981a) explained that experiences “are transformed through the human context they enter” and that a human being is “changed and developed through its intercourse with things previously external to it” (p. 251). In his theory, Dewey (1938) presented two criteria of experience: interaction and continuity. These criteria are both enacted in situations and essential in finding meaning in people’s experiences (Dewey, 1938). Dewey (1938) also argued that continuity and interaction cannot be separated from each other and that “their active union ... provide the measure of educative significance and value of an experience” (pp. 44-45).

The first criterion, interaction, means that experiences develop because of people's interaction with their environment and other people in different situations (Dewey, 1938). As people live and interact with the world, they also live and interact with a series of situations in their environment (Dewey, 1938). The environment, according to Dewey (1938), is "whatever conditions interact with personal needs, desires, purposes, and capacities to create the experience which is had" (p. 44). Narrative inquirers took Dewey's notion of interaction and explained that people's experiences are always interactive, "resulting in changes in both people and the contexts in which they interact" (Caine et al., 2013, p. 576). Thus, to understand people's experiences better, it is crucial to examine and explore not only their experiences but also their interaction with others (Wang & Geale, 2015). It is also essential for people to be understood not only as individuals but also as those who are "always in relation, always in a social context" (Clandinin & Connelly, 2000, p. 2).

The second criterion, continuity, means that one's present experiences are influenced by the past and affect future experiences (Dewey, 1938). People's experiences change over time, and "every experience affects for better or worse the attitudes which help decide the quality of further experiences" (Dewey, 1938, p. 37). Dewey (1938) also added that "[e]very experience is a moving force" and that "[i]ts value can be judged only on the ground of what it moves toward and into" (p. 38). Clandinin and Connelly (2000) took Dewey's notion of continuity and explained that "experiences grow out of other experiences, and experiences lead to further experiences" (p. 2). They also asserted that experiences lie on a continuum, where a person's current experiences have experiential bases in the past and influence their future experiences (Clandinin & Connelly, 2000).

Dewey's two criteria of experience, interaction and continuity, were utilized to frame the

three commonplaces of narrative inquiry – temporality, sociality, and place (Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Clandinin et al., 2017; Clandinin, 2006). According to Dewey (1938), the terms temporal, personal, social, and situation are important factors used to describe the characteristics of a person’s experiences. Clandinin and Connelly (2000) used the terms past, present, future (continuity), personal and social (interaction), and place (situation) to create the three dimensions of narrative inquiry space, also known as the three commonplaces.

The Three Commonplaces of Narrative Inquiry

Clandinin and Connelly (2000) introduced the three commonplaces of narrative inquiry. These include temporality, sociality, and place (Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Clandinin et al., 2017). The three commonplaces are important dimensions that must be explored simultaneously when conducting narrative inquiry research (Clandinin & Caine, 2013; Clandinin & Huber, 2010; Green, 2013; Haydon et al., 2018). Temporality is the understanding and drawing of attention towards the past, present, and future of people, things, places, and events being studied (Clandinin & Huber, 2010; Clandinin et al., 2017). According to Clandinin et al. (2007), “every experience both takes up something from the present moment and carries it into future experiences” (p. 34). The second commonplace, sociality, refers to the person’s external environment and the people, relationships, factors, and forces surrounding the person and forming the person’s individual context (Clandinin & Huber, 2010; Clandinin et al., 2007). This commonplace also refers to how “people are always in interaction with their situations in any experience” (Clandinin et al., 2007, p. 34). Lastly, place refers to “the specific concrete, physical, and topological boundaries of place where the inquiry and events take place” (Clandinin et al., 2007, p. 34). It also refers to the person's physical location, how it affects a person's experiences, and how it gives meaning to their narratives (Wang & Geale, 2015).

Overall, it is always important to remember that inquiry studies “have temporal dimensions and address temporal matters; they focus on the personal and the social in a balance appropriate to the inquiry; and they occur in specific places or sequences of places” (Clandinin & Connelly, 2000, p. 50). By exploring the three commonplaces of narrative inquiry, narrative inquirers will better understand individual experiences and develop a better understanding of the phenomenon of interest under study (Clandinin & Connelly, 2000; Clandinin et al., 2007; Clandinin, 2006).

Justifications in Narrative Inquiry

One of the central elements of narrative inquiry research is justifications, which are the reasons that explain the importance and purpose of the study (Clandinin & Caine, 2013; Clandinin & Huber, 2010; Clandinin et al., 2007). Particularly, researchers conducting a narrative inquiry study need to attend to three specific justifications: personal, practical, and social justifications (Clandinin et al., 2007; Lindsay & Schwind, 2016).

Personal justification in narrative inquiry refers to the importance of narrative inquirers situating themselves in the study (Clandinin et al., 2007). This also allows the researcher to justify the research in the context of their life experiences (Clandinin & Caine, 2013). Additionally, personal justification encourages the inquirer to understand what brought and motivated them to do the study and to have a sense of the personal stories they bring to the research relationship (Clandinin & Caine, 2013). Narrative inquirers make visible their personal justification by writing narrative beginnings, which, as mentioned earlier, are the inquirers’ personal accounts of their relationship and interest in the phenomenon being studied (Clandinin et al., 2007). In this research, I have provided personal justifications by writing narrative beginnings, which are personal stories and experiences that inspired me to do this study. In

Chapter 1, I discussed how my experiences as an immigrant from the Philippines and as a registered nurse (RN) had inspired me to engage in HIV/AIDS research. I also discussed how my experiences as a young gay man in the Philippines and Canada inspired me to focus on PrEP and the YMSM population.

On the other hand, practical justifications show how narrative inquiry research and its findings can help shift or change the professions' thinking and practices (Clandinin & Caine, 2013; Clandinin & Huber, 2010; Clandinin et al., 2007). For this research, I firmly believe that the study findings can be employed in nursing to establish new knowledge that can be utilized to improve professional nursing practice. This study's findings can also provide nurses and healthcare providers with an in-depth understanding of YMSM's experiences. Secondly, this research can help design programs and protocols that can improve care, interactions, working relationships, and essential services related to PrEP delivery for Canadian YMSM. Overall, I think the in-depth understanding of Canadian YMSM's experiences can help shape our future healthcare practices and facilitate better PrEP access among this group. I will return to these ideas in the last chapter of this dissertation.

Lastly, social justification refers to the different ways the narrative inquiry research can help shape policies and address larger social issues (Clandinin & Caine, 2013; Clandinin et al., 2007). When thinking of social justification, narrative inquirers also think about the questions, "So what?" and "Who cares?" (Clandinin & Huber, 2010; Clandinin et al., 2007). In Chapter 1, I have identified that the YMSM population is experiencing several barriers that affect their PrEP access, uptake, and use. Specifically, I found that YMSM face social and structural barriers, which need to be addressed to improve PrEP access by, for, and with this population. Findings from this research can help inform stakeholders and decision-makers responsible for advancing

and promoting the sexual health of YMSM in Canada. The results can also be utilized to advance practice guidelines and health policies that will address the barriers identified by several researchers. Having improved policies and guidelines related to the implementation of PrEP could improve PrEP access and help decrease the rate of new HIV infections among YMSM in Canada. This, too, will be the focus of the last chapter of this dissertation.

Narrative Inquiry and Living in the Midst

[N]arrative inquiry is a way of understanding experience. It is a collaboration between a researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that made up people's lives, both individual and social. (Clandinin & Connelly, 2000, p. 20)

In narrative inquiry, the researcher and the participants meet in the midst of each other's lives (Clandinin & Caine, 2013; Clandinin & Huber, 2010). Narrative inquirers live in the midst as they enter the research relationship with their participants (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin & Huber, 2010; Clandinin et al., 2018). This means entering the research relationship and the inquiry process in the midst of their personal and professional lives (Clandinin & Caine, 2013). Narrative inquirers also have to acknowledge that as they enter the narrative inquiry process, they also gain the privilege of being a part of the participants' lives (Clandinin & Caine, 2013). They also must recognize that research participants are always in the midst of their own lives, living lives shaped by past, present, and future narratives (Clandinin & Caine, 2013).

Moreover, living together in the midst of each other's lives and working together shifts to

living alongside participants (Caine et al., 2018; Clandinin et al., 2018). As researchers live alongside participants, they become more awake and aware of how lives are influenced by time, sociality, and place (Caine et al., 2018). Therefore, as narrative inquirers design their research, they must place themselves in the middle of their participants' lives while being attentive to the three commonplaces of narrative inquiry – temporality, sociality, and place (Clandinin & Caine, 2013). Narrative inquirers must also be aware that experiences are ongoing (Clandinin, 2006). Narrative inquirers need to understand and remember that lives are in continuous motion, that lives unfold in unexpected ways, and that stories could change over time and be affected by multiple contexts (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin et al., 2018). Recognizing that we continue to live in the midst also means acknowledging that there will be no final story, as stories and experiences continue to unfold even towards the end of the research process (Clandinin & Caine, 2013). Additionally, it is essential to remember that stories told and retold are “for now” and are not fixed (Dubnewick et al., 2017). This encourages researchers to acknowledge and be attentive to the temporality of the participants' stories and experiences (Clandinin & Huber, 2010) and to be open to the possibilities of the stories changing (Dubnewick et al., 2017).

Furthermore, the narrative inquirer and the participants continue to live their lives throughout the narrative inquiry process (Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Clandinin & Huber, 2010). Having said this, the researcher and the participants need to collaborate and negotiate the times, places, and spaces where they “meet in the middle” and come and work together (Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Green, 2013). This way of working together is marked by a relational commitment maintained throughout the narrative inquiry process (Caine et al., 2013). Additionally, this way of coming and working

together, living in the midst, and living alongside each other while in a relational commitment is what Lugones (1987) called 'world'-travelling. According to Lugones (1987), 'world'-travelling is "a skillful, creative, rich, enriching, and ... a loving way of being and living" (p. 3). The worlds are the different places and communities a person inhabits and where their experiences take place (Dubnewick et al., 2017; Lugones, 1987). Individuals live in and travel to these multiple worlds, where they construct themselves or are constructed by others (Lugones, 1987). As narrative inquirers, we travel to participants' multiple worlds and live in the midst of these worlds (Clandinin et al., 2018). It is also important to enter and live in other's worlds in a loving way so we can form more enriching relationships and understand each other better (Lugones, 1987). In addition, it is vital to enter others' worlds with playfulness, which means with an attitude that "involves openness to surprise, openness to being a fool, openness to self-construction or reconstruction and to construction or reconstruction of the 'worlds' we inhabit playfully" (Lugones, 1987, p. 17). Doing this will allow a narrative inquirer to enter the participants' worlds lovingly, connect with them, and live in the midst of each other's lives in a relational way (Caine et al., 2013; Clandinin et al., 2018).

Narrative Inquiry and Meaning-Making

Narrative is a tool that can be utilized to "initiate and guide a search for meanings among a spectrum of possible meanings" (Bruner, 1986, p. 25). Narrative is also a way of knowing, understanding, and making sense of the world around us (Bruner, 1986). Stories in narrative inquiry allow people to make meaning of experiences and produce new knowledge (Green, 2013). Yang (2011) added that narrative inquirers study the different ways individuals experience the world and how they make meaning of their personal life experiences. As Yang (2011) pointed out, narrative inquiry is a process of making meaning of one's past, present, and

future experiences and stories. Narrative inquiry is also considered a very valuable research methodology, which “acknowledges the inseparability of knowing and telling in human experience as well as the necessity for a continuous search for meaning” (Yang, 2011, p. 234).

Narrative inquiry looks closely at the participants' personal narratives and the meaning the participants are portraying in these narratives (Riley & Hawe, 2005). Moen (2006) presented a similar argument and stated that, in narrative inquiry, researchers develop knowledge by focusing on how people assign meaning to their personal experiences through their narrative stories. The meaning-making process in narrative inquiry, which uses narratives and stories, happens between the person who experiences the phenomenon (participant) and the listener (narrative inquirer/researcher) (Savin-Baden & Niekerk, 2007). Afterward, to ensure that the meaning of the experience and the stories are understood well, the researcher retells the story, and the participant becomes the listener (Savin-Baden & Niekerk, 2007). Once the meaning is agreed upon, the researcher writes the stories on a less personal level, and the readers of the research become the new listeners (Savin-Baden & Niekerk, 2007). This shows that as narrative inquirers, we become an essential part of the continuous negotiation of the meaning of the experiences and stories shared (Clandinin & Caine, 2013).

Narrative Inquiry, Stories to Live By, and Narrative Identity-Making

Connelly and Clandinin (1999) introduced the idea of ‘stories to live by,’ which is the term used for the narrative conceptualization of identity. In narrative inquiry, stories are valuable tools needed to understand and make sense of an individual’s identity (Connelly & Clandinin, 1999; Green, 2013; Haydon et al., 2018; Holloway & Freshwater, 2007; Lindsay & Schwind, 2016). Stories give shape to people’s identities and help them understand who they are (Chung, 2009; Clandinin & Caine, 2013). In addition, narrative is a way to organize life experiences and

understand that people's stories and experiences form the very sense of their own personal identities (Crites, 1971). Crites (1971) also described narratives as sacred stories, which are stories that people awaken to and become conscious of. These sacred stories allow people to make sense of themselves, their identities, and the world (Crites, 1971).

In narrative research, the relationship between people's stories and identities is reciprocal, which means people's personal narratives are people's identities (Tuval-Mashiach, 2006). The story a person tells is "one's identity, a narrative created, told, revised and retold throughout life" (Tuval-Mashiach, 2006, p. 250). When people tell their stories, they start discovering and revealing themselves (Baddeley & Singer, 2007; Tuval-Mashiach, 2006) and creating their narrative identity (Sparkes, 2004). According to Cohler and Hammack (2006), narrative identity is constructed by creating and telling stories about oneself and by injecting these life stories with meaning. McAdams and Logan (2006) added that individuals make and create their narrative identity by telling their stories "to define who they are for themselves and for others" (p. 4). The telling of stories to live by allows people to construct and reconstruct their identities and make sense of who they are and are becoming (Haydon et al., 2018; Holloway & Freshwater, 2007; Lindsay & Schwind, 2016).

Moreover, when doing narrative inquiry research, it is important to note how time shapes one's identity (Caine et al., 2013; Connelly & Clandinin, 1999; Huber et al., 2004). Stories to live by are fluid and are always shaped by the temporal notion of becoming (Caine et al., 2013; Connelly & Clandinin, 1999). That is, stories to live by and identities are shaped by a person's experiences in the past, the present, and the future (Caine et al., 2013; Huber et al., 2004). Crites (1971) expounded that a person's narratives of their experiences, which help shape their identity, continue to unfold over time and in different places in their stories. A person's sense of identity

is shaped by the continuity of experiences through time, that is, “between remembered past and projected future” (Crites, 1971, p. 302). Several scholars echoed this argument and explained that narrative identity is formed by linking one’s past experiences with one's present and anticipated future (McAdams, 1993; de St. Aubin et al., 2006). Bateson (1989) also argued that identity is a continuous construction and is constantly shaped and reshaped. She added that a person's experiences over time help shape their identity and self-definition (Bateson, 1994).

Furthermore, a person’s identity or story to live by is shaped by the places involved in a person’s stories and lived in actions and in their relationships with other people (Caine et al., 2013; Clandinin & Huber, 2002). As Clandinin and Huber (2002) explained, a person’s identity or story to live by is a “storied life composition” that is “shaped in places and lived in places” (p. 161). Silko (1996) also stated that identities are strongly linked to one’s experiences in a specific place and the stories that come with those experiences. Additionally, narrative identity and stories to live by are also shaped by an individual’s social contexts (Connelly & Clandinin, 1990; Huber et al., 2004; McAdams & Logan, 2006). Narrative identity is a result of a “complex but poorly understood interplay between individual agency and social context” (McAdams & Logan, 2006, p. 6). It is also a result of a person’s experiences in multiple social contexts and environments (Connelly & Clandinin, 1990; Huber et al., 2004). Hence, to better understand one's identity, a researcher must understand and pay attention to how a person’s life stories are regulated and affected by their immediate social world (Cohler & Hammack, 2006; McLean & Thorne, 2006).

Narrative Inquiry and Identity-Making Through ‘World’-Travelling

Lugones’ (1987) idea of ‘world’-travelling also explains how people shape their identities. According to Lugones (1987), individuals live in and travel to these multiple worlds,

where they construct themselves or where they are constructed by others. It is also in travelling into these different worlds that people come to construct their lives and know who they are and their identities (Dubnewick et al., 2017; Lugones, 1987). Thus, for one to know a person, one must enter that person's multiple worlds (Lugones, 1987).

During a narrative inquiry process, it is into coming and travelling into the participants' worlds that an inquirer comes to know and understand their identities (Dubnewick et al., 2017). Thus, when I conducted this narrative inquiry research, it was essential to always remember the importance of travelling to people's worlds in loving ways (Lugones, 1987). When we travel to other people's worlds in loving ways, "we can understand what it is to be them and what it is to be ourselves in their eyes" (Lugones, 1987, p. 17). In addition to travelling to the participants' worlds in loving ways, I also ensured that I entered their worlds with wakefulness (Clandinin et al., 2018; Lugones, 1987). This means entering the participants' lives while "being consciously aware of who one is in the world and who others are in their worlds" (Clandinin et al., 2018, p. 61).

Moreover, it is important to understand that travelling into other people's worlds is not only a way to identify them but also a way of identifying with them (Lugones, 1987). According to Clandinin et al. (2018), 'world'-travelling in narrative inquiry research is a way of identifying with the participants. 'World'-travelling in narrative inquiry is also an opportunity to "understand what it is to be them and what it is to be ourselves in their worlds" (Clandinin et al., 2018, p. 125). Clandinin (2013) also added that as narrative inquirers travel into the participants' multiple worlds, their lives also unfold and begin to construct images of who they are. When a narrative inquirer travels and enters into the participants' worlds, they construct the identities not

only of their participants but also of themselves (Clandinin et al., 2018). As Clandinin et al. (2018) described:

The centrality of understanding world-traveling as the task of entering into another's world and, in so doing, understanding what it is to be oneself in one's own world, to be the other in one's own world at the same time as understanding what it is to be oneself in another's world and to be another in his/her world as central to what we do as narrative inquirers. World-traveling requires us, as narrative inquirers, to attend not only to how we construct ourselves in different worlds but also to how we construct others in different worlds. We also, as we world-travel, need to attend to how participants construct us and themselves as we co-compose a relational field, a world in Lugones's sense. (pp. 60-61)

Ethics and Relational Ethics in Narrative Inquiry

Ethical considerations are central in the narrative inquiry processes (Clandinin & Caine, 2013; Clandinin et al., 2018; Clandinin, 2013). This means that narrative inquirers cannot separate the ethical aspect of the research from the living of the inquiry (Clandinin & Caine, 2013; Clandinin, 2013). When conducting narrative inquiry research, inquirers must always keep their ethical commitments in mind throughout the narrative inquiry process (Clandinin & Connelly, 2000; Clandinin, 2013). This is particularly important because ethical matters constantly shift and change as narrative inquirers move through the inquiry research process (Clandinin & Connelly, 2000).

'Relational' is an important term used in narrative inquiry (Haydon et al., 2018). It refers to the relations between a narrative inquirer and participants and the relations between the interwoven dimensions of temporality, sociality, and place (Haydon et al., 2018). Several scholars argued that relationships with participants are essential to narrative inquiry (Caine et al.,

2013; Clandinin, 2006, 2013; Haydon et al., 2018). In narrative inquiry research, inquirers come into a relationship with participants and become a part of their lives and vice versa (Clandinin & Caine, 2013; Clandinin, 2013; Haydon et al., 2018). The researchers and the participants form relationships and meet and work closely together throughout the research process (Haydon et al., 2018). These relationships take place over an extended period of time so that narrative inquirers can be part of someone's life, which can help them better understand the participants' experiences and the phenomenon under study (Haydon et al., 2018).

As narrative inquirers, the researchers' relational responsibilities are not only to the participants but also to their relationships with the participants (Caine et al., 2013). Thus, it is always important to think about relational ethics in narrative inquiry research (Caine et al., 2013; Clandinin & Huber, 2010; Clandinin et al., 2007; Clandinin et al., 2018; Clandinin, 2013). Relational ethics "live at the very heart, perhaps are the very heart" of a narrative inquiry (Clandinin, 2013, p. 30). According to Wang and Geale (2015), relational ethics gives narrative inquirers "a set of responsibilities in human relationships: responsibilities for the dignity, privacy, and well-being of the participants" (p. 197). Relational ethics encourages narrative inquirers to have a good understanding of living in relation to the participants in an ethical way (Clandinin et al., 2007). It also reminds narrative inquirers to be mindful of relational ethics as they assume a dual role during the research process – "in an intimate relationship with the participant ... and in a professionally responsible role in the scholarly community" (Clandinin, 2007, p. 538).

Moreover, relational ethics is essential because it allows researchers to commit to relationships with participants and collaborate, compose, and negotiate stories with them (Clandinin, 2013). Additionally, relational ethics is a significant aspect of narrative inquiry that

begins to take shape in living alongside research participants (Clandinin et al., 2018). Therefore, it is critical to remember the importance of relational ethics as researchers slowly come alongside and live in the midst with participants (Clandinin et al., 2018). During this coming alongside process, relational ethics enables narrative inquirers to understand social responsibilities (Clandinin, 2013). It also guides the researchers and the participants as they live in spaces of uncertainties and as they co-create stories (Clandinin et al., 2018).

Lastly, Clandinin et al. (2018) outlined five interrelated dimensions of relational ethics that can guide narrative inquirers as they conduct narrative inquiry research and form relationships with the participants:

[T]he necessity of engaging with world-traveling with imagination, improvisation, and playfulness; the necessity of moving slowly in ways that allow for listening and living; the necessity of ethical understandings as always in process, in the making, with wakefulness to the ongoingness of experience; the necessity of always engaging with a sense of uncertainty and not knowing that acknowledges living ethically as living within liminal spaces that position us in places of dis/ease; and the necessity of understanding that ethical relations are always lived embodiments, that ask us to be still and to attend carefully to, and with, silence and contemplation. (p. 193)

Clandinin et al. (2018) emphasized that these five dimensions are interwoven and cannot be separated from one another. This is something that I always remembered and kept in mind as the narrative inquiry research unfolded and as I worked with participants. Also, I always remembered the significance of relational ethics as I came alongside the participants (Clandinin et al., 2018) and travelled to new worlds (Lugones, 1987). Traveling to participants' worlds (Lugones, 1987) was essential, so I could better understand them (Clandinin et al., 2018). It was

also vital that I travelled to participants' worlds in loving and not arrogant ways (Lugones, 1987). Entering the participants' worlds in loving ways allowed me to live and form relationships in their worlds (Lugones, 1987). Additionally, I was able to create more relational and ethical commitments by entering into the participants' worlds with a sense of playfulness (Clandinin et al., 2018; Lugones, 1987). Entering into the participants' worlds with playfulness meant having an openness to ambiguities, not knowing, and living with uncertainties (Lugones, 1987). This often was hard work and required me to be wakeful and reflective.

Overall, ethics and relational ethics are essential elements that should always be remembered and recognized when designing and conducting narrative inquiry research (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin et al., 2018; Clandinin, 2013; Haydon et al., 2018). I always kept in mind the importance of relational ethics and the different elements of narrative inquiry as I designed, implemented, and conducted a narrative inquiry study where, alongside participants, I inquired into the experiences related to PrEP access among Canadian YMSM. In the following chapter, I discussed the specific information and detailed the methods, design, and processes of how I conducted this narrative inquiry research.

Chapter 3: The Narrative Inquiry Process and Design

Engaging with Participants

Engaging with participants and forming a relational commitment was essential in conducting this narrative inquiry study (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin et al., 2018; Clandinin, 2013). Another important feature was attending to the three commonplaces of an inquiry study (Clandinin, 2013) and being attentive to the idea that I entered in the midst of my and the participants' lives (Caine et al., 2013; Caine et al., 2018; Clandinin, 2006).

In this narrative inquiry study, I inquired into the experiences related to PrEP access among YMSM in Canada. I engaged with three YMSM aged 21-24 living in Edmonton, Alberta, Canada. This sample size is typical in a narrative inquiry study because it allows for an ongoing and in-depth engagement with the participants (Clandinin & Connelly, 2000; Clandinin, 2013; Haydon et al., 2018). I recruited participants using purposive and snowball sampling and worked with different organizations to facilitate recruitment. These organizations included HIV Edmonton¹⁷, Evolution Wonderlounge¹⁸, Edmonton Men's Health Collective (EMHC),¹⁹ and Freddie²⁰. I also posted a copy of the ethics-approved participant recruitment material (see Appendix A) on social media and dating apps (Instagram, Facebook, Tinder, and Grindr). Lastly,

¹⁷ HIV Edmonton, located in Downtown Edmonton, is a "harm reduction agency, working to provide the best education and prevention methods to a wide variety of audiences" (HIV Edmonton, 2023, para. 1).

¹⁸ Evolution Wonderlounge is the only 2SLGBTQ+ club in Edmonton (Evolution Wonderlounge, 2022).

¹⁹ The EMHC (now called Queer & Trans Health Collective [QTHC]) is a grassroots health organization run by and for queer and trans community members. Their vision is for Edmonton queer and trans community members to have equitable opportunities to experience positive health and wellbeing. EMHC provides education, support, and services that facilitate PrEP access for Edmonton's queer and transgender community. (EMHC, 2016; QTHC, 2019)

²⁰ Freddie is a Canadian PrEP service provider. Freddie focuses on 2SLGBTQ+ communities and offers PrEP through easy, confidential, and affirming sexual health care. Freddie has clinicians and programs that promote better access to PrEP. (Freddie, 2022)

I used word of mouth and emails with key people and organizations in Edmonton to facilitate the recruitment process.

Recruitment criteria included the following: 1) 16-24 years of age,²¹ 2) identified as MSM,²² 3) had experiences accessing PrEP for HIV-prevention purposes in a Canadian province,²³ 4) spoke and understood English,²⁴ and 5) was planning to live in Edmonton or Alberta in the next 12 months.²⁵ There were no further limitations related to other demographic information such as race, ethnicity, religion, education, and socioeconomic status. Once potential participants were identified, I provided and reviewed the information letter and participation consent form with them (see Appendix B). The form was then signed, and each participant was provided a copy for their own record.

Negotiating Entry to the Field

In this narrative inquiry study, the field referred to the place or places where the relationships, ongoing conversations, and telling of the stories took place (Clandinin & Caine,

²¹ Several studies defined YMSM as those MSM in the following age group: 12-24 (Yusuf et al., 2020), 13-24 (Baker et al., 2018; Bauermeister et al., 2019; Strauss et al., 2017; Valente et al., 2022), 15-24 (Coelho et al., 2021; Siegler et al., 2019), and 15-29 (Bourgeois et al., 2017; Closson et al., 2019). The WHO (2015) referred to YMSM as those “males 10–24 years, including boys 10–17 and men 18–24 who have sex with other males” (p. 3). For this research, I worked with YMSM between the ages of 21 and 24 (inclusion criteria was 16-24 years old), a range that fell within the YMSM definition of the WHO and researchers who have worked with this specific population. I chose to work with YMSM in this specific age group as they had the capacity to participate and provide consent at the time of the research (University of Alberta, 2024).

²² UNAIDS (2009) referred to the term “men who have sex with men” (MSM) as “those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being ‘gay’ or ‘bisexual’” (p. 2). The WHO (2015) defined MSM by saying: “MSM refers to all males – of any age – who engage in sexual and/or romantic relations with other males. The words “men” and “sex” are interpreted differently in diverse cultures and societies, as well as by the individuals involved. Therefore, the term “men who have sex with men” encompasses the large variety of settings and contexts in which male-to-male sex takes place, across multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with particular community or social groups” (p. 3). I used these definitions to define and describe MSM/YMSM in this research.

²³ Having experiences related to PrEP access in Canada helped address and answer the research puzzle in this study.

²⁴ This facilitated better engagement, conversations, telling and re-telling of stories, and writing of research texts.

²⁵ The relationships with the participants took place over an extended period of time so that I can gather stories that can help me better understand the participants’ experiences and the phenomenon under study (Haydon et al., 2018).

2013; Clandinin, 2013). It was crucial to negotiate entry to the field (Clandinin & Caine, 2013; Connelly & Clandinin, 1990) because, in narrative inquiry, the field was not only a place where research data or field text collection happened (Clandinin & Caine, 2013). Instead, the field also became a relational inquiry space where relationships and living alongside participants took place (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin, 2006, 2013). It is in the field where I met with the three research participants: Tuck, Taylor, and Thomas.²⁶ The participants and I also had an opportunity to negotiate how the narrative inquiry unfolded during the entry to the field (Connelly & Clandinin, 1990). The negotiation of entry allowed Tuck, Taylor, Thomas, and I to negotiate the places and times of the inquiry (Clandinin & Caine, 2013). Additionally, the negotiation provided an opportunity to establish mutual responsibilities throughout the inquiry process (Connelly & Clandinin, 1990).

The participants and I negotiated our entry into the field by communicating the dates, times, and places for our meetings and conversations. We communicated via emails and text messages, which were the means of communication and negotiation that worked best for all three participants. We also negotiated and mutually chose each meeting to take place either in person or virtually²⁷. As we negotiated and entered the field, Tuck, Taylor, and Thomas invited me to the places that were important to them (e.g., parks, favourite café, neighbourhood, and their homes [virtually]). Throughout these negotiations and entry into the field, we ensured that we clearly discussed our roles and responsibilities before starting the research process and throughout the duration of this narrative inquiry study (e.g., by reviewing and signing the information letter and participation consent form).

²⁶ These are pseudonyms that the participants and I mutually agreed to use.

²⁷ Virtual option was included and provided in this study due to the restrictions related to the COVID-19 pandemic. The virtual meetings and conversations took place via Google Meet, which was the negotiated platform that worked for me and all three participants.

Lastly, the negotiation of entry to the field was also an opportunity to discuss when exit from the field and the research relationship occurred (Caine et al., 2013). In narrative inquiry, the negotiations related to entry and exit in the relationships are considered “central ethical concerns” (Caine et al., 2013, p. 579). In some cases, the exchanging of stories between the researchers and the participants “is often understood within a larger story of friendship, so researchers may find disengagement difficult at the end of the research project” (Bell, 2002, p. 2010). Tuck, Taylor, Thomas, and I discussed when the research will end during our first meeting and during the review and signing of the information letter and participation consent form. At the same time, we also talked about voluntary participation and the option to opt out or withdraw from the study. I also continued to provide Tuck, Taylor, and Thomas with a timeline that included an end date during each meeting and every time we negotiated the research texts. This allowed us to be ready and aware of when the inquiry process was expected to end and when our research relationships would be formally terminated.²⁸

Negotiation of Relationships

Relationships were one of the most essential elements of this narrative inquiry study (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin, 2013; Green, 2013; Haydon et al., 2018). In this narrative inquiry research, Tuck, Taylor, Thomas, and I became an active part of each other’s lives (Clandinin, 2013). The relationship between them and I allowed us to share stories, live alongside each other, make meaning of experiences, and compose and co-compose research texts (Clandinin & Caine, 2013; Clandinin, 2013). Additionally, the relationships in this

²⁸ I informed all the participants that I plan to finish and defend my research work in March 2024. All the three participants were made aware that our working relationship will end on or before this time.

narrative inquiry study also provided an opportunity to engage and develop deeper connections, leading to a better understanding of the phenomena under investigation (Haydon et al., 2018).

As Tuck, Taylor, Thomas, and I negotiated entry into the field, we also noted that it was important to negotiate the relationships continuously and mutually throughout the research process (Caine et al., 2013; Clandinin, 2006, 2013; Connelly & Clandinin, 1990; Savin-Baden & Niekerk, 2007). Negotiation of relationships in narrative inquiry was an ongoing process that took place as I lived alongside each of them and co-composed field texts, interim research texts, and final research texts (Clandinin & Caine, 2013). It was also vital to ensure that Tuck, Taylor, Thomas, and I negotiated and established relationships where our voices were heard (Connelly & Clandinin, 1990; Savin-Baden & Niekerk, 2007). Additionally, it was crucial that they saw themselves as active parts of the research process and as active co-collaborators in this narrative inquiry study (Haydon et al., 2018; Savin-Baden & Niekerk, 2007; Wang & Geale, 2015).

Lastly, the negotiation of relationships also provided Tuck, Taylor, Thomas, and I with the time to negotiate the purpose of the research, the intentions of the research, and transitions between research phases (Clandinin, 2006, 2013). I also ensured that I was always transparent about my objectives and interests to maintain trusting relationships with each one of them (Wang & Geale, 2015). Thus, as research relationships were negotiated, discussions about what would be done in the field, how to work together, and what we wanted to achieve also took place (Caine et al., 2013). To facilitate this, I gave Tuck, Taylor, and Thomas a full explanation of the research before our relationship started “so that participants do not feel surprised or deceived later on when they read the published report” (Wang & Geale, 2015, p. 198).

Moving from Field to Field Texts

In this narrative inquiry study, I met with Tuck, Taylor, and Thomas in the field to conduct the initial field text collection at least five times over a period of 6 months (September 2021 to February 2022). The sustained and longer time in the field allowed me to engage deeper with each one of them (Clandinin & Caine, 2013; Clandinin, 2013), collect richer and deeper stories (Haydon et al., 2018), and spend prolonged time with each of them (Clandinin & Caine, 2013; Clandinin 2013). As mentioned previously, the locations or fields, dates, and times of the meetings were individually negotiated with Tuck, Taylor, and Thomas. This was essential because the places and times of inquiry should always be negotiated (Clandinin & Caine, 2013). Each meeting observed and followed the Government of Alberta and the University of Alberta's COVID-19 guidelines and protocols that were in place during the times of the meetings (e.g., masking and hand hygiene, social distancing, meeting in public places, meeting outdoors or in well-ventilated spaces, etc.).²⁹

The field was also the place where the composition and co-composition of field texts happened (Clandinin & Caine, 2013). During the meetings that took place from September 2021 to February 2022, I collected field texts, which is the term used for data in narrative inquiry research (Clandinin & Caine, 2013; Clandinin, 2013). Each meeting with them took one to two hours. The meetings and field text collection were done through one-on-one conversations and unstructured dialogues. Interviews as conversations allowed the composition of field texts and

²⁹ The Alberta's COVID-19 vaccination program indicated that the vaccine's anticipated rollout to the general public was in May-June 2021 (Government of Alberta, 2021, 2024). This meant that the participants (Albertans ages 16-24) were vaccinated before the start date of the field text collection phase of this research, which was September 2021 (although COVID-19 vaccination was not an exclusion criterion for this research). I kept myself informed of the progress of the province's vaccination rollout throughout this research. I also kept myself informed of the Government of Alberta and the University of Alberta's most up to date COVID-19 guidelines and protocols throughout the research process.

provided a space for the telling and re-telling of our stories (Clandinin & Caine, 2013; Clandinin, 2013). To facilitate the conversations and dialogues, I utilized some guiding questions (see Appendix C) that attended to the three commonplaces of narrative inquiry and explored Tuck, Taylor, and Thomas' experiences related to PrEP access. The conversations were audio-recorded and transcribed verbatim using a secure online application, Otter.ai.³⁰ All data were saved in a password-protected computer.³¹ Additionally, I took notes (field notes) during and after the meetings and conversations. The notes taken from the field and the transcripts of conversations both helped in writing the interim research texts (Clandinin, 2013).

Moreover, I negotiated with Tuck, Taylor, and Thomas the collection of different forms of field texts (artifacts) (Clandinin & Caine, 2013; Clandinin, 2013), which included photographs and PrEP-related documents (e.g., requisitions and messages that Freddie sent to them). By sharing these artifacts (e.g., photos) (Clandinin & Caine, 2013), I was introduced to important people, places, times, and social events that were vital parts of Tuck, Taylor, and Thomas' stories. These field texts/artifacts helped all of us make meaning of their experiences and better understand the phenomena under study (Clandinin, 2013). Lastly, I provided a \$25 honorarium³² to each participant at the end of each meeting. I also purchased small snacks and beverages during the in-person meetings.

Moving from Field Texts to Interim Research Texts

The field texts collected from the meetings and conversations with Tuck, Taylor, and Thomas informed the composition of interim research texts. We co-composed interim research

³⁰ I did not upload any personal information in this online application.

³¹ I was the only person who had access to the participants' personal information. My supervisor and the supervisory committee only received data (stories and narratives) that used pseudonyms or had personal information altered to maintain the confidentiality and privacy of the participants.

³² This was the type of honorarium that was negotiated with all the three participants. This was also ethics-approved.

texts, also referred to as narrative accounts, that were reflective of our experiences and stories (Clandinin & Caine, 2013; Clandinin, 2013). In this narrative inquiry research, writing interim research texts was a way to make sense of the diverse field texts collected during the conversations with the participants (Clandinin & Caine, 2013). It was also the process of initial analysis and interpretation of the field texts and the retelling and reliving of stories while attending to the three commonplaces of narrative inquiry – temporality, sociality, and place (Clandinin & Caine, 2013; Clandinin, 2013). In addition, writing the interim texts was one of the first steps in answering the research puzzle identified at the beginning of the inquiry process (Clandinin & Caine, 2013).

I wrote the interim research texts while working closely with Tuck, Taylor, and Thomas. This was crucial because writing the interim research texts was a step in the inquiry process that focused on co-composing stories and narratives that were interpretive of their stories (Clandinin, 2013). After writing the interim research texts, I communicated with each participant and met with them in person to present and negotiate the texts or narrative accounts (Clandinin, 2013). This happened between March 2022 and December 2023. Going back and meeting with Tuck, Taylor, and Thomas was also a way to affirm stories and to know if further experiences and stories need to be told or lived (Clandinin & Caine, 2013; Lindsay & Schwind, 2016). Throughout this process, it was critical that I negotiated with each of them that the interim research texts represented their lived experiences and stories (Clandinin & Caine, 2013; Clandinin & Huber, 2010; Clandinin, 2013; Green, 2013; Lindsay & Schwind, 2016). Negotiating the interim research texts with them also helped avoid tensions, misunderstandings, and uncertainties (Clandinin, 2013). It also ensured that we had a mutual understanding and interpretation of the texts (Moen, 2006). After composing and negotiating the interim research

texts, I continued to attend to the research puzzle by moving forward to the next step, which was writing the final research texts (Clandinin & Caine, 2013).

Moving from Interim Research Texts to Final Research Texts

Final research texts were drafted after writing the interim research texts (Clandinin, 2013). For this research, final research texts included this doctoral dissertation, conference presentations, and presentations to a non-academic audience, which are all considered final research texts in narrative inquiry (Clandinin & Caine, 2013; Clandinin, 2013). Writing the final research texts was an iterative, complex, and recursive process (Clandinin & Caine, 2013; Clandinin, 2013). This was because there was no linear way or step-by-step process to follow from data collection to data analysis to research dissemination (Clandinin & Caine, 2013; Clandinin, 2013). To compose and form the foundation of my final research texts, I identified resonant threads by metaphorically laying Tuck's, Taylor's, and Thomas' narrative accounts side by side. I then followed and identified resonant and similar plotlines within and across the participants' narrative accounts and stories (Clandinin, 2013; Lindsay & Schwind, 2016). These processes were crucial because identifying the common threads based on the participant's experiences and narratives was central to composing the final research texts (Clandinin & Huber, 2010; Clandinin, 2013). As I wrote the final research texts, it was also critical that I continued to live in a relational way with Tuck, Taylor, and Thomas (Clandinin & Caine, 2013; Clandinin, 2013). Clandinin (2013) described living in relation with the participants during the writing of the final research texts as less intense than that of being in the field, collecting field text, and writing the interim research texts.

Lastly, when writing the final research texts, I returned to the personal, practical, and social justifications of the study and revisited and reflected on the questions, "So what?" and

"Who cares?" (Clandinin & Caine, 2013; Clandinin et al., 2007). As Clandinin et al. (2007) expounded, it is critical to explain in the final research texts the significance of the work, how the research can add to what is already known, and how the study findings can help shape policies and practices in the field (see Chapter 8: Justifications and Conclusion). Also, as I wrote the justifications, I ensured that they reflected the three commonplaces of narrative inquiry (Clandinin & Caine, 2013; Clandinin et al., 2007; Clandinin, 2006, 2013). As the justifications and the overall final research texts were read and re-read, it was vital that I simultaneously pay attention to temporality, sociality, and place (Clandinin, 2013). Doing all of these allowed me to understand in deeper, more profound, and more complex ways Tuck's, Taylor's, and Thomas' experiences in relation to the research puzzle (Clandinin & Caine, 2013; Clandinin, 2006, 2013).

Attention to Audience

I wrote the final research texts with the public audience in mind (Clandinin & Caine, 2013; Clandinin, 2013; Haydon et al., 2018; Lindsay & Schwind, 2016). In narrative inquiry, the audience refers to those people who are "far removed from the lived and told experiences of participants" (Clandinin, 2013, p. 51). Final research texts were intended to make the audience think and "reimagine the ways in which they practice and the ways in which they relate to others" (Clandinin, 2013, p. 51). Additionally, the final research texts were utilized to encourage the audience to wonder and lay their own personal experiences alongside the participants' experiences (Clandinin & Caine, 2013; Clandinin, 2013; Lindsay & Schwind, 2016). Lastly, the final research texts were written in a way that made the complexities of the stories lived by the participants visible to the audience (Clandinin & Caine, 2013).

Ethics and Ethical Considerations

Ethics was an essential part of the narrative inquiry study that I always considered when designing and conducting this research (Clandinin et al., 2007). It was imperative to always keep in mind the ethical commitments throughout the inquiry process, with particular attention to relational ethics (Clandinin & Connelly, 2000; Clandinin, 2013). For this research, I submitted an ethics application to the University of Alberta's Research Ethics Board (REB) before beginning the study (Study ID: Pro00110526). Recruitment of participants and the narrative inquiry process commenced after I received ethics approval.

Throughout the research process, I paid attention to the relational ethics in narrative inquiry as I came alongside Tuck, Taylor, and Thomas, as I committed to relationships with them, as we met in the field, and as we composed and negotiated field texts, interim research texts, and final research texts (Clandinin et al., 2018). I also kept in mind that ethical issues could be present and could arise at any point when conducting narrative inquiry research (Bell, 2002; Clandinin & Connelly, 2000; Clandinin, 2013). These ethical issues included those related to relationships between the researchers and the participants (Caine et al., 2013; Green, 2013; Haydon et al., 2018) and those related to the collection, use, and presentation of narratives (Clandinin, 2006; Savin-Baden & Niekerk, 2007; Wang & Geale, 2015).

Therefore, I always paid close attention to the importance of negotiating relationships before the research started and as the research unfolded (Clandinin, 2006, 2013). I ensured that these negotiations were clear and mutually agreed upon by Tuck, Taylor, Thomas, and myself since the beginning of the research process. I also employed different negotiated strategies to prevent issues related to collecting, using, and presenting narratives during the research process. To prevent issues related to the incorrect presentation of their stories (Leggo, 2004; Savin-Baden

& Niekerk, 2007), I continued negotiating and collaborating with Tuck, Taylor, and Thomas while writing the narrative accounts. The final narrative accounts were also negotiated and co-composed. Additionally, as mentioned earlier, I maintained participant confidentiality, privacy, and anonymity by using negotiated and mutually agreed pseudonyms when writing the final research texts.

Lastly, I was aware that some participants might find telling their stories a very emotional process (Wang & Geale, 2015). Therefore, I was ready to support and connect the participants with the appropriate resources and services when needed. I also provided Tuck, Taylor, and Thomas with time during our conversations and opportunities to remain silent on some questions and issues. I also attended to my own emotions and thoughts through continuous reflection. In a narrative inquiry study, it is vital for the researcher to continuously reflect on their personal values, backgrounds, beliefs, thoughts, and biases and how they could affect the interpretation of participant's experiences and stories (Green, 2013; Wang & Geale, 2015). Thus, I always ensured that I continuously reflected on my own personal values, beliefs, thoughts, assumptions, and biases towards YMSM and PrEP use. I also continually checked and reflected on how all of these affected my relationships with Tuck, Taylor, and Thomas and my interpretation of the field texts, interim texts, and final research texts.

Relational Response Community

A relational response community is an important and vital part of the narrative inquiry process (Clandinin & Caine, 2013). Thus, it was essential for me to form a relational response community consisting of people who I trusted and valued and who could participate in responsive dialogues related to this narrative inquiry study (Clandinin & Caine, 2013). It was

also crucial for me to have a group of people or a community who could support and guide me throughout all the phases of this research.

My relational response community was comprised primarily of my supervisor, my supervisory committee, fellow doctoral students, and other students who were also engaged in narrative inquiry research. As this narrative inquiry process unfolded, I regularly met with my relational response community. This was vital because negotiating regular and ongoing meetings with the relational response community was crucial in maintaining supportive, trusting, respectful, and caring relationships throughout the narrative inquiry research process (Clandinin & Caine, 2013).

All in all, the members of my relational response community were all critical parts of my journey because they helped me recognize how Tuck, Taylor, and Thomas' experiences helped shape the research puzzle in this study (Clandinin & Caine, 2013). Within this community, I shared and discussed the continuous interplay between the field texts, the interim research texts, and the final research texts (Clandinin & Caine, 2013). The relational response community also gave me insights into methodological unfolding and how to be in relationships with the participants responsively and ethically (Clandinin & Caine, 2013). In addition, the response community provided a space to continuously address and write about the personal, practical, and social justifications of this narrative inquiry research (Clandinin & Caine, 2013).

Knowledge Translation and Dissemination

Knowledge translation and dissemination of the findings from this narrative inquiry study are part of writing the final research texts. Primary knowledge translation and dissemination of

the research findings were done through writing this dissertation and conference presentations.³³

A copy of the final dissertation will be made available in the University of Alberta's Education and Research Archive (ERA). I will also submit manuscripts for academic publication to different journals such as *AIDS and Behavior*, *AIDS Patient Care and STDs*, and the *Journal of the Association of Nurses in AIDS Care (JANAC)*. Additionally, I will continue to submit abstracts for poster and oral presentations at different conferences, such as the Canadian Association of Nurses in HIV/AIDS Care (CANAC) and future Canadian Association for HIV Research (CAHR) conferences.

Moreover, I will continue to find knowledge translation and dissemination opportunities for non-academic audiences, a step that is also vital in narrative inquiry (Clandinin & Caine, 2013; Clandinin, 2013). I will collaborate with the organizations to find connections and ways to share my findings and knowledge translation materials with other HIV/AIDS/sexual health services and organizations in Alberta and other provinces in Canada. I genuinely hope that Tuck, Taylor, and Thomas' stories and experiences related to their PrEP access, which I presented in the following three chapters, can help advance health policies and practice guidelines that will improve PrEP access, promote sexual health, and help decrease the rate of new HIV infections among YMSM in Canada.

³³ Presentations at the 2023 Canadian Association for HIV Research (CAHR) and the 2023 Canadian Doctoral Nursing Network (CDNN) conferences.

**Chapter 4: Tuck's Narrative Accounts- Experiences and Stories of an Asian YMSM
Related to His PrEP Access in Canada**

I'm just reaching out to say that I'm interested in participating to your PrEP research initiative.

*I think there's a lot of, like, hmmm, prejudice towards gay people or whoever gets it [HIV],
pretty much, in terms of their sexual identity.*

*I kind of like met up with this person, who I slept with pretty much. And, like, I think he stealthed
me [removed the condom without consent], if that makes sense.*

Those people think that, you know, once you're on PrEP, hmmm, some of them even slut-shame.

*And yeah, I think [being on] PrEP is more like a responsibility and, like, yeah, it's a positive
thing towards sexual health in gay men.*

So yeah ... I think it [PrEP] does provide you some sort of, like, liberation.

I wasn't as scared anymore ... Like, you know, like, contracting HIV.

*As I hook up with more people or guys, I realized that, like, I might be in a vulnerable position.
So, it's good to have it [PrEP].*

Yeah, I hooked up more after being on PrEP.

Entry Into Each Other's Worlds

Tuck³⁴ expressed interest in participating in my study in the first week of September 2021. He was the first person to reach out to me and show interest in participating, and I remember being so excited to receive his message. I was beaming with a smile, and my hands shook as I held my phone and read Tuck's email, which he sent on September 03, 2021. In the next couple of days, Tuck and I continued to exchange emails to find a date for a virtual meeting to discuss his eligibility and the study details. I remember checking my phone every so often and responding promptly to Tuck's email.

Not long after these first email exchanges, Tuck and I met virtually for the very first time. I was so excited, but I was also very anxious. It was my first meeting with a participant, and I did not know what to expect. I had so many things going on in my head, but I could only remember one thing: *Don't fuck it up, Jose. Don't fuck it up.*³⁵ I tried to calm myself down by listening to Beyoncé's songs, which were my go-to music whenever I needed to relax. I sang and danced to *Crazy in Love* and *Naughty Girl* as I prepared my black-covered notebook, pen, and computer. Eventually, I calmed down. As it got closer to 5 PM, I sat on my dining chair-slash-office chair and ensured everything I needed was within reach on my dining table-slash-study table. I remained seated and took some slow breaths, and while waiting for Tuck to show up on the screen, some wonders came to mind: *Can I do this? What are the initial questions that I could ask Tuck? What are the things that I could say to 'break the ice'? How is this meeting going to go? What if Tuck ends up saying no? What does Tuck look like? Would he trust me?*

³⁴ The first participant and I mutually agreed to use the pseudonym Tuck instead of his real name.

³⁵ The words, phrase, sentences, and paragraphs that I italicized in this narrative account were direct quotes or direct conversations between myself and Tuck.

My thoughts were interrupted when Tuck popped up on my computer screen. I sat up straight and immediately uttered a loud and excited *Hi!* while smiling at Tuck, who was fixing his earphones at that time. After ensuring we could hear each other, Tuck also said *Hi!* and smiled back. Tuck was in his room and was meeting with me from his study desk. In the background, I could see the blue wall and a white door with hooks where he hung some of his clothes and personal stuff. The room looked comfortable, and I sensed that it was the place and space where I would be meeting with Tuck most of the time. On the other side, Tuck could also see my white wall and white door accented by a silver-coloured doorknob. I turned my attention back to Tuck and appreciated his nicely done black hair. His brown complexion was highlighted by the light-coloured wall in his room and the lighting on his study desk. *He's so cheerful and bubbly, and I like it*, I told myself as I watched him fix his T-shirt and position himself comfortably in his chair. I sensed that Tuck was ready to talk that evening, so I started our conversations.

Tuck and I quickly checked on how each other's day was. I shared that my day had been busy preparing for my teaching work and doctoral research, while Tuck shared that he had been busy with school. Tuck also indicated that he had a long day at school, so to respect his time, we decided to *'cut to the chase.'* After learning about all the information related to my study, I asked Tuck if he was still willing to participate, to which he answered with a resounding *Yes!* and, again, a warm smile. Tuck indicated he was very interested and wanted to sign the consent form immediately. After hearing and seeing his responses, I told Tuck, *Oh, my God. You just made my day! I am happy to have my very first study participant!* We both laughed.

After ensuring we had a plan on how to move forward, Tuck and I decided to end our meeting that evening. I waved Tuck goodbye, and he did the same. I thanked him again, smiled,

and waved my right hand until he disappeared from my screen. I leaned back on my dining chair-office chair and took a big sigh. At that moment, I realized that all the nervousness and anxiety I had earlier were gone. By the end of that evening's meeting with Tuck, I was smiling more than shaking and relaxed more than stressed. I closed my eyes and said to myself, *This is going to be good!*

The Virtual Meeting Went Well, and This One Will Go Well Too

In the following days, Tuck and I connected through email to figure out the place and, again, the date and time for our very first in-person meeting. During our first virtual meeting, Tuck and I decided to start our conversations right away while school and work were not yet busy for both of us. Through the review of our exchange of emails, I saw how Tuck and I negotiated early in our researcher-participant working relationship.

Tuck and I planned to have our very first in-person meeting on September 22, 2021, at 5 PM at the Strathcona Science Provincial Park, a park located between Edmonton and Sherwood Park. I had not been in that particular park before, so as part of my preparation for that meeting on that Wednesday afternoon, I entered the park's address in Google Maps and figured out how long it would take me to drive there.

I hopped into my black and white Nissan Sentra and left my house at 4 PM. It was a lovely, sunny afternoon, and the fall breeze was enough to calm the nervousness that was starting to build up in my chest. *The virtual meeting went well, and this one will go well too*, I told myself as I pulled off my house's driveway. I put my sunglasses on, turned my attention to the screen in my car, and hit the Apple Car Play option to play music. I browsed through the recent playlist and kept scrolling until I found the artist I was looking for, Beyoncé. I pressed the play button, drove, and headed to Anthony Henday Drive. I continued driving, singing, and dancing

to Beyoncé until I forgot I was nervous. Eventually, my solo car party got interrupted when Google Maps' voice instruction asked me to take the ramp off to Baseline Road. I realized that I was more nervous, and I knew it was because, for the first time, I would meet with a participant for my research in person. But I also felt excited after telling myself, *My research is actually happening!* In addition to the mix of emotions, I also had some wonders as I continued to drive: *How will this meeting go? Which questions should I ask Tuck first? How do I organize the questions that I have on my list? How can I get Tuck engaged? Are we going to get along? Am I ready to finally meet a participant for the first time?*

After some minutes, I looked at the clock again and saw it was already 5 PM. I also looked at my phone and saw that Tuck had texted that he just parked- a text that caused me to be nervous again. I took some deep breaths and reminded myself of what I had said before leaving home an hour ago: *The virtual meeting went well, and this one will go well, too.* I turned the car's engine off, took more deep breaths, looked at the rear-view mirror, and smiled at myself while saying, *You got this!* I then took the black backpack sitting on the passenger seat, and after ensuring everything I needed was inside, I got out of my car.

The cool and nice breeze welcomed me as soon as I got out of my car. This, together with the relaxing sound of the wind and the dancing branches and leaves, slowly took the nervousness out of my chest. I closed my car's door and looked around until I saw a familiar face. I waved at Tuck and excitedly walked toward him. Tuck stayed where he was, waved back, and welcomed me with the same cheerful and bubbly smile he had given me during our virtual meeting. Tuck looked exactly like the same person I initially met on the other side of the screen. His brown complexion and dark hair were highlighted by the rays of the sun that could sneak between the trees and branches above us. *How are you? You made it!* Tuck said, knowing it was my first time

at the Strathcona Science Provincial Park. I responded to Tuck by saying that I was doing well, that my day had been great so far, and that I made it to the park without getting lost, which was another good thing. We both laughed, and at that moment, my nervousness was all gone.

Tuck was very kind to say that he would love to contribute to my work and was excited to see what would come from the research we would both be doing. After ensuring the form was all signed and good to go, I put it back in my backpack and advised Tuck that I would email him a copy of the signed form for his records. Tuck agreed and suggested starting our conversations immediately before it got colder and darker outside. I then took the recorder out of the front pocket of my backpack but left the black-covered notebook and black pen inside. Tuck and I decided to walk along the trail I was looking at earlier, which made me choose not to bring the notebook and pen out and to record everything instead. I walked back to my car, left my backpack in the trunk, and just took the recorder, phone, and keys with me. When I returned to where Tuck was, he was already ready to go. After ensuring the recorder was working well, Tuck and I started walking out of the parking lot and towards the trail. And then we began our conversations.

Me: I think the first thing is, hmmm, for you to tell me about yourself.

Tuck: Oh, tell you about myself?

*Me: Yeah. Who are you? And, like, where are you from? ...
Like things about yourself ... Anything that you want to share.*

Tuck took time to think of things he wanted to share with me. I also gave him some time, knowing that it was our first meeting and I was already asking him to share some personal things about himself. We continued walking along the trail, and the brief moment of silence between us was filled with the sound that our shoes made when they came in contact with the stones, gravel,

and pebbles along the trail. After less than a minute, Tuck started talking and, on that trail, started opening up and telling me stories about himself.

I Am Tuck³⁶

*I am Tuck, I am 21, I was born in November 1999.
I am Filipino, raised in the Philippines by a Christian/Catholic family.
I was shy growing up, but I was also pretty funny and smart.
I was an honour student and was expected to be a role model for kids my age.*

*I am Tuck, when I was 15, my family moved to Canada.
I became an immigrant in the Fall of 2015 and flew to Alberta from Manila.
I landed in Edmonton with my parents and two younger siblings.
I was excited to move to a new country with new places, new people, and new beginnings.*

*I am Tuck, I went to high school in Edmonton and met new friends there.
I am now taking Mechanical Engineering at the University of Alberta.
I am currently doing my practicum at an oil company in Sherwood Park, Alberta.
I plan to obtain my degree and get a full-time job and explore the world.*

*I am Tuck, I like to bike, I like to run and hike, I like to take Instagram photos.
I also like to skateboard, I thought of maybe trying snowboarding when winter comes.
I like RuPaul's Drag Race, Korean dramas, and classic books such as Frankenstein.
I also love to cook and eat, especially Filipino, Japanese, and Italian cuisines.*

*I am Tuck, I identify as a young gay man, I knew since I was young.
I initially had to hide my sexuality because I grew up in a conservative Filipino family.
I got older and decided to do my own thing and live an unconventional life.
I chose to be myself, happy and gay, and not live a boring little straight life.*

*I am Tuck, and when I entered university, I got to know myself and my sexuality more.
I thought I was bisexual, but now I describe myself as gay, gay, gay.
I also became more comfortable about who I am as I met more people who were like me.
I met new friends in the 2SLGBTQ+ community, and they made me feel valid as a person.*

*I am Tuck, and I started appreciating boys when I was in Grade 3.
I also had my first official guy crush when I was in high school in Grade 12.
I then went to university and started meeting and talking to guys in person and online.
I also downloaded Grindr in September 2020 and engaged in relationships with men sexually.*

³⁶ Tuck's narrative accounts were composed partially as found poetry. Research found poetry involves taking words and phrases directly from the words of study participants (e.g., interviews/conversations), and arranging and presenting them in a poetic, evocative, and meaningful form (Patrick, 2016). I composed the poem to provide an overview of who Tuck is as a person and as a YMSM in Canada. I continued to revisit and present parts of this poem throughout Tuck's narrative accounts, especially those experiences and stories that influenced and played roles in Tuck's access to PrEP.

*I am Tuck, and I explored my sexuality by engaging in sexual activities with different men.
I met with different guys for fun and hookups and had several friends with benefits.
I also engaged in risky and unprotected sex, geez, I knew I was putting myself at risk.
I came to my senses one day after an HIV scare and thought, God, I needed PrEP.*

*I am Tuck, and I first came across PrEP through Grindr and the people who I met in there.
I got really curious, read and researched about it and found that it's effective against HIV.
I then came across Freddie, booked an appointment, and got my first doses in November 2020.
I am Tuck, I am 21, I am a Canadian young MSM, and I am on PrEP.*

As Tuck told me stories, I remembered us going through different moments- moments of silence, laughter, and serious conversations. Tuck also made me reflect and remember what I wrote in my narrative beginnings - growing up in a Filipino family and culture, my sexuality journey as a young gay Filipino man, and navigating a new life as a young gay man in Canada. I also shared some of the stories I have written in my narrative beginnings, which made Tuck happy to know that others had also experienced what he had experienced. It was great to learn that we had similar stories and experiences, which helped us form a connection with each other even though we only met each other in person in less than an hour. Tuck and I continued talking, and as we were sitting on one of the benches we found along the trail, I looked at Tuck and told him that he reminded me of my younger self.

Me: *You know what? You're kind of, like, you're my younger self.*

Tuck: *Oh, yeah! Honestly! I mean, coming from a Filipino [family], right?*

Me: *And that's why I'm glad actually that, like, you know, like, I have you.
A Filipino ... as one of my participants ... I really hope you stay 'til the end.*

Tuck: *Yeah. For sure!*

At this moment, I felt like Tuck and I already formed a bond. At that park and along that trail, I felt that Tuck genuinely opened up to me, and I already felt the trusting relationship we started to build. We said we were like *sisters*, laughed about it, and told each other we were excited to continue conversing and working with each other. As I checked on myself, I realized I was no longer nervous. Instead, I was happy and excited. *I told you this one will go well*, I reminded myself as Tuck and I left the bench and started walking again.

Tuck and I went back to the trail, but this time, we headed in the direction where we started. The wind was blowing stronger and getting colder, so we decided to head back and end our conversations that day. I thought that Tuck had shared enough stories in the last hour or so, which was more than I had expected because my main goal was getting to know him and building rapport with him. Tuck and I also agreed that we have more time to meet and talk in the coming weeks and months and, again, told each other how excited we both were to keep moving forward and working together. We kept walking until we got closer to the parking lot. I turned back to Tuck, who was walking on my right side, and said:

So, I think we'll end it ... Because we kind of already talked about, like, your, you know, sexuality, your journey. And your ... background, and we might go back to it ... I now have, like, a better picture of who you are ... as a person ... as a young MSM.

Tuck agreed that he had shared many important stories and experiences that day. I thanked Tuck and appreciated his openness even though it was only our first day meeting each other in person. Before we left, we discussed our possible topics for next time so Tuck could start thinking about some stories and his experiences.

Me: *I think, like, our next topic, for you to kind of, like, think about ... is HIV.*

Tuck: *Oh, yeah!*

Me: *Like HIV, and maybe AIDS, but mostly HIV and like ... how did you learn it.*

Tuck: *I cannot wait to talk about it!*

Me: *Yeah! And we'll talk about, like, how did you learn about PrEP? ...
When did you first hear about PrEP? ... Like you and learning about PrEP.
And then, if we have time, then we'll start talking about your, like,
your PrEP experiences. But I mean ... I think we're doing well so far ...
We're gaining a lot of information.*

I was glad that Tuck was excited to meet with me again and to continue our conversations. It also made me happy when he said he could not wait to talk about HIV and PrEP, as he had many stories and experiences to share. After several more steps, we returned to the parking lot, and I walked Tuck to his car. I watched Tuck safely get in his car, and after he closed the door and started his engine, I headed to my black and white Nissan Sentra, which was parked only some cars away from Tuck's car. Before starting the car's engine and pulling out of the parking lot, I looked outside through the windshield. I appreciated all the beauty in front of me for the last time- the sun that made the grass look more golden, the dancing tree branches and their golden yellow leaves, and the trail marked by the stones, gravel, and little pebbles. These beauties all witnessed my very first in-person meeting and conversations with Tuck, and I thanked them all for that. I took a big sigh of relief, smiled, and started my car. And one more time, before driving home and leaving that park, I told myself, *It's a nice day.*

Stories About HIV and PrEP

For our next meeting, Tuck and I decided to meet virtually again via Google Meet a week after our last in-person meeting. Restrictions related to the COVID-19 pandemic were still in

place in Edmonton and Alberta then, and meeting virtually was more accessible and safer for us. That day, I checked on myself and how I felt and was happy to realize I was not nervous. My fingers were not shaky as I prepared my computer and logged in to my Google Meet account. While reviewing some possible questions for our conversation, Tuck appeared on the other side of the screen and greeted me with another cheerful *Hi! How are you?* I waved at Tuck, excitedly smiled back, and told him about my busy day. Tuck also said that he had a busy day at school and had plans that evening after our meeting. After making sure that my recorder was on and working properly, we started talking about HIV and PrEP that evening, just as we planned the last time we met. However, before going through these two topics, I thought of asking Tuck the following to begin our conversations: *What health services are essential to you as a young gay man? And what are the services that you, like, accessed as a young gay man?* Tuck answered right away:

I pretty much go to the same family doctor as my family ... But I think, like, the most important health services as a young gay man, at least, is to have, like, access to a clinic that can give you support as a gay person and without any judgment. I think that's very important. And, like, the STI/STD [services] ... Honestly, not to brag, but I rarely get sick, or I barely go for, like, doctor's visits. But then, I think most of the reasons that I access these services is just to get an STI screening test.

Tuck and I continued our conversation about his access to healthcare services. That conversation led to him sharing a story that made STI/STD testing and HIV testing essential for him. This same story, which happened when he was 20 years old, was also one of the reasons why he decided to start PrEP. Tuck began by saying: *I kind of like met up with this person, who I slept with pretty much. And like, I think he stealthed me, if that makes sense.* The word 'stealth' was

new to me, and listening to Tuck, I asked myself, *Is this a new word that millennials are using?* Curious and wanting to learn, I asked Tuck what that word meant, for which he explained to me: *Stealth ... Pretty much, it's removal of, like, a condom in the middle of an intercourse.* Tuck talked about it calmly, but I could not imagine how he felt at that exact moment when that incident happened. And I think Tuck read my mind because he said: *I got pretty shaken. I was scared. And I had to take PEP, pretty much, to avoid the potential of getting HIV.*

After discussing this story, we both agreed on the importance of regular STI testing. Tuck's story also made me remember my experience in my 20s, about my first time going to the STI clinic in downtown Edmonton. I shared with Tuck:

I remember my first, like, I went to the STI clinic, and I was there for, like, one minute, and then I left because I was so scared. I was like, 'I don't know what they're gonna do to me.' And then there's like people in the waiting room and then, like, they look at you, and I was like, 'I can't do this.' I left. That was, like, my first and last visit to the STI clinic.

Tuck was surprised about my STI clinic story. At that time, I was also glad that we could comfortably share sensitive and personal stories with each other, which made me feel like our researcher-participant relationship was growing.

After sharing the above stories, Tuck and I decided to talk about stories and experiences related to HIV and PrEP. To start the conversation, we first spoke about Tuck's sexual behaviours and activities as a young gay man.

Just for the sake of timekeeping, so I started using Grindr in September 2020. You know, I think as a budding gay man, I'm very curious ... At first, it was very scary ... because you don't know if you were meeting with a sane or insane guy. Or if you're safe or unsafe, that kind of stuff. And then, like, you know, I think due to that, hmmm, level of curiosity,

the first few months or weeks of me, like, you know, engaging in these activities, I was pretty, hmmm, I tend to put myself in such a vulnerable situation just to have that sort of gratification ... I tend to put myself in such a risky position, I would say. And yeah, like, thinking about it now, it's stupid, really. It's a very unstable thing to do.

I listened carefully as Tuck talked to me about his sexual behaviours for the first time. I only responded with intermittent nodding to ensure I did not interrupt Tuck. After Tuck finished talking, I asked him to clarify the *stupid* and *unstable* things he thought he had done. Tuck shared:

It's mostly, hmmm, like, unprotected sex and hooking up with someone I don't even know that much. It's just a very random kind of thing ... I think, like, for me, it was just, like, it wasn't a good practice for me to do. But you know, as months passed by, I learned more things. And, like, I even learned how to set some boundaries and just started to think about more of my safety.

And then, we continued talking about his past sexual behaviour and activities. My follow-up question to him was: *When you have, like, these sexual activities with people, do you, like, you know, like, let's say one guy tonight and then maybe next week is another guy? Or do you, like, you know, like, [have] a fuck buddy?* After asking the questions, I quickly realized they were very personal and sensitive.

Me: There is no judgment. Like, I'm here to listen to your story ... If you're like, 'Pass,' that's OK as well. You can always pass.

Tuck: No. It's OK! ... I did have some, like, long-term partners. I guess, you know, like, the benefits situation ... Pretty much, yeah, you know, friends with benefits.

I admired Tuck for his bravery in sharing his sexual experiences with me, especially since he only knew me for less than a month. This included experiences related to unprotected sex, where Tuck admitted that before PrEP, his sexual encounters were mostly unprotected and that he was mostly assuming the receptive role in these sexual activities. When I asked him more about it, Tuck openly shared how long he had been doing it and the reasoning behind it:

I think I would say like two months. September, October [2020], and then I started PrEP, like, second week of November ... But yeah, mostly unprotected sex ... which I guess is pretty stupid ... There were just these guys, you know, who are into something else ... into unprotected sex. And I'm just kinda not alarmed with that because, like, I'm in the moment ... Yeah ... It's kind of like naive because I know, like, sexual health stuff, but it turned out that I can't really apply it to myself because, like, I get pretty swayed by these people who kind of like convinced me to, like, do something risky.

Listening to Tuck, I sensed regret and sadness in his voice. Part of me was also mad at the guys who seemed to force Tuck to engage in unprotected and risky sexual behaviours. At that moment, I felt like a big brother responsible for protecting Tuck. It also made me stop and think about who I was as a researcher. I knew it was hard not to regret *stupid* things that one had done in the past. I, myself, had done many *stupid* things, especially when I was younger. This also included engaging in unprotected sex and risky and unsafe sexual behaviours. And like Tuck, I regretted them and beat myself up for doing them. But as I grew older, I realized that the only thing that I could do was to learn from these *stupid* experiences.

Learning About HIV

Afterward, Tuck and I moved on to our next main topic that evening and I asked him:
Okay, so the next question now is about HIV and PrEP. ... How did you know, or what do you

know, about HIV and AIDS? How did you learn about it? As I asked these questions, it came back to me how excited Tuck was at the end of our first in-person meeting when I told him that one of our next topics would be HIV/AIDS. I remember him saying, *I cannot wait to talk about it!* This showed when I asked my question that night because Tuck did not even have to think about the question and answered right away:

Yeah, I learned about HIV and AIDS at a very young age. HIV is, hmmm, I think I was in sixth grade ... And you read [about] these influential figures as a young person ... and you see the words 'died of HIV or AIDS.' And at that time, you don't know what that is. And I guess junior high ... they start to teach us about puberty and sexual health ... And yeah, I started to learn more about HIV. But I think back then, what I learned about HIV/AIDS at that early, early point in my life was not that super accurate at all.

To clarify, I asked Tuck, *What do you mean? Like, in what way?* To which he answered:

I think there's a lot of, like, hmmm, prejudice towards gay people or whoever gets it [HIV], pretty much, in terms of their sexual identity. I think there's a lot of stigma about it. And, like, you know, at that point, I learned many things ... That it's, like, a disease that attacks your immune system at first, and then it gets even worse and worse. [And then] you get AIDS, which is pretty much kind of like the terminal part of the disease.

I was happy that Tuck had at least a basic understanding of what HIV/AIDS was. After hearing from Tuck, I asked him what else he learned from school about HIV/AIDS, and he shared:

It was, like, pretty basic stuff ... They say that it's a sexually transmitted disease and it can kill you, and that's pretty much it ... Interestingly, ... for some reason, Catholic schools are a little bit conservative with that kind of stuff, and they are not really comfortable talking about it because, for them, it's quite taboo because they're Catholics.

This was a pretty interesting insight from Tuck. It also made me wonder about the kind of sexual health education students in Catholic high schools were getting if important information related to HIV/AIDS/STDs was being withheld or limited for religious reasons. I also wonder how this could affect students' experiences as they engage in sexual activities as youth or a YMSM like Tuck. Tuck continued our conversations, and during the following minutes, he shared how he learned more about HIV, especially after high school:

And then, yeah. I went into university, and I got pretty aware of what it is. Not just the scientific side of it but more on the sociological perspective. Like you know, like, how the society is affected by it, [and] how we are addressing it as a whole. Yeah, there are many things about it. And I learned that it affects gay people ... Again, with men who have sex with men, it's disproportionately high. But that's not it. There's still a lot of, like, hmmm, ongoing struggles, especially in some regions of the world where sexual health ... the access to sexual health resources are scarce or lacking.

I listened carefully as he uttered every word he had just said. After Tuck finished talking, the first thing that I said to him in response was: *Thank you, contestant number one, Pia Wurtzbach.* And then we both laughed so hard because we both knew what I meant. Pia Wurtzbach was Miss Universe 2015 from the Philippines, who won after beautifully answering the final question, *Why should you be the next Miss Universe? Pia's winning answer³⁷ was:*

To be a Miss Universe is both an honour and responsibility. If I were to be Miss Universe, I will use my voice to influence the youth, and I would raise awareness to certain causes, like HIV awareness that is timely and relevant to my country, which is the

³⁷ Lam (2015)

Philippines. I want to show the world, the universe rather, that I am confidently beautiful with a heart.

For me, this statement by Pia Wurtzbach echoed Tuck's in-depth answers in some ways. I agree that HIV affects society in many ways, especially minority groups, including youth and the YMSM population. Pia's answer also made me recall and remember that one of the reasons I wanted to do HIV research was because HIV and HIV awareness is *timely and relevant to my country, which is the Philippines.*

After laughing and enjoying our Pia Wurtzbach moment, Tuck and I continued our conversation. Our topic, HIV, remained the same, but I wanted to get more personal with Tuck this time, so I asked: *What are the things that you think put you at risk of contracting HIV?* I said the question twice after Tuck asked me to repeat it. After some seconds of thinking, Tuck started sharing:

Well, like, to start, unprotected sex, pretty much ... Again, I mentioned being in the receptive part of the sexual intercourse. It makes you more vulnerable or at risk of getting HIV. Yeah ... something that I'm most scared about is the sexual part of it.

Other than engaging in unprotected sexual activities with multiple partners he met through dating apps like Grindr, Tuck did not think of other reasons that put him at risk of contracting HIV. However, Tuck was also aware that, although it was only the sexual activities that put him at risk, the chance of getting HIV was still very high.

Learning About PrEP

After confirming with him that he was prepared to continue our conversations, I asked:

So earlier, I asked you about, like, what do you know about HIV, and how did you learn about it? So now I kind of want to know like the story- your story of, like, learning about PrEP and hearing about it first ... and what do you know about it.

Tuck agreed to talk about PrEP as our next topic. It did not take him more than ten seconds to start sharing how and what he learned about the medication:

Funny enough, I learned about PrEP on Grindr ... Like, you scroll down the profile, and you see their status, like, HIV status. It would say either 'negative,' 'negative on PrEP,' or 'positive,' 'positive undetectable.' And that part where it says, 'on PrEP' got me really curious, like, 'What is PrEP?' And I did some research about it and found that, like, you know, it's a pill that's like 99% effective against contracting HIV. And also, not just that. I think what really pushed me to pursue it is ... that, like, incident where I have to go to, like, an emergency [department] to get a PEP. And so, like, you know, to avoid that fear for much longer, once I have, like, the pill.

Tuck was referring to that emergency visit he shared with me earlier in our conversation. He was also referring to the stealthing incident that happened to him in November 2020. Looking back, I remembered Tuck saying: *I got pretty shaken. I was scared. And I had to take PEP, pretty much to avoid the potential of getting HIV.* From this, I understood more the *fear* Tuck just talked about and the importance of being on PrEP so he could avoid having that fear again, or at least *for much longer*.

I thanked Tuck for sharing and checked on him to ensure he was doing well emotionally. Tuck assured me that he was fine and was good to continue our conversations about PrEP. I then asked my next question: *When you [saw] the word 'PrEP,' like, what were your thoughts?* Tuck was candid with his answer:

What the hell is PrEP? Am I preparing for a party? ... Honestly, at first, I didn't expect that the entire process of PrEP is literally just taking a pill every day. I thought it was, like, you know, some sort of like a systematic medical procedure that you have to go through to, you know, prevent HIV ... As I learned about it, I was like, yeah, I was pretty surprised that, 'Wow, this is actually this simple.'

To learn more about PrEP, Tuck also shared that, as a self-proclaimed 'nerd,' he did his own research to understand and learn more about PrEP. Tuck recalled learning about PrEP through social media such as Reddit, specifically through *forums about [PrEP]* where people, especially gay guys, talk about the medication. *I mostly get my information there, in Reddit.* In addition, Tuck also told me that he started researching and learning more about PrEP in November 2020 after the stealthing incident and the associated emergency visit. In particular, Tuck said that that incident was the *turning point* for him and the beginning of his desire to learn more and be on PrEP. Lastly, Tuck also shared that the stealthing experience *forced me to, like, re-evaluate what I'm doing or what my decisions are.*

Reflecting on Tuck's stories, it was interesting to learn about the power of social media and the internet in providing information and education to society, including the younger generation. Tuck and I continued talking about how he learned about PrEP. Out of curiosity, I asked Tuck if the healthcare providers in the emergency room he visited spoke to him about PrEP. Tuck took some time to recall the experience and then remembered: *He did! He did allude to it. He told me that I should consider it.* But Tuck also recognized that the nurses were *pretty judgy* towards him.

Tuck: *The nurses were pretty old, and they were pretty judgy.*

Me: *What made you say that?*

Tuck: *Hmmm. They gave you looks—dirty looks. And you can, like, feel that.*

Tuck added:

The way they approached the situation She said something that, I think, left a bad taste. And she said something about, like, you know, men who have sex with men being, like, promiscuous. And I was, like, 'Okay.' So, I feel like I was a bit shamed because of admitting that [incident].

The story and experience that Tuck shared made me sad. As an emergency registered nurse, it was sad to hear that Tuck had terrible experiences with the nurses in the emergency department that he went to. It also made me wonder: *Is it necessary to further educate nurses about dealing with situations like Tuck's? Is there any support for nurses for sexual health education? What can be done differently to prevent this kind of situation from happening again?* I also wondered: *How many times does this happen? How does this affect the sexual and overall health of people with the same emergency concern? How does this kind of experience affect or shape one's stories about the healthcare system and the healthcare providers?* I turned my attention back to Tuck, and with regret and sadness in my voice, I said:

First of all, sorry for, like, you know, having to go through that. But no, good for you. Like, good for you for, like, being brave to go there. I know you're there [ER] because you're scared ... But at the same time, like, you stood up for yourself and kind of

advocated for yourself and, you know, like, just didn't stay at home because you were scared. So, that's great because not everyone will do that.

I could see Tuck carefully absorbing every single word that I was saying. At that moment, I hoped that Tuck felt the sincerity in my voice. Although I knew it was not my fault, I felt obligated to apologize on behalf of the nurses and the healthcare providers he had to deal with during that stressful situation. At the same time, I knew that my apology was not enough.

After that emergency visit, Tuck had to go home and wait for the HIV test result. Curious about his thoughts and feelings while waiting, I asked: “*How was the feeling while waiting for the result? ... What were your thoughts about HIV and having HIV during that time?*” Tuck shared:

I was really scared. I was very scared. First of all, my parents did not have any idea ... that I participate in this kind of activity. I'm just scared of my future, really. Like, the financial toll of, like, the HIV medications and stuff like that. And you know, your overall future. Like, how society [will] perceive you.

I was reminded of the experience I shared in my narrative beginnings.³⁸ Fortunately, Tuck's result returned immediately and told me, *Thankfully, it was negative*. After learning about his negative result, Tuck decided to research and learn more about PrEP:

I started to search about PrEP even further ... I [read], like, some scientific journals. Because I'm a nerd, it was very interesting. Like, [I] researched about every single fact about it, like, including the side effects ... and the clinical trials. And, you know, I came up with a decision that, 'Yeah, I think this is gonna fit me, or this is gonna suit me.' It's to,

³⁸ My experience of going through an HIV testing as a part of my family's Canadian immigration process. I was also scared and nervous at that time and as I waited for the result.

first of all, protect myself and also not to have that anxiety anymore. And like get back, to be back out there, like, meeting other people ... and I would not have that much fear anymore.

Tuck also talked about Reddit again and how he had online conversations with other gay guys about PrEP. Listening to Tuck, I realized that the gay guys he talked to on the online platform served were vital as he learned more about PrEP. These people also helped shape his stories and experiences related to PrEP education, which were stories that influenced him to access and use the medication eventually.

You can ask people, again, like, [in] Reddit. You know, discussions ... and see what their [PrEP] experiences are like ... What I gathered is that most of them didn't have any violent reactions or undesirable side effects. So yeah, that made me decide that, like, 'This is for me.' And then, I discovered Freddie.

And Then, I Discovered Freddie

Tuck experienced the stealthing incident during the first week of November 2020 and started researching and learning about PrEP during the second week of the same month. And in the third week, Tuck came across Freddie. He shared: *Around the third week of November, I found their site ... Coz you know, Google, they, pretty much, track your location and anything that you searched. And then they just give you ads ... Like, algorithm.* And that was how Tuck learned about Freddie:

Yeah, I was searching about PrEP one night. Like, you know, doing my research. And the first result [was] Freddie ... You know, like they're the number one, hmmm ... one of the biggest PrEP providers in the entirety of Canada. So, yeah. I checked out their site. Their

site is amazing, by the way. Very user-friendly and very easy to access. And yeah, like, I just decided to go for a consultation.

From his initial research, Tuck also started to learn that PrEP could be free of charge if he decided to access and use the medication.

Me: *Did you know that PrEP was, like, free ... or you didn't know?*

Tuck: I didn't know that, no ... I was doing my research ... and [it] is insanely expensive ... They wouldn't even have coupons on it.

Me: *Have you searched, like, coupon discounts before, just in case?*

Tuck: I did. I did. Coz I'm like, "Wait, I'm not ready to pay!"

Me: *What did you learn about the cost? About how much?*

Tuck: I learned that, like, when you don't have insurance, it can be expensive. I think it was 150 bucks for some people in the States. But if you have the insurance, it's free. But here, I thought, in Canada it was something you have to pay for. But then, it turns out it's actually absolutely free.

I can still remember Tuck's facial expression during this particular conversation. I was smiling as I wrote this part of his narrative account as I could still see Tuck's eyes and mouth opening wide as I told him the cost of PrEP and how much one had to pay if the medication was not funded in Alberta. And talking about the cost of PrEP, I remember Tuck saying in one of our conversations: *Good thing we're in Canada. We have a good health care. So, it's free of charge,*

at least for me. I also remembered him saying that he would not use PrEP if it was not covered and if he did not have insurance simply because it was too expensive for him.

Tuck and I continued to talk about Freddie. I asked if he accessed PrEP through Freddie immediately or explored other options, such as his family doctors or other authorized PrEP prescriber in Alberta. Tuck admitted that he did not look for other options and decided to go with Freddie right way. As I continued to dig further and ask Tuck more about his PrEP journey with Freddie, I paused for a bit and then asked him to remind me of his motivations in accessing PrEP. Specifically, I asked him, *What are the personal factors that influenced your decision to access and use PrEP?* Tuck agreed to share, understanding that I only asked to ensure we did not miss anything.

Personal factor-wise, I think my number one, really, is just my health and safety ... Like, it's just a scary world out there. And, again, it's very hard to navigate, and you can meet people that, you know, I don't know [if] they're lying about their HIV status or not. And yeah, just really thinking about my overall health. Because, you know, I know myself that I'm going to be continuing this for a long time. Like having sex with people, having sex with men. And, you know, having that layer of security against HIV ... can relieve the fear that I have.

What Tuck just shared with me also made me think of what he said in one of our conversations, which was explicitly about his view of PrEP as another layer of protection. Tuck also continued to share about STIs during our conversations:

Fear of STI, hmmm, I still have that. Because, again, like HIV, I mean, PrEP is just [for] HIV ... In most of my encounters, I use protection as much as possible to prevent these [STIs]. So, yeah, there's still, like, a little bit of, like, a scare on it, on the STIs.

Tuck also shared about the importance of education around PrEP use and STDs/STIs:

One of the key improvements that I kind of said, I think, along the course of our early conversations ... is that, like, I think these providers should educate or should reiterate the importance of the fact that ... PrEP only gives you the protection against HIV, not against the other STDs or STIs out there ... I think at the end of the day, it still depends on like, the user or, like, the person or the patient, if they're going to follow that or not ... It's really their choice at the end of the day, but yeah, I think we have to, like, just be consistent with ... with how we, like, relay those information to people or to the users.

Then, I asked him a follow-up question: *How about social influences? If there's anything.* Tuck answered:

First of all, I think, at least for me, as I view it ... socially, it's your responsibility. It's more like a social responsibility. Like, you know, HIV is something that we want to eradicate for, like, a long time now, or at least to minimize or mitigate. And, but again, we're not really quite there yet. PrEP is just one thing. But you know, like, people actually are actively, proactively thinking of what ways they can be responsible towards other people think to not transmit HIV. [It's] a big factor for me. Like, you know, I don't want to be sleeping with someone, and I give them, like, a disease.

I found Tuck's answer to be insightful. As a 21-year-old YMSM, it was nice to learn that being on PrEP can actually be viewed as being socially responsible. Tuck and I then continued to talk about societal influences, and I asked him if he had experienced any pressure or expectations from within the gay community itself to be on PrEP. For with Tuck responded:

I didn't feel any pressure. In fact, the approach of the gay community towards PrEP is very polarized, I would say ... Part of, like, the gay community thinks that taking PrEP is

becoming, is actually becoming more of a detriment towards a gay person's sexual health because they think that there's PrEP [and] there's no more any sense of protection and it's pretty much, like, free STIs for everyone. But there's also this, like, set of people who sleep exclusively with men on PrEP. They feel secure about it, or they feel that, like, this person actually takes care of themselves.

It was, again, interesting to hear Tuck's point of view. I continued by clarifying and asking more about one side of the polar he just presented to me- about those who think that being in PrEP is *more of a detriment towards a gay person's sexual health*. I asked Tuck if it's because if one is on PrEP, some people think that that particular person is being promiscuous. Tuck told me about his thoughts:

To put it bluntly, yeah, you sleep with a lot of people without, you know, any regard for your sexual health ... Those people think that, you know, once you're on PrEP, hmmm, some of them even slut-shame³⁹ ... That [being on PrEP] means you have sex with everybody. But, you know, in reality, it's not. It's just a personal choice to not worry about contracting HIV, nothing more, really ... It's just, like, you know, the judgmental aspect of a lot of gay men.

³⁹ Slut-shaming, as defined in the literature: "Slut-shaming is defined as a form of social stigma applied to those who are perceived to violate traditional expectations for sexual behavior" (Dubov et al., 2018; Poole, 2013). "PrEP discourse within the MSM community has many instances of slut-shaming that are different from mere disagreement or criticism ... Often this slut-shaming comes from other gay men believing that PrEP promotes reckless sexual behavior, and it is only to be used by sluts or whores" (Dubov et al., 2018, p. 1833).

Tuck also shared in one of our conversations:

Yeah, mostly, like, in chats. Whenever they see my profile, that it says, like, 'Negative. On PrEP.' ... There's this one guy who said, like, 'I don't really talk to people who's on PrEP. They sleep around with a lot of people.' ... He literally blatantly said that these people on PrEP just tend to sleep around with a lot of people. And he said that, like, he's very cautious about his health and everything ... Yeah, like, some people in, like, Grindr ... can be very direct [and] rude.

It is sad to hear this story from Tuck, and I was sad to know that slut-shaming was happening within the gay community. In this time when MSM are being the target of prejudice related to HIV, I thought it would have been nice to come together and support each other. However, I also knew that we live in an imperfect world where people have different views - including views about PrEP use. I also wonder: *Who is experiencing slut-shaming? Are there a lot of YMSMS who are experiencing this? How does it feel to be slut-shamed related to their PrEP use? How does being slut-shamed affect their PrEP use? Does this stop them from accessing PrEP or using PrEP if they are already on it?*

I looked back at Tuck on the other side of the screen, who was waiting for what I had to say next. After hearing from him and reflecting on the things he just shared with me, I asked: *So, like, which side or group do you think you lean towards more? Like, this group who discriminate people or, like, this group who is kind of like, 'No, this is for more ... like, sexual health'?* Tuck was fast to answer:

I think I am more of the one on sexual health, really. I think PrEP was designed not to encourage unprotected sexual, I mean, unsafe sexual practices. No, they don't advertise it like that. They actually even like tell you to use condom still. And yeah, I think [being

on] PrEP is more like a responsibility and, like, yeah, it's a positive thing towards sexual health in gay men.

Right after Tuck finished talking, I quoted Miss Pia Wurtzbach once again and said, *Being a Miss Universe is both an honour and a responsibility*. And then we both laughed so hard. But we also agreed that what Tuck said was true, and I hope that writing what he said here can inspire the readers and other MSM/YMSM to look at PrEP through the same lens as Tuck.

Getting PrEP Through Freddie

After our good laugh, we spent the next minutes discussing Tuck's actual PrEP access experiences. Tuck walked me through the process that started on the third week of November 2020. Tuck started with, *So, yeah. Like, third week of November, I got that phone consultation. It was very quick and easy. Like, a little questionnaire about, you know, your sexual activities*. After Tuck finished his first sentences, I interrupted and asked him to slow down and provide more details. I just wanted to ensure I did not miss any significant part of his PrEP access stories. Tuck obliged.

Yeah. So, like, third week [of November], I got the phone consultations. They pretty much just ran through their website ... You have to set up an appointment [for the phone consultation] in their website. It was a 15-minute phone consultation ... I messaged them first to make an appointment. And you schedule a time for 15 minutes, which is unbelievably convenient ... Like, I scheduled an appointment for the next day. So, it was, yeah, it was very fast and seamless. So, you know, like, I got that phone call the next day. Pretty much asked me basic questions about my date of birth, my sexual practices, everything, medical history, and stuff like that. And after that, like, after the phone call, they would say, or they would determine if you're eligible to get PrEP or to access PrEP.

And fortunately enough for me, I was qualified and met their criteria, and after that, I was scheduled for a laboratory for bloodwork.

While listening to Tuck relive the process of accessing PrEP through Freddie for the first time and going through all the initial processes, I pictured him talking to that healthcare provider on the other side of the phone. I was amazed at how fast the process seemed. I was also curious about how Tuck felt during this initial phase of the access process. Tuck said confidently, *Very comfortable. The medical representative actually turns out to be, like, the doctor. She's very nice. She's there approaching, and yeah, she was, she was great.* He also added when I asked him if he was scared or anxious at all about the phone call:

I think I would say I was kind of looking forward to it [the phone consultation]. Yeah, I wasn't that scared compared to, like, the previous, like, clinic visits, like, when I got tested for STDs. Because, like, yeah, you know, I was really looking forward to getting started.

Tuck, then, said he would like to continue telling his stories before losing his train of thought:

I got blood work two days after that [phone consultation]. And so yeah, they tested for my blood and urine. [They] tested if you have HIV, or any other STDs or STI, chlamydia and stuff like that. And they check if your kidneys can handle it. Because for, like, in the pharmaceutical point of view, it's like, I think it's pretty harsh ... on the kidneys. So, they had to ... look at my creatinine level, look at my kidneys, things like that. And yeah, like, I waited for two days or a couple of days after the lab work. And Freddie messaged me saying that you're eligible to receive [PrEP], you're all clear, and they're gonna send me my first 30 days.

He also shared how easy the follow-up care and procedures were and that it was not a barrier for him to continue accessing and using PrEP:

First of all, I think, at least for Freddie, they're very flexible ... If you want to, like, ask some information ... or if you are feeling anything, you can definitely schedule with them for a call quickly. And I feel like, in terms of, like, the lab work ... you don't even have to do it in, like, a specified date. Just do it before you run out of your PrEP supply.

I also asked Tuck if he thought his access experiences would differ if the follow-up procedures were all in person. I specifically asked him, *With Freddie ... if it's, like, in person, the follow-up care. Would you think you're gonna have, like, a hard time with the follow-up care?* Tuck answered with no hesitation:

Oh, yes. I think that's gonna be much more of a hassle. Because then now, like, you have to set a time to go somewhere. And yeah, I could. I can see that becoming an issue ... you know, for, like, people.

But overall, Tuck alluded in one of our conversations about follow-up care that his experiences had been, overall, good:

At least for Freddie, like, they're very flexible ... If you want to ask some, like, information or if you are feeling anything, you can schedule with them, like, a call ... In terms of, like, the lab work ... you don't even have to do it in, like, a specified date. Just do it before you run out of your PrEP.

After Tuck finished sharing, we did our math and agreed that the whole process, starting from booking the initial phone consultation to getting his first doses of PrEP, took less than ten days. We were both amazed as we thought it would take longer than that, considering that PrEP was a

special medication that had to go through many processes that would take much time. But we were glad to be wrong.

The next step, according to Tuck, was the process of physically getting his hands on his first doses of PrEP. As he did earlier, Tuck walked me through the process. He started by sharing that Freddie provided him with two options to get a hold of his first doses of the medication—either to ship it to his home address or for him to pick it up personally from his choice of pharmacy.

*Tuck: I just picked it up at a local pharmacy ...
I decided not to [get it shipped] coz my parents might get them and see.*

*Me: Would you say, like, living with your parents is a barrier?
Because having the access to the physical medication,
they might see it and then ... you might not get it yourself.
Is there, like, a fear of that happening?*

*Tuck: I think there's just, like, some sort of, like, fear and anxiety ...
Yeah, I just don't want them to see [it].*

*Me: So, that could affect the way of, like, [your]
access to the medication?*

Tuck: Access? I guess, in some ways ... Yeah, I would say that.

At this specific point in our conversation, I sensed some worry as I looked at Tuck's face. He shared that he was not very open to his parents about his sexual activities, and them knowing that he was taking PrEP might uncover his sexual practices. Privacy was crucial for Tuck.

Picking up the medication was also a better option for Tuck. Overall, he had good experiences with the pharmacy and the pharmacists he had to work with to get his first doses of

the medication. Tuck shared that Freddie just faxed the prescription to the pharmacy, and then the pharmacy called him when the medication was ready for pick-up. I then asked Tuck about his experiences with the pharmacy and the pharmacist when he picked up his first doses of PrEP.

No. I wasn't really nervous. I wasn't really scared, honestly ... I remember the pharmacist being super nice. I got to the pharmacy. The pharmacy is within a region of the city. I don't know if you know where Boyle McCauley ... Community Health Center [is]. So, in [a pharmacy around] there, there's actually, like, so many people who access PrEP ... A lot of at-risk individuals there, like, people who inject needles or sex workers. She [the pharmacist] explained it to me very well, too, even though I didn't feel like I needed the explanation, but I was fortunate to have a nice and stress-free experience.

During the pick-up, the pharmacist provided him with more information and explained things to him, including the side effects to watch out for. He also shared that he considered this positive experience as a facilitator to his PrEP access and confirmed this by saying:

You know, you get some sort of, hmmm, some sense of security. You don't feel like you're judged. And I think that's what really helped. Coz, like, you know, like, we're all people, and we do tend to be very sensitive about what others might think about us. But if, you know, these people can remove that and be just like simply open about it. And you know, be accepting. I think it's a very positive thing to have.

As I listened to Tuck, I felt the calmness and sincerity in his voice as he recalled his stories and the processes he had to go through to get his first doses of PrEP. The calmness and sincerity in his voice also proved that he had good experiences overall. After finishing sharing the initial parts of the access process, I sincerely thanked Tuck.

Me: *Thank you for letting me, like, go through the process with you.*

Tuck: *Yeah! It was unbelievable and very impressive ...
I'm like, 'Can things be this fast all the time?'*

Continuing the Conversation About PrEP

Tuck and I decided to meet again on the evening of October 19, 2021. We also agreed to meet virtually again because it was what was working best for Tuck. During our first meeting in September, Tuck already advised me that Fall 2021 would be very busy for him as he would be doing coursework and practicum simultaneously.

I stayed seated on that same white chair with a light pink-coloured splat and cushion. I looked at the guiding question document, reviewed it, and tried to remember where we left off. I also turned the recorder on and was ready to capture all the conversations and stories that evening. While going through the guiding questions, I heard a sound that meant someone joined the meeting. I looked up and saw Tuck on the other side of the screen. He smiled and waved at me, and I did the same thing.

We picked up from our last conversation with ease. I was curious how the first months on PrEP had been for Tuck. *So, how was the first 30 days? And not just, like, physically but, like, ... what was the effect, like, psychologically, mentally? Like, did it make you feel more comfortable or confident being out there? And, you know, like, having sexual interactions with people? ... And then what made you decide to continue taking it after your first 30 days?*

Tuck's face lightened up, and he started talking right away:

So, yeah. My first 30 days was, like, during the November third week to December third week 2020 ... So, during that month, Winter 2020. Last year, pretty much. Yeah, as I

mentioned, like, mentally, I wasn't really, like, in such a high level of anxiety of, like, taking it. I think, to be honest, like, it made me feel even more less anxious and more ... I think I have, like, a peace of mind of pretty much, like, you know, removing that risk [and thinking], "Oh, yeah. This medication is going to, like, protect me from HIV." And I think, at least for me, personally, I said to myself, "This is like a good step that you're taking, like, you know, looking out for yourself." And yeah, I'm a firm believer of science, and I read amazing findings about it and, like, scientific journals. So, yeah, there was no reason for me to doubt it, really. And I guess, like, moving to the physical side of it ... a lot of people said they experienced like headaches and dizziness in, like, the first few weeks right after like taking the medication or every time they take the medication during, like, the first couple hours. I'm glad that I didn't have that much bad of, like, a reaction. I think in the first week, all I really had was a couple of headaches during the first few days, and after that, it subsided. I didn't feel any issues at all. Yeah. Like, the first 30 days, very smooth sailing, I would say. It didn't cause me any concerns. So, I can say it went well.

I wanted to know more about what Tuck meant when we said *less anxious* after starting PrEP. I asked Tuck if he could elaborate more on what he just said while explicitly asking if he meant he felt more confident after starting PrEP.

I guess, in some ways. Confident, you know, in a sense that, like, I guess towards my sexual encounters sort of thing. Like, I'm not iffy about it anymore. I feel like I was, like, more open, and I felt a little bit more adventurous towards other things.

Me: *Were you, like, more, like, not as scared of getting something?*

Tuck: *Yeah.*

Me: *Coz I remember, hmm, going back to your ER story.*

Tuck: *Right. Right.*

Me: *So, you're not as scared?*

Tuck: *Yeah, exactly. Like I wasn't as scared anymore ...
But it didn't really mean that I'm, like, pretty much gonna
sleep with everyone, kind of thing. It's just that, like,
I'm not, like, super super duper, like, scared about it.
Like, you know, like, contracting HIV.*

Talking about this conversation, I also remember Tuck and I talking about how his risk perception helped him decide to access and continue to be on PrEP. He said that starting the decision to be on PrEP and continuing to be on the medication made him feel less at risk compared to when he was not on PrEP. Tuck said: *For me, like the risk ... it's a big deal to me. ... As I hook up with more people or guys, I realized that, like, I might be in a vulnerable position. So, it's good to have it [PrEP].*

Me: *What would you say, in a scale of 0 to 10, your risk of getting HIV without PrEP? With your current, like, sexual activities and behaviours.*

Tuck: *I would say eight. Yeah.*

Me: *And being on PrEP?*

Tuck: *Yeah. And being on PrEP lowered that ...
Almost to zero, to be honest.*

I reflected on what Tuck said here, and from what I heard, PrEP had given Tuck some sense of empowerment and protection. He felt that because he was on PrEP, whose primary goal is HIV prevention, he was more protected, making him less worried about contracting HIV. I began to understand where Tuck was coming from and the confidence he felt now. I remember him sharing how anxious he was when that incident happened, and now I understand why being on PrEP is a big thing for Tuck. For me, Tuck also had some sense of liberation - being free from worries and anxiety of contracting HIV whenever he engages in sexual activities with other MSM/YMSM, especially unprotected sex.

Speaking of sexual activities, I then checked on Tuck and asked if there were any changes in his sexual activities after being on PrEP. I thought I would ask him this question, especially after hearing him say that being on PrEP allowed him to say: *I feel like I was, like, more open, and I felt a little bit more adventurous towards other things*. My next question was: *So, how did it change your sexual behaviours and activities and encounters?* Tuck tried to answer the question immediately but took a few pauses to gather his thoughts. He simultaneously looked at the ceiling and the screen as he assembled a story for me.

I think during that first few months or, let's just say, like, the first few weeks of, like, getting on PrEP. They tell you to, like, wait for seven days for you to, like, for your body to, like, have that like certain load or, like, whatever in your system. Like, you have to wait seven days till you do, like, I mean, any other unprotected sex maybe or whatever risky activity that you might find yourself in. So, like, yeah, I waited for the first seven days for, like, you know, the medication ... [I] continue, continuously taking it. And yeah, after that, like, I think sexual behaviour-wise, like, I noticed that with, like, some other guys who's also on PrEP, I tend to, like, be, hmmm, less, like, less on the protective

side of things. Like, I engage in, like, some unprotected sex with other guys who are also on PrEP ... That was like one of the major shifts ... Like, the first few times or few moments, months rather, after taking PrEP, I tended or tend to have hooked up more, like, than usual [compared to] when I was not on PrEP initially ... Yeah, I hooked up more after being on PrEP.

Me: *And we're talking about, like, different people?*

Tuck: *Yeah ... Multiple people.*

I thanked Tuck for being very honest. I know that my question was hard to answer. It made me think about our relationship, and I felt like my relationship with Tuck was growing. It was getting easier for him to share sensitive information, like his sexual behaviours and activities. It must be hard for someone to share that, *Yes, I slept with multiple people*, especially to someone you have only met and just talked with a few times. But I did not feel any barriers or walls between Tuck and myself, and I am grateful for that.

We continued our conversation, and the next thing I clarified was the following statement Tuck made minutes ago: *I engage in, like, some unprotected sex with other guys who are also on PrEP*. Wanting to learn more about this part of his narrative, I asked:

So, you said about, like, you slept with people, and you had sexual activities with people who are also on PrEP? Was that a big thing for you? Was that important for you that [the] other person is also on PrEP compared to, like, someone who is not on PrEP?

Tuck responded:

I mean, not really. To be honest ... If I encounter someone who is on PrEP, I think that's great... I guess we're more secure ... And you know, we can, like, have fun without thinking [about] the consequences after ... I also kind of respect what other guys, like, people who do not decide to be on PrEP. I'm okay with that, too. But with them, I'm just, like, more careful. I just, like, tend to, like, be more open about it or, like, you know, ask them pretty much explicitly, 'What's your status?' and stuff like that.

I appreciated how, at a young age, Tuck was open-minded and aware of the risks he could face, either with someone on PrEP or someone who was not. It was also good to learn that he was not discriminating against guys just because they were not on PrEP. Of course, in my opinion, everyone should be on PrEP, but as Tuck said, it is also vital to respect guys who decided not to be on PrEP. In my head, I said, *They should have their reasons.*

I continued to ask Tuck about his PrEP access, and the next question was about his experiences accessing the medication as an Asian YMSM. I asked Tuck this specific question because I wanted to know if one's race and ethnicity affect or influence one's PrEP access experiences. I remember reading about PrEP, preparing my proposal for this research, and learning that one's race and ethnicity are some of the barriers to PrEP access among many MSM/YMSM. And so, I was curious to know if Tuck has experienced anything different because he is an Asian YMSM. Tuck shared:

Honestly, no. Like accessing it, I don't think so. To be honest, I guess, maybe just based on my experience, like, hmmm, I didn't find any extenuating circumstances because of my ethnicity when accessing PrEP. So, I think it's the same.

I was glad that service providers such as Freddie, at least with Tuck's experience, did not make one's race and ethnicity a barrier to PrEP access. As a follow-up question, I asked Tuck if he thought there was cultural competency and safety within Freddie and if they were respectful of his cultural background. He confidently confirmed that he felt that it was, indeed, present during his PrEP access experiences.

Me: *You felt welcomed and accepted for whoever you are and wherever you c[a]me from?*

Tuck: *Yup. Absolutely.*

Me: *And do you think that's important? And why?*

Tuck was very fast to answer and with a bigger and louder voice, which he intentionally did to emphasize his answer. He said, *Hell yeah! Very important!* And then he provided his thoughts and answer to the *And why?* part of my question:

I think you've brought up, like, a very good point. Like, I feel, like, most non-whites think that, you know, maybe this medication is only for, like, white people ... And maybe, you know, as, like, a visible minority, it doesn't apply to me. I think, like, having that, like, welcoming space, like, an open and welcoming space is, like, very important because, yeah, it encourages people to like, you know ... for their sexual health ... You know, [it] gives them the choice or, like, the freedom to feel safe.

I listened attentively to Tuck and ensured I took mental notes of everything he said. We agreed that having respect for all races and ethnicities was one way to make them feel welcome and encourage them to access PrEP. It is also one way to provide positive PrEP access experiences to

MSM/YMSM who are, like what we termed it, non-white. Because of his insightful perspectives, I said after he finished talking, *Thank you, contestant number one*, referring to our Miss Universe joke once again. We both laughed so hard, and it was good to know that we had this joke now that only the two of us could understand.

Continuing the Use of and Access to PrEP

Tuck and I focused on his PrEP access experiences again, and he started talking about what happened after going through his first 30-day dose or first month of the medication. This was also the point in our conversation where he started talking about the Freddie website, which was also what PrEP users would call the ‘Freddie app.’

After, like, the initial screening process, like, before you get your first dose, hmmm, no, not really. I mean, they do have a website. And you can pretty much, like, freely ask questions. Like, there's, like, a message or, like, a chat function within it. So, we can message them anytime or arrange a [meeting] if you want if you have any concerns or any follow-up questions. But no, after that initial screening, once they determine that you're eligible, you're set.

Wanting to continue talking about his use of the Freddie online app, I asked Tuck if he ever asked any questions in the app's chat box or messaging option. Tuck paused for a bit, looked away from the screen, stared at the wall, and started thinking. *Hmmm, what did I ask?* He took some more seconds, and then, like a light bulb, he looked back at the screen and shared:

Oh, yeah ... I asked, like, if it maybe interferes with the COVID vaccine. I know that it probably not ... And I'm also taking, like, workout supplements. I asked if it interferes. And it turns out it does not ... Recently ... I had too many vaccines, like, a lot of vaccines that I've kind of missed, without realizing [until] now. So, yeah, I pretty much asked

[about] those if they interfere with the medication. But other than that, yeah, that's pretty much it.

Me: *They got back to you in a timely manner?*

Tuck: *Yeah! Pretty quick, yeah. Within a day.*

Me: *Great! So, is that something that you would recommend having for, like other services? ... To have that, like, online question and answer opportunity.*

Tuck was very quick to answer the question:

Yeah, like, I think it's very handy, to be honest. Because, like, I mean, for some people, I mean, personally, I don't like making phone calls. It's just, like, I feel like I lose my train of thought most of the time when I make phone calls. Like, I forget details to ask. But, like, the chat function or the messaging function, you can just say everything you want, and then they're gonna answer you, right? So, that's so much easier. And also, you can also, like, arrange, like, a video interview with them. Okay, they're very versatile, they're very, like, flexible, and they're very accommodating of people's needs. So, they're a really great resource. I think they're doing great work within, like, you know, the community kind of thing. Not just for, like, people, like, people who identify under, like, the LGBTQ umbrella term, but also, like, other people who are, like, high risk for HIV.

For me, it was good to learn that Freddie has a website or an online app that is easily accessible to PrEP users. I thought this was important, especially for YMSM or the younger generations, who are now more into using technology. I also thought that having an accessible website or app made access easier as people can easily connect with healthcare providers from home. However,

while acknowledging the advantages of using technology and having this option as a facilitator to one's PrEP access experiences, I started to wonder as I wrote this account: *How about those MSM/YMSM who do not have access to the internet? Or those who do not have access to a phone or a computer? Or those who lack knowledge about the use of technology and the Freddie website/online app? Are there supports for them? What are their other options? How does this affect their overall access experiences? Does this affect their decision to access or uptake PrEP? Or their decision to continue to be on PrEP after their first month of being on the medication?* These are questions that I will continue to think about and ponder on.

Then, we went back to talking about his experiences after being on the medication for a month and his decision to continue to take the medication after the first 30 days.

Honestly, like, basically, I just want more protection. Or, like, continuous protection from contracting HIV. Because, hmmm, I believe that, like, I'm very, like, kind of sexually active. And, like, opportunities come and go in terms of, like, you know, sexual encounters. So, it's good to have that at, like, the back of your mind to have that, like, sense of protection and peace of mind that you're not gonna contract something unwanted.

Tuck already answered my next question, but I still asked him if he thought continuing to be on PrEP after the first month of being on it was, overall, a positive or a negative experience. Again, Tuck was quick to answer and said:

Oh, uhm, I think it was, like, a positive experience ... Really, what it's about is you taking PrEP to [have] control of your sexual health without going through so much hassle, without going through, like, judgmental stuff. Or without having to feel shame because most of the health representatives within Freddie are even, like, you know, gay, or, uhm,

member of the LGBTQ or, uhm, visible minorities. So yeah, I think, I believe it's a positive experience for me.

I listened carefully to what Tuck had to say. I was happy that he saw being on PrEP after his first month as a good thing, and the access was, overall, a good experience. Tuck followed up:

Somewhat, it feels empowering. Because, again, it's meant to, like, sorry if I keep coming back to this point, but yeah, it's just giving someone, like, the freedom to take control of their sexual health. And I think, like, that really means something to me. You know, hmmm, we see a lot of stigma around HIV. Like, it affects other areas of the globe, and I think it's, like, you know, sad to see. And I think having this tool now or, like, having the access, I think it's not just great for me, but the humanity itself. I know it's cliché, but yeah.

He added:

Empowered ... I think, yeah, for sure. Coz I feel, like, finally we have something. We have, like, an instrument to, you know, like, control this. And after, like, decades of struggling with HIV within the community, I feel like it's, finally, we have some sort of, like, a solution. Even though, like, we have so much work to do. I feel like it is empowering to know that things are getting done. And you can have much more control with how you decide your sexual journey, kind of thing, as a gay or queer person.

In one of our conversations, Tuck also talked about the feeling of liberation that he had after accessing and being on PrEP:

Liberation is, like, definitely one thing ... in terms of, like, you know, like having less restriction. [With], like, you know, who you wanna, like, sleep with. That is, for sure, I think, is, like, liberating. Like, you can free yourself from, like, the scare of it all, kind of

thing. Like having HIV, kind of thing ... I'm not saying that, like, HIV is some sort of, like, a dirty thing. It's just that, like, if possible, you would just want to avoid it, right? So yeah ... I think it does provide you some sort of, like, liberation.

Tuck also alluded to the overall emotional benefit of having access to and being on PrEP:

Emotional benefits, hmmm ... I think, first of all, again, [I'm] not that scared anymore.

Like, I feel like I have much, like, a better sense of peace of mind, kind of thing.

Thinking about this, I did not think it was cliché. It was also great to hear his thoughts about the importance of having PrEP access for young men who have sex with men. I thought he brought up a good point about the importance of having access to the medication, mainly because it was when YMSM explored their sexuality and could get involved in risky sexual activities as they explored. While reflecting on his answer, I went back to Tuck's actual experiences to see if anything could be changed or improved to ensure that PrEP was easily accessible for YMSM at all times. Tuck also reflected on what did not go so well when he accessed PrEP:

I don't really have much negative to say. But I think what I'm gonna say is, though, like, I think it's the bias. Like, it's like bias towards, like, people. I think it's the bias towards the medication itself ... Freddie, although they do address, like, some of the side effects or some of the long-term effects, I feel like they don't really, like, you know, outwardly advertise them. Because I feel like if they do, they're gonna lose. They're gonna start losing their reach among, like, other people. Because they [the side effects] might cause them unnecessary, like anxiety, or like scare or feelings of nervousness around the medication.

And talking about side effects, I remember one of my conversations with Tuck about the side effects of PrEP:

Me: If there [are] like big side effects, you think you would still take it [PrEP] knowing that you will not have HIV?

Tuck: Oh, probably not. Probably not. If I know that it has major side effects, I wouldn't take it.

Tuck continued and started to provide recommendations:

But I feel like they should also be transparent about it because, you know, people want to know what they're taking. So yeah ... what could be improved is that they could ... you know, be much more transparent about what really is the medication. Like, how can it affect the long-term and many, many things ... Not, like, just, you know, advertise it as it is, like it's a food supplement or something. But it's really not, to be honest. I kind of, like, talked to the pharmacist about it, too. Like, you need to, like, take a lot of water. It might be a little bit hard in your kidneys, so yeah. But, like, that information, they didn't really, like, say it during the screening process or along the way. So yeah, I guess stuff like that. I guess, like, a little bit more of transparency ... Transparency is the key. Like, you know, just tell us what the medicine is about, like, point blank, period. Like without any, hmmm, without any like flowery words ... Just say what it is.

To ensure I understood his experiences and stories correctly, I interrupted Tuck for a bit and asked: *So, they didn't discuss with you the side effects before? Like, they didn't really discuss those things during, like, the screening process?* Tuck clarified:

Hmmm. They did describe the side effects but not the long-term ones. They argue that, like, the long-term effects of PrEP are not really significant. So, I guess I could believe that. They're the experts, they're the doctors, right? But I just want to have, like, every side of, like, the story kind of thing. In a way, my decision is based upon that.

Tuck also shared when asked if there's anything else that PrEP providers like Freddie could do differently in the future.

I hope they we're in person, you know ... If it's in person, it removes, like, the idea of convenience ... I think if it's in person, I think they can offer much more support and they can like, you know, really get to know who the person is ... They're already, like, a really good, you know, organization by themselves. But I feel like more people can benefit from it in more ways possible if it's in person.

We also talked about the importance of Freddie collaborating with other healthcare providers and organizations to improve PrEP access for everyone:

Hopefully, in the future, they [Freddie] can make, you know, maybe do something more collaborative with other health centers around the provinces of Canada. And, you know, like, really integrate themselves within those health units, for people to have better access. If you're in rural areas, I don't think you're going to know about Freddie. I think it's mostly, like, you know, within those big cities, where most gay populations are rich, [and] where more young men who have sex with men are.

Tuck also shared the importance of educating the healthcare providers outside Freddie about PrEP. This realization and recommendation came up after one of his previous experiences:

I got my vaccines, like, a couple of weeks ago. And I told them that I was on PrEP. They didn't even know what PrEP was. It took them like 10-20 minutes to figure it out if it's

gonna affect the vaccine and something like that ... I was about to get my HPV and flu shot ... They would ask, right? 'Are you on any medication?' And I said, 'Yeah, I'm on PrEP.' They said, like, 'Well, what is that?' I told them that it's a pill that you take every day to prevent contracting HIV. And I think the main confusion is from that is that they think you have HIV. But it's actually not. So, it's kind of like an awkward conversation, I would say, to, like, you know, kind of like educate the healthcare provider ... But yeah, it was kind of awkward. It took them like, like, 10 minutes to figure out I was just like, waiting on the room [and] waiting for them to, like, figure out. Yeah, even though I know that this is not gonna affect that. Yeah. Right. Yeah, they get to do what they got to do.

I also remember Tuck sharing about the importance of having competent providers that cater to the needs of other members of the 2SLGBTQ+ community, such as the transgender community:

I think that maybe we need more trans representation. Because, like ... there might be other competent providers that are cisgender. But I feel like if it's coming from, like, a trans person, I feel like they could, somehow, like, provide their experience to them better or explain it to them better because, you know, they have, like, the same background.

What Else Influenced Your PrEP Access?

After a quick break, I encouraged Tuck to share other things that he thought influenced his overall PrEP access experiences. I told him that he could share with me anything that he would like to share, which are either facilitators or barriers to his PrEP access. Tuck started thinking. Again, he looked away from the screen and looked up as he gathered his thoughts. I, on the other hand, looked directly at him and patiently waited until Tuck started sharing:

Facilitators, I think I would say, Freddie ... They have a very good social media reach. Hmm, they post testimonials of people who got them. They're not just, like, cliché one

sentence bullshit testimonial. They have story, something like that ... And I guess, other than that ... I guess, like, the people who, like, looked out for my safety, especially my friends who want me to be safe. And like, you know, and like, support me along the way. I think that's one of the most of the facilitators I can think of, to be honest.

Tuck also talked about his social support in one of our conversations:

In terms of support network, I guess my friends, most of my friends know that I'm on PrEP ... They're okay with it ... They like to know that I am taking care of myself ... And [I have] some friends on social media, a lot of them are on PrEP.

In relation to this, I also asked Tucked if he felt any social support or support from the guys he engaged in sexual activities with.

[I]t's not like this established verbally You know, like, usually you find these people in the app. And you would chat first in, like, the beginning ... like, get to know, that kind of thing ... And sometimes, they show outright that they're on PrEP, so you don't really need that conversation, really ... That's how we usually, like, the trust, the trust is established.

As we already talked about in one of our first meetings and early conversations, Tuck also shared that the easy access to other healthcare resources such as the laboratories for blood work and the pharmacy and the pharmacists were also important facilitators to his PrEP access. He also acknowledged Freddie's virtual option and said, *Yeah, I would say because, like, convenience. [With my] busy schedule, I like the comfort of doing everything virtual[ly]. It's good.*

Our subsequent conversations focused on the barriers to PrEP access that Tuck identified. To begin, I asked Tuck: *What are the barriers or challenges?* We then decided to discuss the social barriers and challenges related to PrEP access. Tuck started with the following:

In terms of, like, social context, I think one of the challenges or barriers is, like, people's perception about you. Like, hmmm, I think it could affect some people. I mean, you know, there's people who are, like, really sensitive of what others think of them. I mean, thankfully, I'm not like those people ... I think I've mentioned this before, but at least within the gay community, like, there's a little bit of, like, a stigma towards PrEP. They think that, like, if you start getting into PrEP or having PrEP, you're just gonna go fucking crazy out there and, like, hook up with everyone, be promiscuous if you want and probably like damage your body or contract other sexually transmitted diseases that's like away from HIV. But in reality, it's actually not. Like, it's honestly not. Maybe for some people, that is. Maybe that's their goal. But it's not their business to, you know, to judge them or to, like, you know, pass down, like, negative perceptions towards them. Because at the end of the day, their body, their rule.

I responded with a big *Yes!* after Tuck had finished sharing his initial thoughts. This reminded me of the slut-shaming conversation that we had in our meeting on September 29, 2023, where Tuck said:

Those people think that, you know, once you're on PrEP, hmmm, some of them even slut-shame ... That [being on PrEP] means you have sex with everybody. But, you know, in reality, it's not. It's just a personal choice to not worry about contracting HIV, nothing more, really ... It's just like, you know, the judgmental aspect of a lot of gay men.

I then continued to ask Tuck to talk about other barriers and challenges to PrEP access that he had experienced, if there were any. We started by talking about the physical location as a barrier to someone's access and the availability of access-related services such as laboratories for blood works:

Maybe I'm just speaking in, like, a privileged standpoint. But I do have, like, a working car. So, it's nothing, it's really nothing major for me to drive to the pharmacy or the clinic or the lab. I don't see any challenges or barriers there. I guess with COVID, the lab that I go to ... they have, like, a backlog of like, you know, of doing these lab tests. So, I guess, like, that could be considered one. And they can't have so many people within the clinic or within the lab because [of] the restrictions set by the government. And yeah, I mean, you can even, I can even access my results through Alberta Health [website]. Like, my lab works. So, I don't think there's really anything clinical struggle, kind of thing.

We also talked about the behavioural aspects related to his PrEP access experiences:

Behavioural challenge or barrier. Hmmm. I, myself, don't like doing medical regimens or taking stuff like vitamins. Like before that, I wasn't even, like, self-conscious. But then, like, once I got into PrEP, actually, I got, like, you know, in much control of taking medications and stuff. And then having, like, you know, regular checkups with doctors and stuff. So, I guess that that's good.

After asking him about more personal-related barriers and challenges, I thought of going out of the personal level and looking at how society impacted or influenced his overall PrEP access experiences. I asked Tuck, *So, like, how do the society and societal norms play a role in your PrEP access experiences?* As he mentioned before, Tuck said that being on PrEP is a *social responsibility*. And then he added:

We live in an age where HIV still exists. And you know, I think it's good to have, like, you know, that you have that, like, weapon kind of thing to not spread it [HIV]. To like, you know, not have it in you ... [and] spread it to other people. I think that's good. Like, it's like some sort of, like, social responsibility to not just have yourself protected but others

as well, especially the ones who you have encountered with sexually ... [And] in society, I think, you know, like there's a lot of people who's on it [PrEP]. I saw their experiences, and it inspired me to, like, you know, get on board with taking PrEP.

Me: *How about, you know ... [it's] not very normal, but you can see this more. Like, polygamous relationships or multiple sexual or romantic partners. Did that [play] a role in your PrEP access experience? Like, 'Oh, it's okay to sleep with more than one person now.'*

Tuck: *Yeah, I would say so. Like, I think being, I mean, living in a hookup culture with, like, Grindr and Scruff and everything. I feel like, yeah, I think it's [PrEP] vital or like an important thing to consider ... Yeah, I think it played a role, really, on my access experiences.*

I asked Tuck this question because I noticed that many more people were into the idea of an open relationship⁴⁰ or having multiple partners. Some of my friends or people I knew were doing it, and I found many people were more open about the idea and talking about it. As I listened to Tuck, I asked myself, *Would I also be OK with being in an open relationship or having multiple sexual partners?* The honest answer at that particular point in time was *No*, as I value the importance of a relationship being exclusively just between two people. At that time, I was also someone who preferred to be in an exclusive romantic and sexual relationship, so having multiple partners was not an option for me. However, I was also aware that it could change in the future for whatever reason and that I could be more *open* and be more *out there*.

Tuck and I can easily and openly talk about things now, and I realized how relaxed we were in our recent conversations. We could also easily make jokes on the side and share about

⁴⁰ From what I have learned from friends and people that I know, being in an open relationship means being in a romantic relationship with someone but also being open to having sexual relationships with other people. Each person in the romantic relationship is allowed to meet with other people only for sexual purposes.

our days before, in between, and after our meetings. I wonder if age or other social factors impacted Tuck's thinking about PrEP:

Do you think your experiences related to PrEP access as a young gay man is different from other populations? ... Let's say as a young gay man, like, you have Freddie, who is catering PrEP to your population. But, like, what we said ... there are other people who are also at risk for HIV. Like, let's say, sex workers or people who use drugs or, you know, like other populations, like even like straight men and women, or like immigrants.

Tuck shared:

Yeah, I think so ... First of all, Freddie was there, and that was kind of, like, instrumental, to be honest. I think, like, it really made things easier, at least for me. But the good thing with Freddie is it's not just for the, uhm, men who have sex with men. It can be for anyone. ... Even for straight people, like what you said, who have high risk. Like, you know, straight people like sex workers. And like [IV drug] users ... I think there was just a difference. I think it's different mostly because of the motivation. Like, I think, you know, as a young man who has sex with men, I took on PrEP because I know that I'm going to be hooking up with, with various people ... I think, like, that's where it differs the most, the motivation.

After talking about how PrEP could benefit many people and several populations aside from the MSM/YMSM community, Tuck and I spoke about ways to improve PrEP access. One of the things Tuck thought of was using ads and public education to provide more information about PrEP to the larger community. Tuck again talked about the importance of transparency in all these ads and included all the necessary information about PrEP, either positive or negative. I remember Tuck saying that social media is one of the best and most trusted sources of

information, especially for young people his age and people in general. He said, *In this day of the internet, I think having a good social media reach will encourage more people, to be honest.*

Tuck also talked about other things that Freddie and other PrEP providers could possibly do to facilitate PrEP access and increase PrEP uptake among YMSM:

You know, like, with the younger people, like the younger MSM group, I think that age range usually depends upon social media, like, [in] so many ways ... We live in such a conservative province. Very socially conservative. Even though the city is not too bad, but a lot of the areas outside or outside the cities ... they're still pretty conservative. And, like, you know, having, like, you know, an information about HIV can still be pretty sensitive or taboo to some other people. So, I think that's the main hindrance, getting the word, really. I know it sounds backwards, but it's the reality that we live in ... Some people are, they don't even want to talk about HIV ... Some people, like, feel disgusted by it. Some people are enraged by it. And yeah, it's just hard to communicate, at least within, like, you know, outside the city or like the rural areas specifically. It's just hard to, like, bring that conversation.

I found what Tuck said was very insightful. I admired him for having a broad perspective on PrEP, the importance of having more open conversations about PrEP and HIV and educating people, especially those living in rural areas or with differing opinions and viewpoints, among others. And then Tuck continued sharing his thoughts:

Like, how can you even encourage, for people to have it or to be on it if a lot of health care professionals out there don't even know about it? Like, how can they trust this pill or this medication to do them good if a lot of people don't know about it? ... Education, I think, is such an important thing. It's time to, like, remove these conceptions or

misconceptions about it. These, like, nerve, nervousness or, like, anxiety of talking about HIV and PrEP. And I think that's such a stupid, antiquated thing, I would say. Like, being scared of, like, having that discussion. I think that's, that's not the way to live in this society, kind of thing.

I was not going to lie and admit that as I was writing what Tuck said, I had to Google the word 'antiquated' and learned that it means 'old-fashioned and outdated.' And after learning this new word, I 100% agreed with Tuck. *He is right!* I told myself, thinking that not being open to talking about HIV and PrEP is outdated and talking more about it is the new 'in.' I think that it is time to talk about HIV and PrEP more.

PrEP Access During the COVID-19 Pandemic

I knew that despite the pandemic, Tuck continued to be on PrEP. I wanted to explore and understand his PrEP access experiences during the COVID-19 pandemic. Tuck agreed to the topic. We also agreed that Tuck already shared some of his PrEP access stories and experiences during the pandemic (e.g., connecting with Freddie virtually and laboratory appointments affected by the COVID-19 restrictions). Still, I wanted to ensure I captured and documented his experiences well. So, I started by asking: *If I have to ask you, how did the COVID-19 pandemic influence your PrEP access experiences? ... Like, thinking about COVID-19 explicitly.* Tuck shared with me:

I think COVID did bring, like, a good and bad thing about access to PrEP, kind of thing. Again, like I said, good thing was it's convenient because it's online. Very hassle-free and very seamless. Like, I think, like the in-person aspect that was like removed because of COVID kind of, like, helped me to be able to push for it. You know, like, you don't even need to, like, get out of your house to, like, get access to it. It's just, like, a phone call. But

then, again, like, the bad thing is, like, I think like if it was in person, I think it's gonna be much more interactive and much more beneficial towards like the people who want to access it ... This is, like, a big difference, you know, like, if you talk to someone in person than in the video call. Because when you're in video calls, I know you can see the person. But you know, like, that effect ... It just feels like you're not completely there.

The COVID-19 pandemic, for sure, has impacted access to healthcare services a lot, and I have seen it as a registered nurse. I agreed with Tuck and also acknowledged the importance of face-to-face interaction with others, especially with healthcare providers. I think having that in-person connection and the value of in-person interaction is crucial. I agreed that not having it, as Tuck said, *just feels like you're not completely there.*

Artifacts of My Stories

Tuck and I decided to meet again on November 8, 2021, at 6 PM. We were initially planning to meet in person as we have yet to see each other personally since we first met at the Strathcona Science Park. However, Tuck advised me that some of his family members got COVID-19 symptoms, and he decided to stay home to be safe. So, that Monday evening, Tuck and I met again through Google Meet. Like our previous virtual meetings, Tuck met me from his room, and I met him from the same dining table-slash-study table I always use. I am already expecting this because, since our first virtual meeting, Tuck told me and made me fully aware that his room is one of the most important places for him. And it is one of the most important places for him in his house, where he can be whatever he wanted to be and do whatever he wanted to do, just like participating in my research and having our conversations.

Tuck and I started by greeting each other. I then asked him how he was feeling. He told me he was feeling fine. I also checked on his sisters, who he said started to have flu-like

symptoms. He also said they were doing fine, and no one tested positive for COVID-19, which we were very thankful for. After ensuring everyone was doing well, Tuck and I started the evening by sharing and showing me some artifacts.⁴¹ Tuck decided to show me some photos that evening and began by showing me his Instagram account on his desktop. And for us to better view the images, Tuck requested to share his screen, which I let him do. He then started scrolling through the screen he was sharing with me. I sat back, got myself ready, and was excited to see all the photos he would show me. I was also excited to know the stories behind these photos. Then, Tuck started by sharing a picture of him from his last visit to the Philippines. And that specific photo was on a beach, with blue waters, nice blue clouds, white sands, and the magic of nature everywhere. It made me miss the Philippines. Afterward, Tuck showed me a photo of his trip to Kelowna with his cousin, whom he considered his best friend and one of his biggest supporters when he decided to come out as gay at a young age.

This is, like, a trip to Kelowna that I did with my cousin ... She's kinda, like, also my best friend ... And yes, support. So, this is actually, hmmm, yeah, kind of unplanned. This was in 2019 ... We just kind of decided, 'You know what? Why don't we visit Kelowna?' I think it's gonna be fun. It's kind of away from Edmonton. And it has such a beautiful landscape and everything. And it's amazing ... So, like, two weeks before, like, we just booked the ticket and, like, found, like, a really cheap Airbnb. And the rest was history.

I enjoyed listening to Tuck as he told me his stories. I felt the excitement and happiness in his voice as he reminisced about the stories behind the photos. The way he was describing them was

⁴¹ As I wrote in Chapter 3: "I negotiated with [the participants] the collection of different forms of field texts (artifacts) (Clandinin & Caine, 2013; Clandinin, 2013), which included photographs and PrEP-related documents (e.g., requisitions and messages that Freddie sent to them). By sharing these artifacts (e.g., photos) (Clandinin & Caine, 2013), I was introduced to important people, places, times, and social events that were vital parts of [the participants'] stories. These field texts/artifacts helped all of us make meaning of [the participants'] experiences and better understand the phenomena under study (Clandinin, 2013)."

so ecstatic and so enthusiastic that I also felt like I was part of his stories and his travels. I looked back at the photo and asked Tuck to tell me more about his cousin-slash-best friend-slash-support person.

Oh, yeah! Absolutely! ... When I'm kind of, like, with her, I feel like I don't have to put up a guard kind of thing, if that makes sense.... She's like a confidant.

I felt the sincerity in his voice as Tuck described who she was to him. I felt that his cousin was a very important person to him. Tuck agreed to this and shared that his cousin was there when he was still trying to figure out his sexuality and was still in the *bisexual phase* of his life. And speaking of this phase, the next photo that Tuck showed me was the one he had taken in the summer of 2020, where he was rocking a hairstyle different from the typical hairstyle that other guys would do. *Look at your hair!* I exclaimed because I was impressed by how different but nice it was. And then Tuck talked about the photo on the screen:

I think this is, like, the time when I'm trying to, I guess, like, starting to, like, really know myself more. I think it's, like, things like this, you know. Like, you tried to, like, do some things that are, like, not in conformance to, like, what the society asks ... I got this haircut. It was just really freaking cool ... It was such an achievement even because I don't usually do stuff like that ... When you do things like this, you start to, like, slowly know yourself more. And, like, it gives you a little bit of, like, confidence and assurance that nobody really cares. As long as you, like, live your truth or, like, be who you are, kind of thing. I feel like that's such a powerful thing for someone to have.

Like his haircut in that photo, it was also *freaking cool* to hear Tuck's insight and motivation behind his *freaking cool* haircut. Again, I was impressed by Tuck's bravery in getting that haircut and doing something different from what society deems a regular haircut for guys. And it

was the same for his sexuality. I was so happy and proud of Tuck for having the courage to go outside his comfort zone and accept more of who he was and who he was becoming. I was also happy that he got to accept and figure out his sexuality more, be who he really was, and be more confident about it. I was also glad to know that Tuck had support from really good friends as he figured out his sexuality, which he talked more about in the next photo that he shared with me. That photo was with a group of his closest friends, who he also considered his support system:

This girl right here ... we went to the same school in the Philippines, and, you know, fortunately enough, she moved to Canada in 2014 and guess what, she's in the exact same city, Edmonton. And the rest was history ... Yeah, we're very close. And I would say that, like, she's, like, one of my very close friends. Very, very close. [She's my] support system, yes.

These friends have also been Tuck's support system when it came to accessing and being on PrEP. And this is something that he considered a facilitator to his PrEP access experiences:

I feel like friends ... can, for sure, be a facilitator. First of all, if you know that someone in your life ... wants you to be safe, I feel like they can, for sure, make you or give you some sort of, like, motivation to protect yourself from HIV by taking PrEP.

I thanked Tuck for sharing his photos with his friends with me. Tuck said that those are the photos that he would like to share with me. But then, Tuck called my attention and decided to show photos of his tattoos.

I'm sorry to interrupt ... As you can see, like, I love having tattoos. I do have a lot of tattoos, especially on my leg. So, this is like the first ever tattoo. I don't know if you know the musician named Orville Peck. He is a country singer. He's also, like, he's also gay. And yeah, so he's kind of like an icon. Yeah, I think he's kind of an icon coz, like, you

know, a country singer ... You know, to be a part of the LGBTQ and, like, the country genre, it's not easy. You know, there's, like, a lot of judgment ... Because, you know, because country is usually associated with the conservatives and masculinity. So, yeah. Like, I think he's an icon.

The next tattoo was a tarot card, specifically of The Fool. After pointing at it on the screen, I asked Tuck to tell me about that particular tattoo.

I think The Fool actually kind of symbolizes something about me, too ... The Fool isn't afraid to explore anything. And I feel like that's something that I have that I wasn't able to do when I was younger because of so many inhibitions in life. Like ... there's the religion [and], like, you know, family expectations and societal norms. I guess that's, like, very hard to overcome or, like, a barrier to becoming who you truly are, kind of thing. And I feel like The Fool symbolizes that, like, you know, just explore [and] find what really suits you. And never be afraid, really. There's, like, a big world out there. And it's a shame that you won't be able to see it just because of this and that ... [And] although this entire, like, you know, gay thing is a kind of new to me, I learned that, like, you know, from this card or from this Tarot reading, just don't be afraid to express yourself. And, like, I owe it to myself, you know. Like, as much as you can, find, like, a footing, you know. Find where you truly fit or not even fit, but find what suits you in life and work from there.

I found myself enjoying listening to Tuck. From his tattoos, I saw a version of Tuck who was brave, kind, and non-conforming to society's expectations. He chose to do what he thought was best for himself and continued to choose to be himself without really thinking about what other people would say. And that was inspiring.

Tuck continued to show me photos that evening, and the next photo that he showed me was a photo of him taken in the summer of 2021, just months before I met him. I looked closely at the photo, and our subsequent conversations focused on body image, especially within the gay community.

Me: *It was [taken] this summer?*

Tuck: *Yeah, this summer.*

Me: *You lost weight then.*

Tuck: *I did ... I did lose some weight.*

Tuck shared that he started working out at the beginning of the summer of 2021. I told him that he was *doing great* and improved a lot in a short period of time. Tuck smiled. And this was when we started talking about body image, especially within the gay community. I began by sharing:

I have a question about that. Working out. One of the participants was, it was so big for him. Like, working out. Like, as a gay man ... Because then, the gay community prefers, you know, like, good body and muscle and biceps and ass ... Is that the same for you?

Tuck responded immediately: *Thanks for bringing up the topic because I feel like I can rant on it a little bit.* Interested in what Tuck had to say, I sat back on my chair and let Tuck talk and share his thoughts about the topic:

If you want the Miss Universe answer- yeah, body image and the gay community is still very much in the ancient times ... And I can, like, fully relate to that, like, you know, that it's, like, big for him ... There was a time in my life, like, you know, that I thought about that ... 'What if I lose some weight?' ... 'Is this going to enable [me] to, you know, have

fun with more guys out there if I'm, like, more physically attractive?' ... You know, like, have that, like, good body, you know, like, standard kind of thing ... Yeah, at the beginning, I thought about that. But then, like, I told myself that, 'No, you shouldn't think about it that way,' I just thought about working out as a means to keep myself sane, honestly, sane and healthy ... I'm a little bit stronger now. So, yeah, like, I'm really proud of that ... I feel good about myself. The thing I told [myself] is, you know, that I shouldn't focus on, like, the aesthetics part of, like, working out ... Personally, that perpetuates even poorer body image. Like if I just convinced myself to like, 'Oh, you know, look good so you can get more guys out there.' I feel like that was, that's such a really toxic trait to have. More of, like, a toxic mindset to have. Sure, you might benefit from it ... but I feel like it is causing more troubles [and] gonna have negative effects towards other people ... I'm very body positive ... I'm really open to, like, anyone, you know. Like, it's just about the personality. What are you going to do with face and body if there's no personality? Jesus Christ.

Then, Tuck asked what the other participants' experiences and stories were. Without sharing personal information about the other participant, I shared with Tuck and asked him at the same time:

For him, he felt more confident with his, like, body being, like, better and being, like, muscular and, you know, looking good. And getting more partners ... more sexual partners or attracting more male partners, gay partners, because of it. Was it the same for you, too? ... Did you feel like when you get these results, like physical results, do you feel like people are more into you, are more interested, or it's about the same?

Tuck shared:

Honestly, yeah. It's like, you know, when you update your pics in Grindr, you take, like, you know, more recent, like, body pics and stuff. I did notice, like, there were some guys that's like, they were really interested, like, before. But then, when I sent these new ones, they were suddenly, 'What's up?' So, you know, it does change, but it just goes to show that, you know, the body image thing in the gay community, [it] still needs a lot of work, kind of thing.

Overall, I admired Tuck's insights about body image and the importance of not looking at one's body or judging someone based on their body or size. I think it is sad to know and learn from Tuck that this is actually happening within the gay community. It also made me wonder: *How will this affect one's sexuality journey? How does this affect a young MSM still figuring himself out or trying to be more 'out there'? How does this create division instead of unity and support within the gay community? How does this affect one's overall self-esteem and, in return, one's ability to be more confident and accepting of who he really is?* These are wonders that I will continue to think about as I continue to work with the gay community.

It was almost 8 PM, and Tuck and I already talked for nearly two hours. Tuck and I then decided to end our conversation that evening so both of us could rest. I also wanted him to rest as I knew people were sick in his house, and I did not want Tuck to get sick as well.

Check-In and Follow-Up

Tuck and I decided to meet again on February 3, 2022. It was our first meeting in the new year after we decided to have a break for the holidays. As usual, he met me from his room, which he considered his 'sanctuary' and 'safe space.' Tuck looked cheerful and said he was back to

school and his work placement practicum. And that for that reason, he was meeting with me again from his room.

On the other hand, I met him again from the comfort of my own place, sitting on the same dining table-slash-study table I have always used to meet with the participants. Reflecting on it, that particular place in my house had been very important to me. It might sound the same for people, but for me, even though every conversation happens at the same spot, that place is different during every meeting with each participant. Why? Because every single meeting, we get to explore different stories that happened at different times and different places with different people. It's like time travelling to the participants' stories while sitting in that spaceship- that white dining table slash study table I always sat at. The other screen is like the window in that spaceship where I see a nice view of the different places I go to with the participants. And I like to travel with the participants. And that evening, I was travelling again with Tuck.

Overall, Tuck shared that things are still going well for him and that his access experiences were the same. In addition, Tuck shared one thing about the Freddie online app that he thought was a good change and was helpful with his PrEP use:

That Freddie website, like, the Freddie app that I access through the browser ... The Freddie website, like, added a new feature tracking how many pills you have. So, you don't have to count them, like, on your own. And once it reaches a certain limit or a certain number, they would prompt you to get your tests. And I think that's really neat.

Other than that, the rest was the same for Tuck. I continued to follow-up with him, and for our following conversation, I asked Tuck a question out of curiosity, especially after hearing that PrEP has been a part of Tuck's daily routine in the past months. So, I asked him: *If there's, like, a PrEP shortage, are you gonna be, like, worried?* Tuck laughed at my hypothetical question,

which I also found funny. I know the question was random and hopefully impossible to happen, but I asked it anyway. Tuck took some seconds to think, and then he said:

Tuck: *Well, I guess we're gonna be using condoms for the meantime. Haha.*

Me: *Haha. Are you gonna be worried?*

And Tuck became more serious:

I think so ... For myself? Yes, I would be worried, for sure. Sure. And, like, I think if ever that happens, my first action really is become less active for a bit and then just be conscious or aware of, like, who I'm hanging out with.

Me: *So, what I'm hearing is that, like, PrEP really kind of gives you that, you know, like, that sense of protection ... That if there's a shortage or [PrEP] becomes not available, it's going to affect your sexual behaviours. Is that right?*

Tuck: *Yeah, for sure!*

Listening to Tuck, it was interesting to learn that PrEP had become a huge part of his daily life and influenced his life decisions, such as his sexual behaviours. Also, reflecting on this part of our conversation, I could tell that PrEP had become a massive part of Tuck's decision-making and in choosing the sexual behaviours that he participated in and the people whom he did these sexual activities with. In relation to this, I also asked Tuck if he still felt like he was at high risk and, thus, the continuous need to access and use PrEP.

I think I'm in, like, a high-risk situation ... I feel like when you're younger, you just have the tendency to explore a little bit more ... and be more, like, a kind of out there. So, I feel

like, I feel like I still fall under that [high-risk] category, if that makes sense. I still see myself in that category.

My next question for Tuck was about any new facilitator to his PrEP access or any new good thing he could share with me. Tuck shared:

It's [PrEP] getting more and more exposure on social media ... The knowledge about it is spreading, like, to the general population. And I think that's good ... And the people you randomly sometimes, like, meet or interact with [in social media], I feel like you can share some experiences with them. And definitely find support, if you have, like, any questions, because that's something I like to do too. I mean, if I'm curious about something, I would ask somebody who, like, used something before or have had an experience with something that I'm interested in. I feel like it's been a good resource because there's a lot of gay people in Twitter that I follow. I think it's an easy place to find information.

After sharing this, I then asked Tuck about his sexual activities and if there were any new changes. Tuck shared:

I think it's about, like, the same ... Work has been super busy. I just don't have the time to mindlessly scroll down Grindr or whatever dating site is in there. But yeah ... I still meet up with people casually whenever I have the time ... I would say maybe, like, four to, like, five times a month ... So, it's nothing really major ... Like, before it was kind of, like, more frequent than four to five times a month ... Before, it will range from, hmmm ... probably 8 to 10 a month.

Co-Composing Stories

After our February 03, 2022 meeting, Tuck and I agreed not to meet for a while. Tuck indicated that he would be busier with school and work, which I told him was totally understandable. I also focused on writing the three participants' narrative accounts. However, even though we haven't been meeting with each other, Tuck and I continued to check in on each other and connect through emails. Throughout the remainder of 2022, I kept myself busy writing Tuck's narrative accounts and those of the other two participants. As usual, I also worked more over the summer. Additionally, the rest of 2022 was a challenging year for my family and myself, which took some time off my research work. But despite all these, I was able to get back up, get to work, and continue my relationship and work with all the participants. After continuing to do research work for the rest of the year and the new year (2023), Tuck and I connected again.

On May 15, 2023, at 5 PM, Tuck and I decided to meet again at a Starbucks close to his place to catch up and negotiate the narrative accounts I wrote about him in the past months. Before this date, I remember being more motivated to write Tuck's accounts, as I wanted to ensure that I had well-written stories to share with Tuck. I woke up on the morning of May 15, 2023, feeling very excited. That day was also notable for me, as it was the fiesta/feast day of St. Isidore, the patron saint of farmers and the patron saint of the small town where I grew up in the Philippines.

By 4 PM, I was already in my car and ready to drive to the Starbucks that Tuck chose as our meeting place. I decided to leave early to avoid potential traffic and to have enough time to prepare and set up the things I needed before Tucked arrived. I also wanted to have some time to eat and enjoy the nice weather on that Monday afternoon. The forecast was a high of 30 degrees Celsius, and after a long winter, the weather sounded great.

As usual, Beyoncé's *Crazy in Love* and *Naughty Girl*, among other Beyoncé dance songs, accompanied my drive to Starbucks. As I sang and danced to Beyoncé, I started thinking about how my meeting with Tuck would go today. I wondered: *How is Tuck doing these days? What does he look like now? What are the new stories and experiences Tuck would share with me today? What are the questions that I should ensure to ask Tuck? How long has it been since I had extensive conversations with Tuck, and what changed?*

I got to Starbucks 30 minutes later. The coffee shop looked new and cozy - with black walls, wooden tables and chairs, splashes of green here and there, and the smell of coffee everywhere. After getting a wrap and an iced green tea, I got out and picked a patio chair/table. The spot was also quiet enough for recording, aside from the intermittent sound of cars driving past the coffee shop, which I thought was tolerable. I then put my black backpack on the chair beside me and took out the computer, black-covered notebook, and pen. I turned the computer on, and once I was on the main screen, I opened the documents I needed for that meeting. I then sat back and felt the sun's warm rays touch my skin while having sips of my iced green tea.

I texted Tuck around 4:45 PM and told him that I was already at our meeting place, sitting outside on the patio. After a couple of minutes, I saw a guy driving into the parking lot and waving at me. *It's Tuck!* I told myself as I excitedly waved back at him. I followed the car with my eyes and smiled after seeing that he parked close to where I was parking. *This is it!* I also told myself as I watched Tuck get out of his sedan and walk towards the coffee shop. Tuck headed to where I was sitting, and the first thing we did was give each other a warm hug. That hug felt so good, and it made me smile as it reminded me of the good relationship we both established. I also saw Tuck smiling, and I could see that he was also happy and excited to see

me. After getting him a drink of his choice, Tuck and I decided to start our conversations right away.

Tuck's first update was that he just finished school after five years of being in the engineering program. Tuck also shared that his family was doing great and that they went to the Philippines a couple of months prior. He added that it was a great visit and was happy that he got to visit home and family and friends. However, he was glad to be back in Edmonton. I also shared with Tuck that I was hoping to finish my doctoral program by Spring 2024. Tuck responded with a big *Wow!* after hearing about the timeline that I had set for myself. I told him I knew it was taking longer than expected, but Tuck immediately said, *You don't have to rush it! As long as you get it finished, that's all that matters.* Tuck's words felt so comforting at that moment. Months before this meeting, I was beating myself up for not moving forward as fast as I wanted to. I planned to finish by December 2023, but I also knew that it was not possible given all the things that had happened in my life and all the commitments that I currently have (e.g., work, school, family, and bills to pay). I gave Tuck a warm smile. After catching up a little more, Tuck and I started talking about his PrEP access.

Me: Are you still on PrEP?

Tuck: I am!

Me: Did you stop at all?

Tuck: No.

I then asked Tuck how remaining on PrEP was going for him and how the access experience in the past months had been. As usual, he did not need time to think of the answer and shared it right away:

Good so far. Again, nothing, nothing too crazy. I'm actually, like, kind of surprised. I think it's almost ... it's about three years now ... 2020 ... Still with Freddie. And honestly, I think everything's so much smoother now ... Freddie is still partnering with that same pharmacy ... And their delivery is so much, so much faster. They can deliver the same day. The results are so much faster now, I think, with COVID being not that prevalent anymore ... I think everything's just like so much smoother. And I think Freddie's like, really, like, upping their game. Like, you can even ask, like, general health questions ... Like, you can just ask, like, anything, honestly. Like, if you have, like, if you don't have time for a doctor, or anything, like, sexual health-related question.

I was glad that Tuck's access experiences remained positive in the past year or so. I was also happy to know that Tuck remained to be on PrEP. He also shared that he was still taking Truvada and switched from picking up the medication to getting it delivered to his place. I told Tuck I was wondering what made him change to home delivery, as I remembered him saying that the reason why he chose to pick up his doses from the pharmacy in Downtown Edmonton was because he was worried that his parents would know that he was on PrEP. Tuck shared:

Now, I'm not really that concerned because they actually put it in, like, a really nice packaging. So they can't even see it ... It's [in] a brown bag ... [Also], the driving! Haha. It's about, like, 20 minutes. 15 minutes. Yeah, it's kind of hard. And it's a little bit of a sketchy area, I'm not gonna lie. So, yeah. It's a little bit of a drive.

Listening to Tuck, I could say that the geographical location influenced how he accessed PrEP in the past months. I was also not surprised because the physical location of healthcare services and facilities related to PrEP access (e.g., laboratories and pharmacies) was one of the most significant PrEP access facilitators identified by all three participants during our conversations.

After learning that Tuck was still on PrEP, I then asked him the next question. We laughed as I asked the question because I told Tuck it was another Miss Universe/Pia Wurtzbach question. The *confidently beautiful* question was: *How are your sexual behaviours?* I encouraged Tuck to recall and tell me about his sexual behaviours in the past year since we have not seen each other and talked about it for quite some time. Tuck paused for a bit, had some sips of his iced drink, and then started saying, *Definitely, I would say, like, it dialled down a little bit more from, like, the previous year and during the time that we last talked.*

Tuck: *Yeah, that's not the case anymore. I think it's just 3 to 5 [partners] a month. And it's with the same people usually.*

Me: *Like a fuck buddy?*

Tuck: *Yeah ... Like a regular.*

Me: *So, why did it die down?*

Tuck initially was hesitant to answer the question because he said it was embarrassing. However, I told him that he did not have to be embarrassed, that he could share whatever he was comfortable sharing, and that our conversation that day was a safe space for him to tell his stories. Afterward, I saw that Tuck felt some assurance with what I said and started sharing:

Coz I keep getting STDs ... I've been travelling a lot last year. And so embarrassing coz it's like, every time I kind of, like, travel, I always catch something. And I'm like, 'Oh my God!' ... [I got] chlamydia mostly ... Chlamydia, always. Oh, yeah. Always, always. Yeah. Always. And I think I got gonorrhoea once. And that was a little bit of, like, ordeal because you have to go to, like, the clinic and get, like, the shot.

Tuck's stories were parallel with some of the stories and data I read in the literature when preparing for this research. I remember reading that the use of PrEP among MSM/YMSM leads to increased unprotected sex, which, in turn, shows increased chances of getting STIs. Tuck admitted to still engaging in unprotected sex and was aware that this was one of the factors why he was getting STIs in the past year. According to the literature, some MSM/YMSM stopped accessing and using PrEP because of this consequence, but I was thankful that Tuck never thought of stopping. Instead, he chose to be more careful and mindful of who he was engaging in sexual activities with.

After the last question, I asked him some catching-up questions, like how old he already was. We were both amazed that Tuck was already 23 years old, and I recalled that I met him when he was only 21. We looked at how fast time went by and the length of time that we were working with each other. I also asked Tuck if he was or had been in a relationship during that time that we were not meeting with each other. Tuck excitedly answered, *I am!* He added that they had been together for five to six months and that things had been going well between them. I told Tuck it was excellent, and I was happy for him. However, I could not help but wonder what type of relationship he was in since he just shared with me that he was still engaging in sexual activities with multiple partners.

Me: So, are you still engaging in sexual activities with other [men]?

Tuck: Yeah. We're kind of, like, open. Yeah.

Tuck and I talked about how being in an open relationship had become common, not just within gay relationships but also among heterosexual couples. Tuck also shared that being in an open

relationship was a decision that he and his partner have made since the beginning of their relationship. He also added the importance of trust and mutual understanding, which made their relationship work in the past five to six months. Additionally, Tuck shared when I asked him how PrEP played a role in his current relationship and set-up:

I don't think he's on PrEP. But he's mostly [on] protected sex. And he's really not, hmmm, he doesn't hook up that much ... Yeah, I just decided to keep at it [PrEP]. I mean, I just want to be just safe ... And [him being not on PrEP], that's OK. I mean, that's his choice. And I think he's pretty responsible, honestly.

Tuck also said that being on PrEP meant he was protecting not just himself but also his partner: *I think, hmmm, you never know. I mean, I never know who I encounter ... I just don't want to pass something to [him]. I just want to add that extra layer of protection.*

After discussing his new relationship and PrEP use, Tuck and I decided to discuss his PrEP access after the pandemic. We looked back at when we first met at the Strathcona Science Provincial Park, a meeting that had to be outside because of all the COVID-19 restrictions and protocols that were in place then. We also recalled that we met during the height of the pandemic, so we considered comparing his pre and post-pandemic PrEP access experiences.

Okay. So, I think, like, during the pandemic, I think everything was just kind of, like, slowed. We're, like, inhibited by the whole COVID. It was, like, the focus, right? I think the number one thing that was [during the] pandemic is just waiting for results ... It's annoying. It's like, you always have to be kind of, like, thinking ahead. Doing your COVID, I mean, your STD tests and your bloodwork ahead of time. Because if not, you might run out of medication before getting your STD results. And apart from that, I think lab wait times are definitely much longer during COVID. Coz there's limited occupancy

in, like, the lab. But after COVID ... [it's] back to normal again. You still have to wear masks, but they can, for sure, accommodate more people now. So, wait times are also faster. And lab results are faster. And apart from that, because of, like, Freddie's nature being virtual, there's really nothing that changed towards, like, you know, like using the platform and everything. So, yeah. It's better, for sure.

I was glad that Tuck's overall experiences have remained positive and better after all the pandemic-related restrictions have loosened up. Tuck's experiences also made me wonder: *Did all Canadian YMSM have better access to PrEP and PrEP-related services after the COVID-19 pandemic? What were the changes that PrEP providers implemented after gaining some learning from the pandemic? What were the new barriers and facilitators to PrEP access among Canadian YMSM after the COVID-19 pandemic?*

We continued talking, and Tuck shared that he gained more queer friends, which he was so happy about. I remember Tuck not having many gay friends when I first met him because he just started coming out around that time. In Tuck's own words:

I think I've been a little bit more confident about myself the past few years ... or the past year. And I think I can present myself much more comfortably now ... I just tend to be more open about, like, introducing myself or who I am as a person.

Tuck also added that he became more confident meeting other people and exploring his sexuality more. He also became more confident exploring what he wanted through engaging in sexual activities with different partners. Tuck also talked about the positive role that PrEP played in all these good changes in his life.

PrEP, I think, it removes that sense of, like, fear or trepidation. Like, exploring or exploring something with new people, you know? ... I think PrEP somehow enables me to do things that I want to try without getting too scared.

In addition, Tuck said that he felt lucky that PrEP was available to him during his twenties because he believed that was a critical time for him to explore his sexuality. He was also thankful for PrEP and said, *I think we've really come a long way in HIV research. [With] prevention and cure. I think that's great ... I mean, if it weren't for PrEP, I wouldn't be able to do as much.*

Tuck and I had another good laugh after he said he felt more *confidently beautiful with a heart*.⁴² During the next five minutes or so, Tuck and I just laughed and shared non-PrEP-related stories, and that felt good. Tuck made one more statement before we started to look at the narrative account:

I think, overall ... I still, like, you know, I still benefit from PrEP a lot. And in general, I think I'm still, like, an advocate for PrEP. Like, I think people should, you know, like, if they're sexually active ... or just concerned about their health ... Hell yeah, consider getting into PrEP! Or even just take a look at it or like study it ... [and] see if it fits your health needs, kind of thing. I think, like, yeah, if you're an active gay man, or like a queer person who engages in a lot of sex and you want to be, you know, you want to be more proactive, and you want to take care of your health and the health of others. I think, in some ways, it is a responsibility. Because if you think about it, having gay sex- it's a little bit of a privilege, especially in this current day and age ... with all the friction that we're getting in, like, different sectors of society. And from that privilege comes the responsibility, which is being on PrEP.

⁴² This is part of the winning answer of Miss Universe 2015, Pia Wurtzbach.

Presenting Tucks' Narrative Accounts

I let Tuck take a break and allowed him to take his time to have more sips of his iced drink as I reached for my computer and clicked on *Tuck's Narrative Accounts* document. I could see that Tuck was excited to start reading the narrative accounts I had written about him. After listening to what I had to say, Tuck pulled my computer closer to him and started reading. In between scrolling through the pages, Tuck made some comments in between reading:

*Oh! It's almost like you're actually telling a story.
Even how we met! This is so cool!*

*This is so interesting!
I've never seen something like this before.*

*And even like how you type, like, the dialogues, too.
It literally feels like a fucking novel!*

It does look good. It looks good.

Tuck's side comments while reading some parts of the narrative accounts made me so happy. His positive comments and feedback so far made me feel like I was doing the right thing and giving Tuck's stories justice. Tuck continued reading for the next 10 minutes or so. When he was done, he looked at me and said he was excited to read the accounts in detail. I then asked him formally: *So, what are your initial thoughts after seeing this?* Tuck immediately shared his thoughts:

I think I definitely like the layout. I've never seen anything like this before. I think a lot of like, the studies I see aren't usually, like, using, like, direct quotes. But I think it's good. I think it's really good so far. Like, I really like the structure, too. Especially with, like, the dialogues. I'm like, 'What?! It's crazy!' ... I think it's so cool ... Like, I guess ... this is

how I speak. Hahaha ... It just, like, feels great ... [And] I'm not gonna, like, sound conceited, but I feel like I offer a unique perspective ... [And] I think format-wise... Hmmm, again, I'm not exposed to a lot of these papers, and to be honest, I'm not the greatest writer. But so far, I think it looks good.

After spending many days and hours writing his narrative accounts, hearing Tuck's thoughts about them was great. Also, Tuck's comments about his narrative accounts were one of the most critical comments for me because they were his stories and experiences, and again, I wanted to give them justice. And at that very moment, Tuck made me feel like I did.

Tuck and I agreed that I would send him the rest of the accounts in the following days after editing them. Afterward, Tuck and I chatted a bit more before saying our goodbyes. He asked about my plans for the summer, and told him that I would be mostly writing my dissertation and working in the emergency room. I asked Tuck what his plans were, and he shared that he was flying to Montreal the following weekend for a month of French classes he signed up for. I then told him I was just in Quebec City earlier in the month to attend an HIV/AIDS conference and present parts of my doctoral research.

Tuck and I stood up from our chairs. I thanked Tuck one more time, smiled at each other, and then, for one last time, gave each other another warm hug. The hug was tighter this time as the hesitation I had earlier was gone (of whether to hug or not after not seeing each other for a long time). My heart continued to jump and dance as I thanked the universe for that opportunity to form a relationship with Tuck, to listen to his stories and experiences, and to be able to write about them. After the hug, we said *Goodbye!* to each other. After seeing Tuck jump into his car, I returned to our table and started to put everything back in my black backpack. Before placing the recorder in the pocket of my backpack, I decided to end the day with some field notes:

And I'm looking at the tree again right now ... I'm enjoying the breeze, and I'm happy. It's a good day. It's a good day, especially with Tuck, because he was my very first participant, and I'm happy that we still have the chance to connect and work together. And he liked what I wrote ... And he is looking forward to reading my work or reading the account[s] and learning more and seeing more, and I'm excited, and I'm happy that he is excited as well. But yeah, we parted ways. We gave each other another hug again ... That was sweet and nice. And then, yeah, it's a good day, and it's going to be good.

**Chapter 5: Taylor's Narrative Accounts- Experiences and Stories of a White YMSM
Related to His PrEP Access in Canada**

If you need participants still, I'd be happy to work with you.

I was like... what is PrEP?... Oh, it's for HIV.

I didn't feel comfortable talking to like my actual doctor.

I do enjoy sex, and I need to protect myself.

If you asked me how many people I've slept with, I couldn't tell you.

I do feel safer on PrEP now, knowing that I'm protecting myself and others.

I think having access to PrEP means, to me, that it is easily accessible.

I think it's just more of a social responsibility.

So, the confidentially part is really good. I like that.

I wanted to protect myself and others, so that's how I ended up ... finally, I got it [PrEP].

Entry Into Each Other's Worlds

It was September 28, 2021, and I was driving my white and black Nissan Sentra along 170th Street, heading towards the west side of the city. That day, I was going to meet the second research participant, Taylor⁴³, at one of the Starbucks along the same street at 6 PM. I felt a mix of different emotions as I passed the Misericordia Hospital and West Edmonton Mall. To begin with, I was feeling nervous, and I could feel my heart racing and my hands tapping continuously on the steering wheel. I also found myself taking numerous deep inhales and exhales as I reviewed the questions I planned to ask Taylor in my head. *I thought it would be better this time*⁴⁴, I told myself, thinking that the nervousness would not be as bad after going through the experience of meeting the first participant, Tuck. *I guess you are wrong*, the other voice inside my head responded.

On top of the nervousness, I was also feeling anxious because I was running late. My eyes constantly switched between the clock in my car's touchscreen display, the road and the vehicles, and all the red lights I was 'lucky' enough to be caught in that day. I was also feeling frustrated because of all the road constructions that were happening along 170th Street. *Argh, I hate Edmonton road constructions*, I said, in addition to the numerous swear words I repeatedly uttered in my head while also thinking of a possible different route I could take. The last thing I would want was to be late for my first meeting with Taylor. Being on time is very important to me, and it was particularly important that day because I wanted Taylor to have a good first impression of me. The first impression is important as I believe it will help develop a good rapport and working relationship between myself and the participants. As I continued to drive at

⁴³ The second participant and I mutually agreed to use the pseudonym Taylor instead of his real name.

⁴⁴ The words, phrase, sentences, and paragraphs that I italicized in this narrative account were direct quotes or direct conversations between myself and Taylor.

about 35 km/hour along a construction zone, some wonders came to mind: *What would Taylor think if I showed up late? Would being late make a bad first impression and affect our relationship? What if he decides not to wait and back out from participating in the study?*

I tried to replace the worried thoughts about being late and first impressions with questions and wonders like: *What is Taylor like in person? How is our conversation going to go this evening? What are the initial questions that I could ask him within the hour that we have? What are the good questions to ask to start our conversations and 'to break the ice'? What are the things that I would like him to share with me today? What are the things that I could share with him today? What kind of experiences and stories does he have, and how are they different from Tuck's (first participant) experiences?*

As I got closer to Starbucks, I thought of the time when Taylor and I saw each other's faces for the first time. It was a virtual Google Meet meeting during his work lunch break at noon on September 22, 2021. We set this quick meeting to go through the information letter and consent form. I remember being nervous that day- my hands and fingers were shaking while typing my email and password to access Google Meet. Some minutes later, the meeting started, and Taylor's face appeared on my screen. *Hi!* was one of the first words I said, and I remember thanking him a lot for meeting with me while he was at work. Taylor was wearing a white dress shirt, which complimented his fair complexion and red hair. He was easy to talk to and *very direct to the point*. Initially, he would only answer *Yes* or *No* to questions, or things like *I understand*, *No problem*, or *Yeah, that's good*. I thought, *He's probably warming up*. I then realized I needed to ask Taylor more probing and open-ended questions to encourage him to share and elaborate more about his stories and experiences in our next conversations. I also

planned to create a more welcoming space, and all of these are things that I promised myself I would make sure to do in our next meetings.

My trail of thoughts was interrupted when I saw the Starbucks where we were going to meet. I drove into the parking lot and took the very first parking space that I saw. I checked the black backpack I had brought with me and ensured I had the things I needed in there. I also took the brown envelope containing the information letter and consent form that Taylor would need to sign from the back seat of my car. I then got out of my car and walked towards Starbucks.

It was a chilly but lovely Tuesday evening. Taylor was already at Starbucks and got us a table outside the coffee shop. COVID-19 restrictions were still in place during our first in-person meeting, and we thought it was safer to stay outside. He gave me a little wave and greeted me with a smile while he kept his hands warm by wrapping them around the coffee cup he had already gotten while waiting for me. Taylor knew who I was, as we had met each other virtually the week prior. I smiled back, headed towards him, and sat on the chair he kindly offered. *Jose*, I said while offering my hand to Taylor, which led to a light handshake and exchange of names. Again, I apologized for being late and then told him, *Oh, you already got your coffee Next time, I should be getting you your coffee and snack. That's the least I can do to thank you for your time.* He agreed. Then, while I was getting my recorder and notes ready, I provided Taylor with the information letter and consent form, which we had discussed during our virtual meeting and which he received for review before our meeting at Starbucks that day. After indicating, *No, I do not have any questions*, Taylor signed the form and agreed to go right ahead and start our conversations, given our limited time on that chilly Tuesday evening.

Getting to Know Taylor

After pressing the play button and starting the recording, I could feel the excitement of learning about Taylor's experiences in relation to his access to PrEP right away. However, I had to hold that excitement and the eagerness to go directly to the main topic of my research. I told myself, *I have to break the ice first and know about him first*. I also reminded myself of my promise for my next meetings with Taylor: to encourage him to share stories about himself and create a welcoming space. So, instead of asking him PrEP-related questions right away, I asked Taylor to *Tell me about who you are*.

I Am Taylor⁴⁵

*I am Taylor, and I am 24 years old.
I was born in the month of April, the year 1997.
I am from Edmonton, born and raised, and I have always lived here.
I did all of my schooling from pre-K onwards in this city.*

*I am Taylor, and I came from a typical white family.
I have Ukrainian, Scottish, and Eastern European heritage.
I have a younger sister, and I am her dear older brother.
I live with my mother, and my parents are divorced.*

*I am Taylor, and I finished high school in 2015.
I planned to be a paramedic, but it did not happen, and that's OK.
I took Disaster Emergency Management at NAIT instead.
I, as we talk, am currently working as a COVID-19 relief staff for AHS.*

*I am Taylor, I like to work out, I like to hike, I like to ski.
I like fall, and the colder weather, and winter fashion.
I also like the summer skies and longer days.
I want to move to Vancouver because it's my favourite city.*

⁴⁵ Taylor's narrative accounts were composed partially as found poetry. Research found poetry involves taking words and phrases directly from the words of study participants (e.g., interviews/conversations), and arranging and presenting them in a poetic, evocative, and meaningful form (Patrick, 2016). I composed the poem to provide an overview of who Taylor is as a person and as a YMSM in Canada. I continued to revisit and present parts of this poem throughout Taylor's narrative accounts, especially those experiences and stories that influenced and played roles in Taylor's access to PrEP.

*I am Taylor, and I really like Taylor Swift.
I am a big fan of hers, I think she's really great.
I enjoy other female pop stars such as Dua Lipa and Miley Cyrus.
I feel empowered by their music, and they are allies in the LGBTQ+ Community.*

*I am Taylor, and I am gay.
I remember growing up, I was only friends with girls.
I started liking men in junior high school.
I still identified as straight though, but I had a feeling I was not.*

*I am Taylor, and I had my 'first experience' with a guy in 2012.
I decided to be proud of my sexuality in 2015, so I told my family and friends.
I attended my first Pride in June 2016, it was eye-opening and life-changing.
I loved it, I loved the feeling of being surrounded by people like me.*

*I am Taylor, and I am single, just going through life.
I met with guys, I became more sexual, and I had more hookups.
I had friends with benefits and casual sex, and, again, more hookups.
I slept with several guys, if you ask me how many, I wouldn't be able to tell you.*

*I am Taylor, and sometimes I use condoms, sometimes I do not.
I thought about protecting myself, I wanted to feel safer, so I looked into being on PrEP.
I heard about the medication in 2019, I started the process in 2020-2021.
I am Taylor, I am 24, and I am on PrEP.*

Learning About PrEP

I found myself attentively and eagerly listening to Taylor as he told me details and stories about himself. I also thanked Taylor for sharing his stories with me and providing me with honest and confidential information, even though it was only our first meeting. I was also happy that Taylor started talking more and was not anymore that guy who was only initially giving me short answers to my questions. *He's opening up*, and I loved that. So, to avoid losing our momentum, Taylor and I continued talking with our hands wrapped around our cups of coffee, taking all the warmth we could get from them. I started asking him about PrEP, and my first questions were, *What do you know about PrEP? How, when, and where did you learn about PrEP?* Taylor took a very quick pause and sipped his coffee as he started to recall his first

contact with the idea of PrEP. *I remember when I was younger, I think probably two to three years ago is when I first started hearing about PrEP. And then he added, through gay dating apps, like Grindr and Scruff and Tinder.*

This conversation also triggered Taylor's memories and experiences of talking to gay guys for the first time through gay dating apps. He was around 18 years old when he started using the apps. When I asked him what it was like, Taylor, with no hesitation, answered:

Obviously, like, no one really teaches you how to, like, talk [to guys] ... because, like, if you go to [a] regular bar and you're straight, it's easy to talk to somebody who you think is attractive. But if you're gay, it's not like you can just walk up to another guy and say, 'Hey, I think you're cute,' because most could take that the wrong way. Most likely, they would just walk away, but I fear they could verbally assault me or even just try to assault me.

Having said all this, Taylor, who saw himself as a shy guy when he was younger, felt comfortable and found confidence in talking to guys through dating apps. And as Taylor indicated earlier in our conversation, some of the guys he spoke to through the dating apps were also some of the first people who introduced him to PrEP.

Guys in the dating apps: *Are you on PrEP?*

Taylor: *No, I am not. What is that?*

After telling the guys in the dating app that he had no idea what PrEP was, the guys kindly explained the medication and what it was for. Listening to Taylor, I noted that the guys he met online on dating apps like Grindr are important people in his PrEP journey, and these people

are instrumental in giving Taylor his first knowledge, information, and education about PrEP. *I think it was around 2018*, Taylor recalled when he heard about PrEP for the first time. He said this after trying to find the timeline in his head between sips of his coffee. *PrEP was approved for public funding in Alberta in September 2018*, I told Taylor after letting him finish his thoughts and after having sips of my coffee. He then beamed, knowing that his recollection of the time was right, *Oh, yeah! That's when I started hearing it!*

After having an additional dose of caffeine from my still-warm cup of coffee, I asked Taylor: *So when you heard about PrEP in 2018, did you research more about it?* Taylor then gave me a quick and straightforward *No* for an answer. And then he added:

I was like... what is PrEP?... Oh, it's for HIV. I was like, OK, cool. And then, I think maybe the first couple of times, I went home and Googled it, but I didn't do, like, a whole lot of research. And then, yeah, I forgot about it. And then, like, every time somebody would ask me, I would remember ... I would remind myself of what PrEP is again.

Taylor recalled having the first thoughts of being on PrEP. He started hearing more about PrEP in January 2020 and learned about people getting started on PrEP around that time as well. However, Taylor admitted and shared with me that he heard more about PrEP after, but he *didn't act on it*. And then it was during the early beginnings of the COVID-19 pandemic (Spring 2020), specifically during *the first [COVID-19] lockdown in 2020*, when he and a guy whom he called his *regular friend with benefits* had an actual conversation about PrEP. *Oh, you should be on PrEP. You just need to talk to your doctor*, his friend told him.

Taylor often thought about this conversation since. I saw the hesitation on his face when he talked to me about his family doctor and the thought of seeing her to get PrEP, as his 'regular

friend with benefits' advised. As I quietly listened to Taylor, I realized that he did not see his family doctor as the best person to go to and talk to about PrEP:

Like, obviously, I am super comfortable talking with my doctor [with general medical concerns]. I was just like, she is an older Asian lady ... so I didn't really think she'd be the best person, or I didn't know she would know about it.

While recalling the conversation and story shared by Taylor, I wondered: *Is age a barrier for a young gay man to talk to his older family doctor about PrEP? Was it the cultural differences? Or the gender differences, perhaps? Or all of the above? And how do all these affect a young gay man's access to PrEP?* Hopefully, Taylor can help provide insights into these questions in our future conversations. I honestly do not have answers as I have no actual experience related to accessing PrEP during the time of this research. However, I also asked myself: *Would I go to my family doctor, who is an older Asian guy, if ever I would like to know more about PrEP and access it?* At the same time, I also tried to find the answer within me. *Honest answer only, be honest with yourself*, I told myself. After thinking more about the questions over time, the honest answer was *Maybe, but mostly not*. Not that I do not trust my family doctor, but I think I would prefer to go to someone who I know specializes in sexual health and has more knowledge about PrEP. *Does this mean that I think my family doctor knows much about PrEP?* Knowing him for more than ten years now and knowing the things that he would take care of, I still wondered about the answer.

Taylor also told me he did not bother going to his family doctor as he found and learned of other ways to know more about PrEP and how to access it. *I think I saw an ad. I think it was either on Grindr or Scruff*, talking about the dating apps he had downloaded on his phone at that time. *And then Freddie popped up. I don't know if you know what Freddie is*, he said, which I

answered with a quick *Ahuh* so I do not interrupt his talking and train of thought. *That's also the time I thought of taking PrEP*, and seeing the ad was a sign for Taylor to *actually have to do it*. So, in November 2020, Taylor decided to make his first contact with Freddie: *I saw Freddie, and then I just Googled it, and then I just followed the steps on how to contact [them] and got in touch with the people, and that's how I kind of started*. He also added:

After searching and once I realized that I could actually talk to [Freddie] ... I didn't feel comfortable talking to, like, my actual doctor, which is again why I didn't ask the doctor ... Like, once I figured out I can talk to, like, the Freddie people ... They were actually trained, and they were knowledgeable and could answer any questions I had. And I felt more comfortable going out and reaching out to them.

Taylor got the initial paperwork in November 2020 but also admitted that he *got lazy* and, again, *did not act on it*. Taylor added, *It wasn't until actually like February of this year [2021] that I was actually like, 'OK, I'm going to do it.'* I then asked him *Why?* he waited for months, to which he answered:

It wasn't until I saw that ad in February this year [2021]. I was actually, like, okay, maybe I should do it just because, like, I have friends, like gay friends, who are doing it ... and pretty much almost everybody who I was meeting with is on PrEP. I was, like, OK, I feel like I should do it, and looks like the benefits are good from it. Especially since I'm single ... and I do enjoy sex, and I need to protect myself. So, then, that's when I started.

After listening to his answer, I encourage Taylor to pause and have some of his coffee. I processed what he just said and prepared to ask him my next question, which was to follow up on what he just said about *I have friends, like gay friends, who are doing it*. I wanted Taylor to tell me more, so I asked, *Did your friends take it [PrEP] first, before you?* And then, Taylor

continued sharing: *Yeah, I was the one last. Just coz again, I'm a procrastinator, and I would always forget. And then one day, I was, like, hey, I actually need to do it. Like, it's not that hard.* Taylor elaborated later on that some of his friends started taking PrEP in February 2020 and that he was the last one in his group of gay friends to be on PrEP. He added that the guys in his group are between the ages of 20 and 30 and that *I'm the youngest ... So, I'm always the baby.*

From what Taylor just shared with me, I acknowledged the important facilitating roles his peers and the guys he had met on the dating apps have played in his PrEP access experience. Having peers who were also on PrEP motivated him to think about accessing the medication. It also helped that these people were also those whom Taylor considered his 'group,' his closest friends whom he trusted. These friends also showed Taylor that *the benefits are good from it*, which encouraged Taylor to turn his idea into action- and that is being on PrEP.

With PrEP, It's 'More Safer'

After hearing all the stories Taylor shared that evening, I was more than ready to hear about his PrEP access experiences. I revisited the experiences and stories Taylor had shared with me so far, and this part of his story popped up in my head like a lightbulb, *Especially since I'm single ... and I do enjoy sex, and I need to protect myself.* This led me to my next question: *Can you tell me about your sexual activities and the use of dating apps?* Taylor, who was ready to answer my next question, immediately replied:

I thought, like, 'Oh, I'm going to find, like, my husband on Grindr.' Obviously, that's not the case. Grindr is usually just for, like, quick hookups. At least, that has been my personal experience on the app. There have been a couple of times where I've actually, like, had meaningful connections on Grindr with people and dates, but I have had more luck meeting people online or through social media apps.

Taylor considered himself a sexually active young gay man, which, he said, he had been since he was 18 years old: *And then yeah, I kind of went through phases when I was like 20-21 when I had lots of sex.*

Taylor: *If you ask me how many people I've slept with, I couldn't tell you.*

Me: *It's OK.*

Taylor: *I would probably say, like, it's in the 50 to 70 range, I think, somewhere in there.*

Me: *That is your body count⁴⁶ from 18 to now?*

Taylor honestly answered:

Yeah. And, like, I don't judge people on their body count. I hope guys don't judge me on mine. I enjoy sex, and, like, I said, I haven't ever been in a relationship, so it's not like I've had like consistent sex, and like I have had a few friends benefits in the past where like it's been good for a few months, and I'm like it's easy because it's more safe.

Taylor also said that he thought PrEP was something that would protect him from STIs, and that was why he decided to *go for it*. Wanting not to lose our conversation about the topic of protection, I asked Taylor if he was using condoms to protect himself prior to accessing and thinking of being on PrEP:

Yes and no ... I was using condoms, and once I started finding, like, friends with benefits, I just wouldn't use protection. They would be like, 'Oh, I'm on PrEP.' And then I would be careful and use condom, and then they would say, 'Oh, I just got recently tested.' So, I

⁴⁶ Taylor and I agreed that body count is the slang term for the number of people a person has engaged in sexual activities with throughout their life. I remember learning about this term for the first time in the summer of 2018. I was with my friends from graduate school, and we were in a car on our way to go dancing and drinking in a club. On our way to the club, we shared our respective body counts with each other. It was a fun and memorable time.

always make sure when I was talking to guys, I was like, 'Oh, were you recently tested?' ... And then, yeah, I get checked up every three months, and everything will be good.

Taylor added that his involvement in friends-with-benefits relationships usually lasted about 2-3 months. He also shared that he would not use a condom if he knew someone and if he was not too worried. But he also realized the risk involved with not using condoms. Hence, the use of PrEP, which, for Taylor, serves as a layer of protection during condomless sexual encounters.

Thinking about this, I remembered what Taylor shared with me during one of our conversations:

For me, it's [PrEP] just, like, an extra added layer of protection. Like, if somebody was, like, 'Oh, I don't want to use PrEP. I use condoms.' I wouldn't be like, 'Oh, I'm not having sex with you.' Like, it wouldn't matter. Like, it is an extra added protection since a lot of gay people, I find, don't like using condoms for, like, other reasons. In my personal experience, that has been the case. I am not against condoms.

We continued to talk about how PrEP has made Taylor feel more protected:

I kind of feel good about myself just because I've taken that extra, again, extra level of protection, you know. I don't think I'm better or superior than anyone else. But again, it's just kind of just an added level of protection. I just know that, like, I'm doing my part.

Me: *On a scale of 0 to 10, what would you say is your risk of getting HIV before PrEP?*

Taylor: *I say before PrEP, maybe like six or seven. Now ... two or three.*

Toward the end, Taylor shared with me:

*I was just kind of, like, 'Oh, I was bad.' I was just, like, 'Oh, I don't like using condoms.'
And then in my head, I was, like, 'Well, if it happens, it happens, '... which is a bad thing
to say, and I should be careful ... So, obviously, with PrEP, it's more safer.*

HIV and Being on PrEP

Since we were already talking about PrEP and his sexual activities and experiences, as well as the risk for STIs, our conversations continued to talk about HIV. I asked, *What do you know about HIV/AIDS? And where did you learn about HIV/AIDS?* After asking this question, I realized it was already past the time we agreed we would take that evening. So, I told Taylor it would be our last topic. I repositioned the recorder in front of him and let him answer the questions about HIV:

I learned it [HIV] from school ... like, in sex education. I remember when I was younger, when they were explaining it, it was, like, if you catch chlamydia-gonorrhea, you take a pill or medication, you're fine, it goes away after a while. But HIV was the one where if you get it, it was bad, and I remember thinking about it, they never talked about how there are treatments for it, and how if you get it and if you're undetectable, you can live a normal life, and you can have like other sexual partners, and they won't catch it. So, when I was younger, I always thought it was bad, and I kind of, like, scared. But then, as I started doing my own research and kind of stumbling upon other people's stories online, now I have my own knowledge and came out of that shell. And okay, like, if I were to have sex, or someone was interested in having sex with me. And I would talk to them, and they told me they have HIV, but they were undetectable, I do not have to worry about me getting HIV.

Me: *Have you been, like, scared of like having it [HIV] because you said you're sexually active?*

Taylor: *A little bit.*

Taylor continued to share:

I always had this little [fear] ... sometimes after I've had sex with a lot of people and I've had sex with a lot of unprotected sex with a lot of people in a short timeframe and kind of, like, 'Oh, that might not have been the smartest idea, and maybe I should use protection.' So, then I worried, and then, of course, you know, like, you get tested, and then, all of a sudden, something doesn't feel right down there, and then I'm, like, 'Oh my God, I have this, I have this.' And then you don't get a call because the clinic says no call is a good call. And you're good, you're clear, and I don't have to worry about anything.

I was surprised by Taylor's overall response, so I had to clarify: *So, you'll have sex with someone who is HIV positive?* Taylor confidently answered:

Yeah, I would. It is not right to discriminate against someone because they have HIV ... Obviously, you can either take medication ... there's research, and, like, there are studies ... like, if they're undetectable, it is not transmittable, they're not gonna spread it.

He added to clarify:

I've never had sex with anyone with HIV just because I haven't come into contact with anyone who has disclosed that. I mean, obviously, they would never say, I never met someone who would say, 'Oh, by the way, I'm HIV positive ... and undetectable'. So, I don't care. If that does happen one day, I'm not going to discriminate them ... Or say, 'Oh, no, sir. I'm not interested.'

Me: *Would you say you can say this [having sex with someone who is HIV positive] because you are on PrEP?*

Taylor: *Even before I was on PrEP, I came to a conclusion about that [having sex with someone who is HIV positive]. I do feel safer on PrEP now, knowing that I'm protecting myself and others.*

I was honestly impressed by Taylor's responses to my questions. I was surprised how a young gay man like Taylor could confidently and bravely say that he was very open to having sexual activities with another gay man confirmed to be testing positive for HIV. Looking back to our conversation, I realized that doing his own research and learning through online resources and social media has educated Taylor more about HIV and PrEP and the concept of U=U (Undetectable = Untransmittable). Even though he was not taught about it in school, I believe that the current society's openness, if not acceptance, to discussions about the concepts of HIV, PrEP, and U=U has helped educate more people, especially the younger generation. Specifically, I think these concepts are now more visible in today's societal conversations and various platforms, reaching an audience of different ages like Taylor. I am also happy with the fact that PrEP is making Taylor feel safer.

As I listened to Taylor, I also asked myself if I have the same courage as he does. I asked myself one of the questions that I asked Taylor: *Would I have sex with someone who is HIV positive?* I had to take a long pause, hoping to find the honest and brave answer within me. But at that time, and as I write this narrative account, the honest answer is, *I don't know. I don't know yet.* I also told and promised myself, *I do not have definite answers right now, but I will continue to think and wonder about this moving forward.*

I interrupted my thoughts, and I turned back to Taylor. I looked and smiled at him, grabbed the recorder in front of him, and said, *I think we'll end this [meeting] here.* Taylor agreed, and I asked him my final questions: *Any questions? Or anything? Is this something you think you can do?* Taylor answered confidently, *Yeah, this is easy ... Yes, of course,* which made me happy as I could see that Taylor was interested and already invested in the research.

The Road to Accessing PrEP

My next meeting with Taylor was a Google Meet virtual meeting on the evening of October 5, 2021. There were still COVID-19 restrictions in Alberta, preventing us from meeting in public places. We also could not meet outside as it was already getting too cold, and staying out and talking for an hour or more was not good while braving the cold weather. As I indicated in my field notes:

We met virtually tonight. I'm at my house, and it's a cold evening tonight it's, like, eight degrees outside, so it's cold. It's Fall already ... So, I've met with [Taylor] ... And he's just cozy in his bedroom ... and I'm here in my basement suite in my dining area.

Taylor was in his room, lying in bed with his arm and elbow supporting his head so we could see each other properly. His room is a breath of fresh air. The walls are painted with a light, almost white-coloured paint and adorned with minimal decorations. The light and the wall made me see Taylor clearly, bringing his fair complexion and red hair into the spotlight. Taylor said he just came from the gym and needed to lie down and rest, which was fine for me.

Taylor was only available to talk for an hour that evening, so after checking in on each other, we decided to begin our conversations. I started with a review and an overview of some topics that we were going to discuss and then asked him the first question of the evening:

So, the last time, we talked about how you knew about PrEP and how you learned about it, and where and when. So, now we're gonna go through your actual experiences of, like, accessing PrEP ... You said you accessed it through Freddie ... and you heard about it from your friends ... and you, like, you saw the ads. And then now ... tell me, like, how did you start actually thinking like, 'Oh, I should actually, like, take it.' So, the question is ... what are the personal and social factors that influenced your decision to actually access and use PrEP?

Taylor paused for a bit to process the question, looked at the ceiling in his room, and then started talking. He answered in a way that also returned to some of his answers from our previous conversations, which was also a good reminder for me:

I think I mentioned this in our last session. I was just hooking up with some guys who started talking about PrEP, and they were kind of saying, 'Oh, like, this is what my doctor recommended based on if you have, like, more than ... like, a lot of sexual partners and it just helps protect against HIV,' ... which is now more common in the gay community versus heterosexuals.

Taylor also admitted that there was also some pressure from the guys that he met and those that he had sexual activities with:

And I was just thinking to myself, and I felt that pressure ... Anytime I hook up with a guy, they would be like, 'Oh, are you on PrEP now?' I would say no ... I would almost feel a little bit awkward that I wasn't in it ... in that medicine.

However, at the end of the day, the decision to be on PrEP remained Taylor's personal choice, not because of peer or societal pressure. As Taylor said, *No one, like, forced me ... it was just*

kind of more to protect myself in the end. He also added that he felt like deciding to be on PrEP was a responsibility that he has taken for himself and the community:

I think it's just more of a social responsibility. Again, it was just my friends and just everyone else thinking I was on PrEP. So, I just felt, like, kind of almost like a responsibility just to get on it. And again, it's free. Once I figure out how easy it was ... I'm more inclined to getting started on PrEP, for sure.

Reflecting on what Taylor disclosed to me, I could say that there is some peer pressure going around within the gay community in relation to being on PrEP. I then wondered: *Is it a good thing?* And my personal answer to that question is a big *Yes*. For me, this pressure is more of an encouragement to be on PrEP and, in Taylor's words, to be *'more safe.'* To be asked if someone is on PrEP, in my opinion, is a positive thing and a good expectation within the gay community. I think that it is a good practice to ask and encourage peers to be on PrEP or to learn more about it, especially when one is involved in sexual activities with multiple partners. And now I wonder: *Do other gay guys, especially YMSM, also think the same?* And speaking of being *'more safe,'* Taylor talked again about the importance of being safe and protected, especially with his sexual behaviours and activities at that time:

I thought because I was still getting tested for STDs, I just wanted the extra layer of protection because, again, with HIV, that's not curable. Whereas if I did catch, like, chlamydia, I would take a pill and, in less than a week, it would be gone. But with HIV, if I catch that, there'll be long-term effects ... it could be bad, so I wanted to protect myself and others, so that's how I ended up ... finally, I got it [PrEP].

Finally, I Got It

After researching and learning more about PrEP in the past months and failing to complete the process in November 2020, Taylor started thinking about going through the process again in February 2021. He continued thinking about it more for a couple of months and finally restarted the actual access process in April 2021- and that time, it was *for real*. It was also the time when Taylor finished his Disaster Emergency Management program at the Northern Alberta Institute of Technology (NAIT). He said finishing school and graduating gave him more time to focus on the PrEP access process through Freddie:

Originally, when I did it, I forgot about it because it was during school. So, I did the call, it was good ... I have the forms in my inbox ... and all the patient forms for a month. And then once the school kind of died down, I called them back, I said, 'Hey, I'm sorry about last time ... I was just really busy during school, so I kind of put it off,' and they said no, that's all good.

And then Taylor shared with me a glimpse of the initial processes that he took to access PrEP through Freddie:

I went through the process ... filled out the thing [online form] ... and talked with someone on the phone. It was really nice talking to someone who actually knew what they were doing and talking [about]. And that was this year [April 2021] ... And then I've been on PrEP ever since.

Taylor continued to talk and walked me through the details of the processes that he went through to access PrEP through Freddie:

They give you kind of, like, a screening question to see if you would actually qualify for PrEP. So, I think they just ask you about, like, the generic questions, like, your name,

your age, where you're from, and then I think they've asked what your social history [was] ... like how many sexual partners, like, do you use protection and stuff like that. So, since I had more sexual partners at that time ... I qualified ... And then you put your email ... and they said somebody will contact you. And then they emailed you, like, an instruction sheet. And then, after that, I had to talk to somebody on the phone to kind of walk you through the process.

Looking simultaneously at the wall across him and the screen, Taylor continued to remember the processes and steps that he took to obtain his first doses of PrEP from Freddie:

And then I created an account on their [Freddie] website. And then they would send me a lab form ... and then as soon as I get that lab form, I can take that to any hmmm, not pharmacy ... oh lab. And it's just to see if everything's good. And then once the lab sends it [the results] back to Freddie, they would send me a prescription [for three months] ... and then close to three months they would send me a new lab form again ... So, I would do more blood work and urine test to see if everything is looking good ... And Freddie is really good with reminders ... the communication is very good. And you can get it discreetly delivered in case you don't want people knowing. So, somebody from a pharmacy will say, 'Hey, we are confirming this is you' ... They'll say, 'Hey, when can we drop this off?' ... And they always answer if I have any questions or concerns with anything, which I really like, and that whole process is really easy. And if I had to contact someone or if I have questions, they have information in the little bag they give you plus on the website, so the whole process, once I started it, it was very easy to communicate with them and like got all the information I needed.

After starting the process in April 2021, Taylor received his very first PrEP prescription from Freddie and his first bottle of the medication in May 2021. He got the TDF/FTC (Truvada™), which was the only Health Canada-approved method of HIV pre-exposure prophylaxis and the only one funded in Alberta at that time. The whole process took less than two weeks:

Basically, the talk ... from the time of me going and talking to them and then going to the lab, giving them my bloodwork again ... that's probably a week, a week and a half ... I know the last time I just got my three-month prescription ... I think it's like six days. So, it's a nice quick process.

Listening to Taylor's stories, I was amazed at how fast the process took for him, from filling out the online form to receiving and finally taking his first dose of PrEP. This also made me think of the Davie Buyer's Club.⁴⁷ I thought about the length of time that MSM had to wait to get their PrEP doses - from when they ordered PrEP online to getting the medication that needed to be shipped from Asia to the United States and then to Canada. *More than two weeks for sure, maybe even months*, I told myself. I also wondered while thinking about all these: *What did the unavailability of PrEP in Canada at that time mean for MSM and YMSM? How did the slow PrEP access process affect these MSM's lives? How did the lack of access to PrEP in Canada at that time affect the rate of HIV among MSM/YMSM in the country? If PrEP was already available at that time, does it mean a lower rate of HIV infection among MSM/YMSMS in Canada?*

As I continued to wonder, I also wanted to learn more about Taylor's insights about the online option of accessing the medication and his thoughts about accessing PrEP in person. So, I asked Taylor: *Okay ... I know that you can't compare it with actually doing it in person because*

⁴⁷ I talked about this in my narrative beginnings.

most of your access was online or virtually. Like, was that [purely online/virtual access] a good thing for you as a young gay man?

Taylor answered:

I think, either way, I think if it would have been in person or online, it would have been fine ... I still got a really good quality experience over the phone, so I knew that if Freddie would have kind of been like, if they would have been like [in person] ... I think it would have been exactly the same. So, I know personally, for me, it doesn't matter because, like I said, over the phone is really good ... when they explained like the process and everything [over the phone], I was really well informed.

In addition to the easy online access that Taylor appreciated well, he also emphasized the importance of having access to other health services related to the whole PrEP access process. This included the importance of geographical location and easy access to pharmacy and laboratories, which were all parts of Taylor's entire PrEP access experiences. For example, this was evident when I asked Taylor about his access to a pharmacy that will fill his PrEP prescription: *The prescription was sent ... was faxed to the pharmacist or the pharmacy close to you or, like, the one that you prefer?* Taylor then told me about the processes that he went through with the pharmacy while also highlighting how confidentiality was maintained throughout:

Yeah. So, I think they can just send it to the nearest pharmacy, or if not, you can just get it delivered to your home, and they just discreetly delivered. So, I just picked my house just because they can drop it off there, and that's just easier for me. So that's nice ... they give you the option ... you can even pick it up yourself or get dropped off. So again, if you're living at home, I still hmm ... have to hide it, or I can just go pick it up by myself

... But in general, it gets discreetly delivered ... It doesn't say, 'Oh, here's my information,' ... it just comes in a brown bag.

I also remembered Taylor sharing his insight on the importance of confidentiality within the clinical setting in one of our conversations in the following weeks. He also highlighted how confidentiality is a vital part of YMSM's PrEP access experiences:

I think it's helpful just because some people might not want to disclose, like, their sexual practices and orientations. Or if they are on PrEP ... there can be a stigma that, like, 'Oh, he's on PrEP, and he's [having] unprotected sex.' Or just security ... maybe they're in the closet ... So, the confidentially part is really good. I like that.

Again, I remained amazed by his access experience. I also appreciated and acknowledged the importance of confidentiality throughout his whole PrEP access experiences, which, in my opinion, should always be maintained. I also think this will help YMSM trust healthcare providers more, leading to increased and improved PrEP uptake.

Having learned about his positive experiences so far, I asked Taylor about his experiences with healthcare providers he worked with to gain access to PrEP. Since we were already talking about maintaining confidentiality within the healthcare setting, I wanted to know if healthcare providers were people who positively impacted his overall PrEP access experiences. So, I asked Taylor: *How was your encounter with the health care providers? Do you think they helped in some way? Did they make you nervous, or uncomfortable, or confident about the whole process?* Taylor did not even have to think about his answers. He looked at me directly across the screen and confidently said:

Oh, they were amazing. They were really well-informed, and they really explained a lot, and there was, I think, about a 30-minute phone call. They went kind of through

everything, and they made sure that if I have any questions, I speak up. I definitely asked a couple of questions ... they provided a lot of good detail. And like I said, even on the Freddie website, they have a lot of support.

Taylor continued to say that, overall, he had good experiences with the healthcare providers involved in the PrEP access process:

So, Freddie has connection with, like, local Medicenters ... And the people at the Mediacenter [that I go to], I got lucky I get a nice nurse ... I don't think they know what Freddie is, but they know I'm going there just to get blood/urine work, so it could be for whatever reason, but they're always nice ... it's very easy process ... And then a couple days after, I get a notification saying ... they confirmed they got, like, my lab work and they got the results, and they're gonna send it to so it's a pretty easy process.

Exploring Other Factors Related to Accessing PrEP

After discussing his experiences with the healthcare providers he worked with, Taylor and I continued exploring other factors that influenced his access to PrEP. And this time, we talked about the cost and PrEP funding in the province. Taylor took some seconds to think, and then he responded:

I think it's definitely better that it's free ... I know some people, depending on their financial situation. Let's say they have to pay, and if they didn't have health insurance, let's say, for example ... let's just say it was, like, \$300 for the whole bottle, that might be a lot for some people, so they might not want to do it ... Or let's say you didn't have health insurance, and then you can't afford that [PrEP] ... I think the fact that it's free makes it really easily accessible ... and that's kind of what drew me to it too. I remember I was talking to guys, and I was like, 'Oh! I don't know if I could afford that' ... I haven't

gotten my own insurance because I'm, like, just wanting to, like, get a full-time job to get those benefits ... and they're, like, 'Oh, I'm pretty sure it's free. It got approved in September 2018.' So, that made me more inclined to actually do more research if the government was going to cover the cost of it because originally, I thought that would be a medication that wouldn't get covered and it will be expensive.

After quietly listening to Taylor, I informed him that the monthly cost of PrEP was around \$850-\$1000 Canadian dollars, if not more. Taylor sounded surprised after hearing the information and said: *Yeah, there's a lot of stuff I can do with that money.* As I was writing this, I remembered what Taylor told me during one of our last meetings about the cost and if he would get and use PrEP if it was not covered. He said:

I guess it just depends ... I have enough money [now] to afford it. But if I was, let's say, 18 and didn't really have a good paying job, like if I'm in that situation, yes, that would probably affect me.

But all in all, Taylor was thankful that Freddie explained to him that PrEP was covered and that he did not have to worry about paying anything: *They explained it in the original phone call ... I can't remember exactly why or the reasoning, but they explained that it's covered, completely covered, so I wouldn't have to pay anything at all, or anybody doesn't.*

We continued to talk, and I started to turn our conversation about PrEP access to other topics. I wanted to ask Taylor about privilege, but I was initially anxious and unsure how he would take the question. After some deep breaths, I finally got the courage to ask him my next questions. I started with: *So, now my next question is kind of personal. I just would like you to tell me, like, what you think, honestly.* Taylor did not seem frazzled or anxious about whatever

question I would ask him. He remained composed, his eyes still focused on the screen, as I continued talking:

So ... based on research ... men who have sex with men, in general, are experiencing barriers to accessing PrEP, especially young men who have sex with men ... But then, those who are, you know, let's say, like, immigrants or, like, Black ... like, Asian ... like, you know, non-white people who are, like, young men have sex with men are experiencing more barriers compared to you know ... young men have sex with men [who are] educated, like, have a high school or university [education] ... or have access to health insurance? What are your thoughts about this? ... Do you think you're more, like, lucky or, like, privileged, given, like, you're a young ... white gay man or an educated man who's been to college?

Taylor did not even need time to process the questions or think about what he had to say:

Oh, for sure. I think even, like, if you take out the education aspect, white ... like, white men, especially like cis men in general, just have it easy on the outside. I look like a white cis male. I've been told, like, I don't give off the gay vibe until I start talking about, like, what kind of things I'm into. Like, I just dress pretty average, you know? ... I'm not rich, I'm not poor, I'd say I'm, like, you know, like, upper middle class ... I definitely think it is easier for people who are just like me to get that information [about PrEP] because, again, like, we have access to internet, we have extra resources we could have access to you know, like, potentially better doctors, for insurance, so that's easier ... versus potentially someone who came as an immigrant ... or someone who's a person of colour... They might live in a rougher part of town, and they might not know what PrEP is. Or they might not have, like, no idea that they can connect with people, like, who I was

hanging around with ... I like to hang out with older guys, so they all knew what PrEP was and access to it. So, if somebody is just hanging out with someone who's younger and who may not know what PrEP is, then they might not know what it is [PrEP] if that makes sense. So, yeah, I definitely do think being white and coming from more well-off background and being educated definitely can play a role just to the resources I have available to me compared to somebody who doesn't ... And say that, okay, if there was someone, a person of color or immigrant, say they were educated and, like, unless they had money, I think they would be better ... and if they would have the option for insurance or they might have just that resources where they could have found about PrEP on their own, so I think definitely those factors can play a role on how accessible PrEP is.

I thanked Taylor for the detailed and insightful response. I was impressed by how self-aware he was and how he acknowledged his potential advantage as a white gay man compared to other MSM/YMSM. I also asked Taylor about his peers' experiences:

You said you have friends who are also taking PrEP or on PrEP ... or are trying to access PrEP ... Do you know any people who are non-white ... [and] have different heritage who are also accessing PrEP? And have you like talked to them about their experiences, and have you heard about anything different, or would you say it is the same for all of you or for your group?

Taylor then talked about a person who, for him, was one of the most influential people in his life and one of those who positively influenced his PrEP access experiences- his best friend.

So, my best friend, he's Filipino ... he actually did PrEP before me ... He had it very easy, I think he saw the ads, I think in social media, and he went through the same

process [Freddie] ... It was easy for him ... The only difference is that he's Filipino and I'm white, and he's a little bit older. But he had a really easy process, too, and that's what intrigued me to get PrEP because he talked about how easy and accessible it was. I was, like, 'Okay, well, if he says it's easy and accessible, it should be easy and accessible for me too.'

Me: *Okay, so would you say your experiences are kind of the same?*

Taylor: *Yeah, for sure.*

Overall, it was good to think about the roles that race and ethnicity could play in people's PrEP access experiences. It was good to hear from Taylor that he had seen other YMSM, including those of color, having a positive access experience. But I also wonder: *Is it always the same case for every YMSM of colour? What are the unique challenges that YMSM of colour are experiencing in relation to PrEP access? Are the PrEP-related services tailored to YMSM of colour's needs?* As I continued to wonder, I also started thinking about the experiences that other populations and groups have had and how their experiences differed from Taylor's experiences as a YMSM. And so, I asked Taylor: *Do you think your experiences related to PrEP access as a young MSM are different from other populations? And how?* I also clarified and added, *And when I say like other populations, this could be like straight men or women, or people who inject drugs, or homeless [people], IV drug users, sex workers ... if there's anything that you can think of.*

I knew this was a complicated question, so I gave Taylor some time to think. I repeated myself one more time to make sure that Taylor got and understood the question. I had some of

my water, this time more than a sip, while waiting for Taylor to answer. After gathering his thoughts, Taylor started talking:

I think it would just depend again on if they have access or if they heard about it. I think definitely if somebody didn't have access to, like, social media or the internet, or they were like living homeless, and let's say if they were just like going to, like, town to town, they might not know about it. It would [also] be hard for them to get PrEP if they don't have, like, a certain address ... Personally, I think people get everything easy, like, especially if you're a straight male, stuffs are, like, almost handed to you so that access is, like, very easy ... But yeah, I think the process just depends on your situation ... And again, like I said, my friend, my best friend, he's Filipino. They didn't have any, like, there was no prejudice on the phone. It was, like, they can tell from his name, like, 'Oh, he's not white, and so I'm gonna treat him differently.' I didn't get that vibe at all from Freddie. They're all super nice. And even on their website, they have pictures and videos of different people ... there's a couple of straight people, there's, like, non-binary, there were gays and lesbians, all different races, so it feels very inclusive going there, and it feels very welcoming. So, I think it doesn't matter, like, your race or ethnicity when you go to get PrEP to start at Freddie. But then again, I do think it just depends on the situation, if you don't have the access, or you know how to get to Freddie ... It's not common knowledge where it's, like, 'Okay, I can go to Shoppers on the corner to get my Tylenol,' right? You can't just go into, like, your nearest pharmacy, pick up a bottle of PrEP, and, like, you're good to go, right? You have to kind of go through a little bit of process. It's a little bit different. It's kind of geared towards, you know, men who have sex

with men and who are at a higher risk depending on the partners they have and if there's protection or not. So, it just kind of depends on all of that.

What Taylor shared with me also made me wonder. From what I personally saw, Freddie's advertisements and website content were mainly geared toward the gay community. And so, I wondered: *How can the other populations access PrEP? What if there is no Freddie for them? Do we have enough knowledgeable providers outside of Freddie? What if they do not have access to a family doctor? Or healthcare providers who are knowledgeable about PrEP? Or what if other populations, such as people who are homeless, do not have access to the internet and the ads, just like what Taylor said? Where else would they get PrEP? Is all the information accessible to all populations? What can leaders and stakeholders do to improve the community's knowledge about PrEP and how to access it?* These were questions that I did not have definite answers for but will continue to wonder about.

Continuing the Conversation About PrEP Accessibility

As I continued to wonder about the challenges and difficulties other populations could face when accessing PrEP, I turned back to Taylor for more insights about these challenges. I was especially interested in learning about the challenges Taylor thought YMSM could face in their PrEP access experiences. I wanted to understand his experiences, including things that could have been challenging or different for him:

So, looking back reflecting on, like, what you just told me, and kind of, like, going back through the process, what do you think would make your experiences, like, difficult or negative if this is not in place, or that is not in place as a young, gay man?

Taylor carefully thought about the question. He paused as he tried to remember and recall his PrEP access experiences and the challenging parts of these experiences. I let him take his time and patiently watched him on the screen:

I think what would make it difficult is ... if I didn't know what Freddie was ... And if I went to random hookups when I was young ... and [the guys] be, like, 'Oh, you should be on PrEP, talk to your doctor.' And then I go to my doctor, they had no idea what PrEP is, and then I kind of do the research on my own. Unlike with Freddie. I think it would be difficult if ... I didn't know what they were [PrEP and Freddie] ... You know what I mean? Like, if they just didn't, like, deliver the expectation of them [family doctor] knowing exactly what it is ... Like, me here, I didn't really know what PrEP is ... So, I think those would be the main issues. And also, let's say if I didn't have access to the internet or if I didn't have a way to get to, like, let's say, a doctor who knew about PrEP, those can be potential areas. But like what I've said, I've been very fortunate. I have access to the internet ... and can get the help. I'm speaking for myself.

I felt the sincerity as Taylor tried to piece his thoughts together and share them with me. I also felt gratefulness as he answered my question - the calmness in his tone, the kind look on his face, the genuineness in his eyes. Taylor showed me that he knew he had the privilege to have that kind of access to service providers such as Freddie and to the medication that started to become an essential part of his life. He also showed me that he was very thankful for that access and greatly valued them. And so, I asked him my next questions: *What does PrEP access mean to you? What does having access to PrEP in Alberta or in Canada mean to you?*

Taylor answered:

I think having access to PrEP means, to me, that it is easily accessible ... For example, if you have a headache, you know, 'Okay, I need Tylenol,' so you know, you can go to, like, a pharmacy... For me, easy access to PrEP would be it was just more widely known that, like, 'Hey, if you don't want to go to your doctor, you can just go to this website ... and that it's really easy.' And just, like, more people being aware and knowing actually how easily accessible it's like ... Like, going through Freddie versus maybe going through, like, your doctor, [and] just knowing that there are resources and people out there who know what they're talking about. And it's really easy to contact them. They'll provide you with all the information. So ideally, it would be like no billboards, just more ads for people to see ... Or maybe if you're not active on social media or on a dating profile but just heard about it through the grapevine, that's what I would like to see.

After hearing Taylor's thoughts, I dug deeper and asked more specific questions: *How about having access for, like, the young men who have sex with men in general? Like, why do you think that's important?* And unlike earlier, Taylor did not have to think long to come up with answers to my questions:

I think that's important because, again, I think, like, anything can happen, and I think especially since HIV is very prominent in the gay community ... I found most people are really good at disclosing their status, but then you can have someone who maybe got infected ... And then maybe they're kind of, like, 'Oh, I just got tested, and so I'm going to have sex with this person' ... So, I think just kind of getting out there to guys and the younger ones and say, 'Hey, like, here's this medication,' like even though maybe, like,

you're not having sex with a lot of people, but this [PrEP] is something you can think about right here, here's what it is, this is the medication that you can take.

I found myself listening attentively and simultaneously as Taylor talked about the importance of having access to PrEP, especially for YMSM like him. I realized that, for Taylor, it is a medication that has changed his life. It is also a medication that he thought other YMSM and populations could benefit from, so he hoped they would have the same access and PrEP access experiences that he had. Taylor and I then both agreed that one of the best ways to promote access is to get the information and education PrEP to the public. And from what I have heard from Taylor in our recent conversations, the ads and the use of social media and dating apps, among others, have played crucial and positive roles in his overall PrEP access experiences.

So, one of the ways to promote PrEP was through the ads, like, [in] social media ... and you talked a lot about it. So, in general, do you think that they [the ads] are helpful, like, to provide information-wise for [the] young men who have sex with men population and for [the] general population as well?

And because Taylor has been talking about this topic since our first meeting, he quickly gave me very detailed answers based on his personal experiences:

Yes, I think I do. The ads definitely catered toward the LGBTQ+ community. I know, like, if you're watching, like, music, like, certain music videos ... like, gay or, like, drag queens or, like, the pop girls ... every now and then, I'll see, like, an ad for PrEP. I've seen ads pop up on my dating apps ... like, Tinder and on, like, Grindr ... which I think is good ... I think they're definitely reaching, like, their target audience. Obviously, it's one area, like, I think in time ... they could expand to, like, maybe, like, billboards ... in, like, big cities ... or, like, ads on, like, the TV or radio. But I think for, like, target to a specific

population, like, minority population, I think they're doing a good job. I'm seeing a lot more, which is nice.

And Taylor continued talking:

I was starting to see Freddie pop up more, so I think more people are recommending it to their friends ... Or just in general, if you say you need PrEP and you don't feel comfortable going to your doctor, like, you go through this [Freddie]. Because I know personally, for me, like, my doctor, she's this really old Asian lady, so I would appreciate if she would know what PrEP is, if I brought it up to her. So, I think it's really nice that they're starting to put up more, like, ads. Like, I saw it on Instagram today. I saw it on Tinder today, just for example. And my friends, and, like, my friends keep saying, they keep seeing ads. That's a good thing that it's getting out there.

The question and his train of thought also led Taylor to reflect back on his past experiences and compare them with his present experiences:

Now that I've done the process, I see more ads ... like targeted ads. And now, since I follow, like, more stuff, I think I'm getting more ads, which is great. But definitely, like, when I was younger, like I said, I didn't physically like see an actual ad until, like, 2020-2021. I don't know if I was looking the right places, but it wasn't just, you know, there's all those, like, there's, like, birth control ads, like, wherever you go, and it's, like, it's really easily accessible. Like, there's nothing of that with PrEP, like, at all that I've noticed, like, when I was younger. So, I definitely think it's getting better. But yeah, it took me a long time to actually, like, see, like, a physical ad.

I thanked Taylor for sharing his thoughts. I also told him that he shared some things I had not thought about before and that I wanted to take note of those - for myself and the conversations I

would have with the other participants. I added that everything he was sharing with me definitely added to the richness of the research. After writing some notes about what Taylor just shared, we continued, and I asked Taylor about the type of information being provided in the ads and the things that could be done differently in the future.

Me: How about the information that is being advertised? Do you think they're enough, or do you think there should be more information that should be there?

Before letting Taylor answer, I remembered and talked about the insights about the same topic that Tuck, the first participant, shared:

One of the other participants said that, 'Oh, I wish there was more about, like, what the actual, like, side effects could be or, like, [the] long-term effects of the medication could be. Instead of just, like, 'Oh, this is PrEP. It helps prevent HIV.'

After sharing this, I quickly returned to my question and prepared to hear Taylor's answer: *So, is there anything that you think should be advertised more, information-wise?* Taylor, who had already started processing the question while I was sharing with him what Tuck said, responded:

Oh, I know, just based off, like, the general ad ... it gives a very brief description of PrEP ... It kind of gives you the key points [and] you can click it [the ad] if it intrigues you. Based off of what I remember, I didn't see side effects and, like, stuff, [and] that wasn't mentioned until I had like my phone call, like, after I've been approved for PrEP. But I think yeah, maybe they could just say, like, a quick disclaimer like all these are possible, like, side effects that might be nice just for people to know before they even start the process. But other than that, I think it's doing its job in getting the information out there. But yes, I think it could be better to maybe just having a quick little, like, disclaimer, like,

side effects ... And then if they wanted to, they could have, like, a 'Learn More' button or something that brings you to, like, something else [more information].

After listening to Taylor share his opinion, I told him that Tuck would agree with him: *Yeah ... one of the other guys said that during, like, the initial interview, there was not a lot of discussions about it [side effects], and he wished there's more.* This, then, triggered Taylor's memory of his own initial interview:

I had a really good interview she went over the side effects From what I remember, she ... the girl that I talked to, she was really good, she was awesome. She went over, like, all the side effects and like possible outcomes, and, like, I have any questions or concerns ... And then, they just kind of monitored to see if I have any of those reactions. I can't remember what they are. I don't think I've had any bad, like, negative side effects to PrEP, like, everything's been fine for me. But I had a really good experience with that. I guess it could just be maybe the person they had. But it's nice ... well, it's not nice. It's interesting to see, though, like, that different people have different experiences.

To end his thoughts and after remembering the positive encounter and education that he received from the healthcare provider whom he did his initial interview with, Taylor talked about the importance of adding information about PrEP as part of the sex education among YMSM and the younger generation in general:

I personally think that it should be in sex education ... like, when they start telling you about, like, protection. Yeah, I think they just throw it in there because now there's more people, like, in junior high school were, like, are afraid ... or coming out ... I think if they call the nurses, or with a brochure or, like, info pamphlets, and be like, 'Hey, if you

identify as this or if you sleep with men, like, this is what Freddie is.' Just getting started in education. Yeah, I think that'd be good since that can help get rid of that stigma of HIV and just saying, 'Oh, it's bad.' Just saying, like, 'Here's like a medication. Even if you're not having sex with a lot of people, you can use it to protect yourself and others.' I think that's really good.

Listening to Taylor, I acknowledged more the vital role of social media and the power of the internet in educating and informing the younger generation, including YMSM. This made me ask the following wonders: *How else can we use the internet and social media to continue providing information about PrEP and PrEP access? How can the government and leaders learn from Freddie and their use of the ads and the internet to inform the public about PrEP and how to access it? What measures can the government and other organizations take to provide information about PrEP and PrEP access to other populations at risk for acquiring HIV?*

Moreover, I also learned from Taylor that the younger generation is now more aware, critical, and reactive about the information they are getting from social media and the internet. They also have the consciousness, power, and ability to identify information that is lacking, such as those related to PrEP. Thus, I continued to wonder: *What lessons can we learn from a younger generation, especially from YMSM, that we can apply to improve PrEP access? Like Taylor suggested - how can sex education be improved to promote PrEP access and the overall sexual health of the 2SLGBTQ+ community members?*

By the Way, I'm on PrEP

Taylor has been taking Truvada™ since May 2021. He has been on the medication for six months now. Having said this, I wanted to learn about Taylor's experiences while on the medication and the subsequent PrEP access experiences. Taylor shared:

It was just easy. It was just another thing I do in the morning. It was just a pill, no different than taking, like, a Tylenol or, like, Reactine because I have seasonal allergies. It was just I have to stay on top of it in order for it to work. So, it was just always making sure I did take it in the mornings because I knew if I, like, did it first thing in the morning that would be done ... because my evenings tend to be a little bit more [busy], [and] there's more I wanted to do. I didn't want to, like, accidentally ... like, something comes up ... and then I can actually, like, miss my medication. So, I personally just take it in the morning, right when I wake up. That way, it's done. And then I don't forget about it.

Me: *Any side effects?*

Taylor: *No, I didn't have any side effects at all.*

Taylor added:

Yeah, no negatives. I have heard one negative thing. One of my friends said he stopped taking it because I think he had some adverse effect ... I can't remember what it was ... But he's in a committed relationship, so he said there was no need for him [to continue taking PrEP]. Whereas I'm single ... And I haven't had any [side] effects with it.

Great! I told Taylor as he continued thinking about his initial experiences on PrEP. After some seconds and as if a lightbulb lit in his head, he continued talking:

The only thing that went wrong was I didn't stay on top of my prescription, so I missed about a week's worth of medication, which is fine. It's just it stopped going from, like, 99% effective [against] HIV ... It goes down, so you have to wait about a week for it to go back up. But that was just me. It wasn't, like, Freddie, like, forgot to do something on

their part or the medication got delivered to, like, the wrong address. It was just a 'me' issue. They're very good. Like, once you do your part, they'll do their part, so it's really good. I haven't had a negative experience. Everyone who I've dealt with has been amazing. [It] has been a really good, easy process. And I was scared getting into it, but after I was done that, like, initial phone calls, it isn't scary ... more people should know about this.

Hearing that the whole PrEP access process went smoothly for Taylor, I decided to inquire further: *Is there anything that can be done differently?* Taylor answered and continued to reiterate that everything *has been a really good process* by saying:

No, I don't think so. I think it's very straightforward ... You just take the pill every day. I think they leave it up to you. I personally just do it in the morning when I wake up ... If I have a shower or if I need to wash my face, it's [the PrEP bottle] just out on my counter because I know if it's not physically out there, I'll forget about it. But once you do something over and over again, it becomes a habit, so I just take it every morning. But I don't think there's anything different they could do ... The hardest part is, like, finding the access to it, and once you cross that bridge, it's really easy.

It was great to learn that, overall, Taylor did not only have positive initial PrEP access experiences but also had good experiences during the first few months of being on the medication. Taylor also indicated that he did not have any challenges related to taking the medication daily, which has been an issue for other MSM. I continued to explore Taylor's experiences when on PrEP.

So, when you were already taking PrEP, did you continue with your sexual behaviours, like, activities and behaviors [those that Taylor mentioned prior to being on PrEP]? Did

anything change? So, you said, like, condom... it's kind of, like, on and off [before being on PrEP]. Was there any change now that you're taking PrEP?

Taylor answered:

Nope, it was still the same thing. Like, the difference was that, like, I think I just want people to know. I think people want to know. If they ask, I would say, 'Oh, yes, I am' ... or 'By the way, I'm on PrEP.' They would just feel better having been protected. So that was just the difference.

I can say that PrEP has given Taylor a sense of protection as he continued to have *lots of sex* like he did prior to being on PrEP. But more importantly, it has also given other people that sense of protection. Thus, in relation to how that particular conversation was going, I asked Taylor about the changes in the way he thinks after being on PrEP.

Once you started taking PrEP, was there any sense of internal [or] psychological, like, you know ... Like, I'm more confident, I'm more comfortable, like, with my sexual practices now that I'm on PrEP? And what are those feelings? What are those thoughts?

Again, Taylor answered with no hesitation and very confidently. He did not even have to take some minutes to think of what to say next. Taylor continued to talk about having that internal sense of protection and feeling safer and better overall:

Oh, for sure. It was just kind of a sense of, like, okay, like, I'm actually taking PrEP ... I guess against HIV, it's an extra layer of protection. And I just feel safer and better ... There was just no worry after sex. Like, 'Oh, like maybe I should have used a condom' ... So, I just kind of feeling just overall sense of feeling safer.

Taylor's answer made me remember what he said in our previous conversation. Taylor mentioned that when he got his very first PrEP prescription bottle, it made him feel *safer about*

hookups. And because of having the overall feeling and sense of protection and having the overall sense of feeling safer, Taylor shared that he wished he had started being on PrEP earlier:

I just kind of wish I personally would have discovered it earlier ... I just wish I would have actually started taking PrEP earlier. I think it's been around for a while, but I just saw their ads, I think, starting in, like, November [or] December of 2020 when I saw their ads. So, I think I should have been more practical on my part. But again, that could just be like that the gay community is, like, smaller ... And they [Freddie] might not have the money or the resources to, like, have that bigger budget to, like, you know, like get the big billboard or like post ads on TV, or, like, in a magazine instead of just doing the social media apps. But I think it is good because a lot of people in general, especially the gay men, will have, like, the dating apps or social media. So, I thought that was a good start. But ... I just kind of wish I personally would have discovered it earlier.

Talking About Barriers and Challenges to Access

Overall, I can feel the relief and calmness in Taylor's voice, which matched the sense of protection and safety he was talking about after being on PrEP. I was interested in learning about his experiences as he continued to access PrEP through Freddie. I wondered if he had any social, structural, clinical, behavioural, or personal challenges or barriers as he accessed PrEP. Taylor shared:

Social barriers there weren't like barriers. Like, I'm active on social media. Like, once I start clicking and reading up on it [PrEP]. Like, again ... most people generally have a phone nowadays ... but I feel like unless you know about it [PrEP] or are potentially thinking about it ... you really wouldn't know what it really means, or you might not be, like, inclined to do it ... For structural... again, there wasn't really any barriers

personally for me. I think, for clinical, I think the biggest thing again would be is I know if I were to go to my doctor and like ask her about it, she wouldn't have a clue ... I remember I saw a couple of weeks ago, I can't remember what social media app I was on, but it was an ad for Freddie. And it was a guy talking to his doctor, and he was, like, 'Oh, I want to get on PrEP,' and then the doctor all looked confused and was, like, 'Oh, I have no idea what it is.' So yeah, I think that is, like, the biggest issue ... If you were just to tell someone, 'Oh, go talk to your doctor,' and if they have no clue what it is or if they haven't heard about it ... So, I think if there was just more education ... or maybe if my doctor was, like, an LGBTQ+, like she was a doctor who was part of the LGBTQ+ community specifically working with gay men, I think that would have been easier. I probably would have been okay if the doctor probably knows what I'm going to ask. So, I definitely think that would be the more clinical challenges ... And I think that's probably for everyone because I think everyone who I talked to, they went through Freddie or somebody else unless their doctor was gay. They said they went through somebody else because their doctor didn't know what they're talking about ... so that's the biggest issue. Behavioural... I don't think there were any issues, and then with personal, I think I'll go back to ... how instead of me just going to like my family doctor ... I conducted more outside research and more work to, like, figure out what it was.

I learned that Taylor did not personally experience significant barriers and challenges as he continued to access PrEP. However, he showed and demonstrated awareness of the possible challenges he and other YMSM could face. One of the things he highlighted in his answer was the challenges related to the availability of competent healthcare providers and some of the healthcare providers' lack of knowledge about PrEP. After hearing this, I reminded myself of

some of the questions I asked myself earlier, which I will continue to wonder about: *What if there is no Freddie for them [YMSM]? Do we have enough knowledgeable providers outside of Freddie? What if they do not have access to a family doctor? Or healthcare providers who are knowledgeable about PrEP?*

After processing Taylor's detailed answer, I returned to him to continue our conversations, which I realized were going deeper and richer. This time, I wanted to learn the overall influences of society and the societal norms in his PrEP access experiences. I asked Taylor, *How do society and societal norms play a role in your PrEP access experiences? To which he answered:*

I think society teaches you that, 'Oh, HIV is bad. It's terrible. If you get it, your life is kind of over'. I think that's like what you're taught. So, I don't know if they're teaching that just to, like, reiterate into your head that you always use protection ... And, like, stay away from people who got it ... I think there's a bad stigma that, like, stuff can happen. But if it happens, it's okay. There [is] new research out there, and there are medications that can help protect [you] ... So, I think the societal norms do play a negative impact on that ... I think, instead, if there was just, like, less stigma and more, like, 'Hey, like, there's a medication that can help prevent HIV that is 99% effective ... Or if you potentially get HIV, there's medication, and if you're undetectable, you're less likely to pass it on to somebody' ... I think if there's more information like that, people would be more inclined to do more of their own research ... And we'll be better versus just kind of being a society and be, like, 'Oh, yeah, HIV is bad.'

I agreed with what Taylor said and nodded when he talked about the need to educate society about HIV and PrEP. I also agreed that proper societal education could help alleviate some of the

stigma surrounding HIV. After talking about the general society, Taylor started talking about PrEP and PrEP access within the gay community.

Yeah, I think it's definitely getting out there ... I think more gays are in an open relationship ... And there is more talk about PrEP and its benefits ... And definitely, if I were to compare it to, like, three years ago compared to now, there's more balance, it's more positive, and there's more open discussions, which I think is good. So, I definitely think that the talk is going. It's going in the right spot. I think it's getting attraction now because I see an ad for Freddie every day on social media, whether it's an Instagram ad or in a dating app. I see it all the time, so I think that's good. I just think, like, if they can try it, I mean ... I haven't seen anything past social media ... I don't know if it's, like, a budget thing ... But I definitely think it's getting bigger, and it's being talked about, which is really good and what needs to happen.

As a registered nurse and an educator, I am also glad that the gay community was talking more and learning more about PrEP. Taylor has indicated that, generally, the experiences within the gay society were mainly positive. While thinking about this, I thought about the PrEP-related *slut-shaming*⁴⁸ within the gay community. This *slut-shaming* can be a barrier to accessing PrEP among YMSM, so I asked Taylor if he had personally seen or experienced this. Taylor carefully thought about the question and then answered:

In Edmonton, no. I've seen it on, like ... on Twitter ... because I follow, like, people from all over the world ... Like, people will slut-shame people, but then the replies ...

⁴⁸ Slut-shaming, as defined in the literature: “Slut-shaming is defined as a form of social stigma applied to those who are perceived to violate traditional expectations for sexual behavior” (Dubov et al., 2018; Poole, 2013). “PrEP discourse within the MSM community has many instances of slut-shaming that are different from mere disagreement or criticism ... Often this slut-shaming comes from other gay men believing that PrEP promotes reckless sexual behavior, and it is only to be used by sluts or whores” (Dubov et al., 2018, p. 1833).

everyone's saying, 'Why are you slut-shaming this person?'... [People on Twitter] will say, 'That's slut-shaming,' and they'll [also] respond back and say ... 'PrEP is a positive thing, and it's life-changing... why are you slut-shaming?'... So, personally, me, no. But I've seen it online ..., and there's been, like, one person, but then everyone else really hops on and says, 'No, like, you shouldn't be slut-shaming that person.'

In a different conversation, Taylor mentioned:

If somebody is getting shamed, I hope it's not from, like, a peer or a friend because that would be harmful. Because, again ... that will probably make that person feel bad ... People need to really think, like, things like that, you should, like, keep it [the negative words] to yourself. Like, they're actively taking their part to protect themselves. So, why are they being shamed? I think that's really wrong.

PrEP Access During the COVID-19 Pandemic

Taylor and I met again on October 19, 2021, at 8 PM. Like our last meeting, this one was also virtual as COVID-19 restrictions were still in place. Taylor also preferred to meet virtually, as it worked best with his work and personal life schedule, which I wanted to respect. After checking in on each other and asking how each other's day went, we went right ahead to our conversations about PrEP access. To begin, I reminded Taylor of the plan that we had before ending our last meeting: *For the next one ... Think about, like, your PrEP experiences and COVID. And just like how COVID affected, positively or negatively, if anything, your experiences to access, accessing PrEP.*

Me: *So, remind me again ... When did you start taking PrEP again? Is it during COVID already?*

Taylor: *Yeah, it was during COVID. Hmm, not, like, the start of the pandemic. I'd say still in the pandemic ... I would probably say it was May of this year, May 2021.*

Running the timeline in his head and trying to remember the dates and what was happening during those times, I asked Taylor what had happened before he started using PrEP: *Before COVID, so that's around March 2020, the last year, have you, like, tried accessing PrEP or learning about it, or not really?* Taylor reflected:

So, prior to March 2020, I was hearing about it. Hmm, I know, like, in 2019, for sure. I remember, like, like I was telling you earlier about, like, all my experiences, and that's how I kind of heard about it. I definitely did hear about it. I definitely could have probably started PrEP, like, I probably would say maybe around, like, this time in 2019. But, me just being a procrastinator and being, like, lazy ... like, just not taking those steps. And then, eventually, one day, I was thinking, 'I should actually do it,' but that wasn't until, like, 2021.

And then I clarified, *During COVID already?* Taylor answered:

During March 2020, we were on lockdown ... I wasn't really getting anywhere, so it wasn't like crossing my mind. And then once kind of things started, like, relaxing and, like, you could, like, go out in public and, like, I was like having sex again ... I was like, 'Okay, maybe I should, like, do this [PrEP].' ... I think, hmm, speaking for myself, like, I said, as soon as the pandemic hit, I wasn't, like, really going around, like, meeting people ... I just didn't know what it [COVID-19] was. I was a little worried about, 'Okay, if I go and meet someone ... and then I, like, have it ... and then I bring it home.' ... And then,

like ... since I'm still living at home ... then I would have to, like, see, like, where I got it from ... [And] it didn't really matter because I wasn't having, you know, I didn't, like ... I didn't really have a sex drive. I was, like, 'Okay, like, whatever.'

Taylor and I continued to talk and discussed his decision to access PrEP after the COVID-19 restrictions in Alberta had relaxed and after he started engaging in sexual activities again.

I'll probably say the summer when things start opening back up, and then I started to, like, have a couple of 'fun' in the summer. And then, back in November, I think when we shut down again, like, we couldn't really do anything. I, like, for sure, didn't do anything. And then finally in 2021, when, you know, things are getting better and, like, the vaccine was coming out ... My friends started talking about PrEP, and I was, like, 'Hey, you know what, like, might as well just get on it. Like, what's the worst thing that could happen, you know what I mean?'

I nodded to indicate that I agreed and understood what Taylor was saying. After thanking him for sharing what he just said, we then turned to his actual PrEP access experiences, especially the virtual access and the lack of in-person options related to the pandemic. Taylor shared what virtual access to PrEP was like for him:

I don't mind virtual because you can do it on your own schedule. And then, there's no rush to, like, if you have to go to this certain spot or side of the city and have, like, a certain amount of time to get there. Like, you can just can be in the comfort of, like, your own home ... Depending on, like, what the situation is, I can do like in-person and like virtual. Like, I don't mind the virtual [option], like, obviously. If it was in person, it would be good, but I think ... just doing it virtually ... from the comfort of your home ... and ask, like, normal questions about what the medication was. So, I like that.

In terms of his experiences, Taylor recounted:

Everything was actually done over the phone or online ... So, I think they do everything online [and] over the phone. And for lab work, it's just you don't have to go see somebody from Freddie. You can just go to your local DynaLife or Medicenter, where you can submit blood and urine. So, I just went to one that was five minutes away from my house ... This was during, like, when COVID was bad, so you couldn't just do a walk-in, and so I had to make an appointment. So, I had to make an appointment, which took about a week for me to get down, and once I did it, the process was easy ... And then you let them [Freddie] know once you send in your lab work. And then they email you back when they got a confirmation. And then they confirm that your prescription is on the way ... And then you get that phone call saying, 'Hey, when's a good time to deliver it [PrEP].' And then I usually get it the next day once I get home from work.

Again, I thought that the processes that Taylor went through to access PrEP seemed smooth and easy, even during the COVID-19 pandemic. Reflecting on this, I understood more how Taylor and the other participants preferred the virtual option to access the medication. Interested in the virtual process, I continued to ask Taylor about the benefits of the virtual option compared to the in-person option and his preference. I also asked him about the possibility of accessing PrEP in person and if he would do it, especially after the pandemic and when the restrictions were lifted.

Taylor took some seconds to think and then answered:

For me, it wouldn't matter. If it was in person, obviously, I know probably I would be restricted. I couldn't go to, like, my local, like, pharmacy ... I'm assuming. I feel like it would probably be ... I think they might have it, like, at the STI clinic in downtown, Jasper Ave ... like, across Cactus [Club] ... Like, I think maybe you might have to go

there. So, I think depending on the person. I know, for somebody who has their own means of transportation, I think it'd be fine, but you know, if there was somebody who was, like, young, and they were 18, and he was sexually active, but he didn't have his own car yet ... maybe that could be a struggle for them. So maybe, yeah, virtually. I think depending on, like, your situation and, like, who you are, like, either or could work. For me, in-person or virtual is fine, but I think for other people, one might work better than the other.

I admired that Taylor did not only answer the question thinking about himself, but he was also thinking about other people and their situations, especially other YMSM. This is something that Taylor has done several times in our previous conversations, and those answers have given me a better perspective not only of his PrEP access stories and experiences but also of other people's experiences. I turned back to Taylor and asked one more question:

Me: Anything else that you would like to say- with, like, how COVID influenced your access to PrEP and your experiences around it?

Taylor: Probably if COVID didn't happen, I would have definitely probably been on, like, PrEP a lot longer and sooner. Coz, you know, like, if the world wouldn't have went on pause. But other than that, that's about it.

Learnings and Thoughts for the Future

Taylor and I continued our conversation and jumped to the next question: *What do you think of the PrEP programs in Alberta or in Canada in general? And if there's anything, is there anything that you would like to change or continue on how they provide PrEP or implement their programs?* Taylor was silent for a bit. After a minute or so, Taylor stated:

I think what they can maybe do is maybe start going to, like, high schools. Like, I know, like, some schools, and they have, like, a gay-straight alliance club ... Maybe quick info

sessions and just, like, say, 'Hey, this is what PrEP is'... In, like, junior high [and] talk about it in sex ed classes ... maybe even briefly. Like, 'Hey, like, if you identify as this, this is the medication [PrEP] ... this is something for the future.'... I think in-person [classes] would be good ... Before ... in sex ed, I remember it just being, like, guys and girls. I think if they branch out ... not necessarily saying, like, 'Hey, like, if you're gay, you need to take PrEP'... Just like, 'Hey, for the future, they have medication.' ... I think bringing awareness about the medication could help people become more knowledgeable and potentially bring down the stigma that comes with HIV ... Since, like, typically, HIV is more common in, like, with men having sex with men versus like guys and girls having sex. I think if they have that, that might be, I think, that can maybe be a sigh of relief. Coz there could be some people out there who, like, they hear one bad story and be, like, 'Oh, I'm really scared to have sex now or to have unprotected sex.'... But with this medication, it's better, and I think the stigma is going down. So, I think if they go on to, like, schools, like high school gyms, bigger presentations in junior high ... tie it in, mention it. And, then, I think just continuing with the ads on, like, social media and, like, definitely with the target areas ... Maybe, like, larger scale, you know, billboards or, like, stuff on the news ... or something.

Taylor and I continued talking about education as an important way to improve PrEP programs and implementation in Alberta and Canada. We also talked about the importance of education, not only for targeted populations, such as the 2SLGBTQ+ community, but also for the general public. During our conversation, Taylor talked about what people can be educated about:

Yeah, I think more education. Just, like, saying, like, 'Hey, HIV isn't bad. You know, with the right medication, you can take it [PrEP] as a medication ... that can help, like,

prevent. It is really effective. Also, I think just getting the education out there helps lower that stigma because there are still people out there who think, 'Oh, you have HIV, like, it's terrible'... So, I think if we can help lower that stigma. I think that'd be really good.

In addition to educating the general public about PrEP and HIV, Taylor also provided an example of important information that should be shared with the general public. Taylor also talked about the importance of educating healthcare providers. When I asked him if it is crucial to educate healthcare providers about PrEP, he agreed by saying:

One hundred percent. There should be education towards them [healthcare providers] ... Just saying, people are coming, asking you about what this is, what it is [PrEP] ... I feel like the very least [thing to do] if someone asks you ... [be like] this is the information that you can provide them. And then, like, they could just like send them to Freddie ... They can be like, 'Hey, I don't know a lot about that. But however, I do know that you can go here to find more information. Like, here it is.'

Overall, I am glad that Taylor and I discussed the importance of education. As I have mentioned before, I believe education is crucial, and people need to be educated about PrEP. I also agree with Taylor that there is a need to inform the general public about PrEP and HIV, not just the YMSM/MSM community or those at risk for HIV. Lastly, I also agree that there is a need to educate healthcare professionals further, as I have seen this need in my own practice as a registered nurse. When I talked with other nurses about my research and PrEP, most of them had not heard of it or knew very little about the medication and how to access it. I also found in my literature review that one of the barriers to PrEP access among YMSM is healthcare providers' lack of knowledge about PrEP.

Taylor and I continued to talk about the PrEP program in Alberta and Canada and the access to the medication. Our conversations turned to Taylor accessing the medication in the future, and one of the questions that came up was: *So, let's say ... PrEP is not going to be funded anymore. What are your thoughts? Like, how is that going to affect your use of PrEP?* Taylor said that he would continue to take and access PrEP if it's not funded because *PrEP is actually effective*. But he also took some time to think and share deeper thoughts and additional answers to the question:

If it's not, like, provided anymore ... I think that would be a target against the gay community ... Just because, like, why would you take that away? Like, there must be some reasoning behind it. So, I think that [cutting PrEP funding] would just be, like, a bigger issue. If they added to the cost, depending on the situation, I think it might make sense. But then again, like, a lot of medications aren't covered under insurance. So, I feel, like, again, if we are uncovering [PrEP], that would be an attack on the gay community ... Like, I would have real questions, like ... Why do they have to? ... Is it ethical? Or is some bigger person doing this because they don't like the gay community?

I thanked Taylor for his insightful comments. Afterward, Taylor and I agreed to end our meeting that night. We decided to continue meeting and catching up in person.

Catching-Up and Following-Up

Our next meeting took place on November 2, 2021, at 4:30 PM. I was so glad that we decided to have an in-person conversation over coffee to continue to share some stories and discuss and confirm the stories we talked about in the previous meetings. Given the nature of my research methodology, narrative inquiry, I knew it was essential to keep the relationships with the participants and have them engaged throughout the study. As we set this specific meeting, I

also reminded myself of the importance of keeping my relationship with Taylor, as we will need to continue working together to compose and co-compose narrative accounts.

Taylor and I decided to meet for an hour at Remedy Café in downtown Edmonton. The café is close to where Taylor was working then, and it was a place that he said was convenient for him. This time, I got to the café first, ensuring I was on time and not late, unlike our first in-person meeting. Upon entering the coffee shop, the fragrant and relaxing smell of coffee welcomed me. I scanned the coffee shop and looked for a table where Taylor and I could sit and talk. After a quick look, I found a table at the end of the café. I got myself a vegan hot chocolate and vegan chocolate cookies and then headed to that table.

I started taking stuff out of my black backpack, starting with my notebook, pen, and, lastly, the recorder. As I was getting the recorder ready, I saw Taylor walk in. I waved at him with a smile, and he waved back and started walking towards me. We said hi to each other and offered him one of the chairs. *Thank you for meeting with me today after work*, I told him as I set my recorder aside so I could focus on Taylor. *No worries*, he said as he put his own backpack down and took his jacket off. *What I can I get for you?* Taylor politely refused and told me he already had something to eat and needed to go to the gym afterward. I insisted on getting him something as I was not able to buy him coffee the first time we met, but he also insisted that *It's all good*. I didn't want to be pushy, so I told him to let me know if he changed his mind, and he agreed. Knowing that Taylor had already had a long day and that we only had an hour to talk that day, we started our conversations.

We started reviewing and confirming some of the stories Taylor shared with me in our previous meetings. Afterward, he showed me some artifacts- photos, documents, and things related to his PrEP access experiences and stories. Taylor first showed me a photo of his Filipino

best friend, who, as he shared in one of our virtual meetings, was one of the people who inspired, helped, and supported him when he was in the process of accessing PrEP through Freddie.

That's my best friend ... We've been close for a super, super long time. Absolutely. We're super. We've gotten a lot closer over the last couple of years. We can't imagine life without each other ... We hang out, like, every weekend. We do a lot of stuff together.

The next photo that he showed me was that of his group of gay friends. When asked about how they met, Taylor shared:

We just met through ... I think from just going out and within the gay community. And we became close after that. So, it was really nice, yeah. We all, we hang out ... we usually see everyone every weekend.

Taylor added:

We've [Taylor and his best friend] known them for a while. We just got really close ... I would probably say, like, the big group of us probably, like, this summer. Yeah, love them. Love them, love them ... We like the same things ... We just have a lot of similar interests, and we just really, like, vibe with each other, you know. It's really good.

After showing me the photo of his friends, Taylor also shared that these are the same people who, together with his best friend, were people who inspired him to access and use PrEP. This group of friends was on PrEP before Taylor, and after seeing the benefits of being on the medication, that *the benefits are good from it*, they then encouraged Taylor to be on it as well.

The next artifact that Taylor shared was related to Freddie. But before that, I thought of asking him: *You haven't met any of them [Freddie] in person?*

Taylor: *Nope, I actually haven't.*

Taylor added:

I don't even know what they look like, the person I talked to ... But again, for me, since it's just getting the medication, I don't feel the huge need to talk face to face. Like, I was fine [with it]. Obviously, if it's, like, something serious, I would, like, talk to my doctor ... Like, in person. Yeah.

I nodded to show Taylor that I understood what he was trying to say. From all of the conversations that we have had about Freddie, Taylor has shown me that the virtual access was working well for him. He also never talked about not being able to meet in person as a barrier to his overall PrEP access.

Taylor then scrolled on his phone again and showed me the Freddie app he was using to connect with the healthcare providers and to access and obtain PrEP. Specifically, he showed me some of the features of the app and how the app was facilitating his access to PrEP- through Freddie and within the community:

[T]his is the main login. This is my dashboard ... It tells me how many pills I've had ... These are my messages. Here are all the previous ones ... This is my lab form. So again, I can click on that. They send me little messages. So, there's my PDF ... This is my original lab [requisition] form that I printed off ... Yeah, I bring it to DynaLife ... You should be able to print it off yourself, which is nice and convenient.

Taylor continued to share:

They also do testing for, like, STDs and stuff ... Yeah. So, they do blood and urine, and then they just test for all, like, STIs, STDs, gonorrhea ... And then ... this is my initial 30-day supply form. So, they receive your lab results, and then they go arrange [delivery], and they courier it to you, and it's discreet.

I enjoyed looking at the app, and I also saw how enthusiastic Taylor was as he showed me the different features and sections of the app. To ensure that I understood the process and the use of the app, I asked Taylor, *So, they send you the lab requisition first?* Taylor answered:

Yup. And then once they've got the results from the lab, they send you another email [saying], 'So, we got your results. Now we'll send you your stuff.' ... I can't remember the number ... But they call me. It's from a discreet, unknown number. Very nicely. They say, 'Would you rather pick it up or get it delivered?' I always picked 'deliver to my house' ... It's easy. So, it comes in, like, a brown paper bag and stapled shut. So again, really discreet.

Taylor continued to talk about the Freddie app and its features. He continued sharing as I sat across him, with the hot chocolate and vegan cookies in the middle as witnesses to his stories:

And then here's my 90, this was my 90-day refill This is back in June after I did my initial 30 days ... And they told me that, like, with Alberta, it's covered. So, it's free. I don't have to pay anything. This was my follow-up lab So, yeah. Whenever you have to refill your prescription, you get this. So, it's time to restart the process and refill your prescription. Again, the lab form, it's exactly the same as the first one I showed you. So, I'm gonna print it off, send it off. And then once I did that, then again, I get another email from them, saying they received it ... And then when this gets close [to finishing the bottle], I'll get another email reminder saying 'Hey, it's almost time to update your thing.' And this time, I'm going to time it better so that way ... I'm gonna have my other bottle by the time that my old bottle is done so I don't miss a day. Because each day you don't take the prescription, like, the protection goes down ... But yeah, that's pretty much it.

After sharing additional information about the app, Taylor exited the app and put his phone on the side of the table. I thanked Taylor for patiently sharing the app's features in detail. And to follow up on what he just shared with me, I asked Taylor: *Do you think this [the app] is helpful? Is this something that you think they should continue?* Taylor answered:

Yup. It's nice and convenient. And then yeah, I just have it set to my emails like I get all my email notifications all the time. So, it's nice and easy. It's convenient. I think most people have their email on their phones. So, I always get notifications, so I don't ever miss it.

After seeing and hearing about all the positive aspects of the app, I asked Taylor: *Anything that you would change in the app?* As he did in our virtual meetings, Taylor did not have to think again of what he had to say and answered the question right away:

I like the way the app is. I like that all your messages are still there, so you can go back. And again, whenever I get a notification ... it sends it to my email, and I get the notification right away. So, I guess if you don't have that set up, that's just a 'you' issue. But the way I have it set up is so I won't miss any notifications from them. Unless I ignore the messages they sent. But I like the process a lot.

Listening to Taylor made me realize technology's vital role in different aspects of people's lives, including access to healthcare services such as Freddie and PrEP. This made me think of things that I will continue to wonder about: *How about those people who do not have access to technology? Or the internet in general? How about Canadian YMSM who do not have access to technology? What are the other ways for these YMSM to access PrEP if technology is not available to them?*

It was also getting closer to 5:30 PM, so I tried to think of anything else to ask Taylor or to talk about before I ended our meeting. We were also surprised about how the time went by so quickly. I was also happy that Taylor and I had another enjoyable and meaningful conversation, making us unable to keep track of time. After agreeing that we had no more questions for each other, we decided to end our meeting. Taylor also had to run to the gym, and I had to finish some errands before heading home. We said our goodbyes, and I told Taylor I would keep in touch with him and share some narrative accounts with him as soon as I had them. Taylor also said his goodbye and ended with: *Yeah. Sounds good. Thank you. Excited to read it.*

More Checking-In and Following-Up

Taylor and I mutually decided not to meet in December after our last meeting in November at Remedy Café in Downtown Edmonton. It was also the holiday season, and I thought I would give Taylor a break. The break also allowed me to stay in bed and rest as I, together with my whole family, got COVID-19.

On the evening of January 26, 2022, at 7 PM, Taylor and I decided to do a virtual check-in to catch up with each other and see if Taylor had new experiences or stories to share with me. As usual, he was in his lovely bedroom, comfortably lying on his bed, looking warm, cozy, and ready to converse with me. We started talking after greeting each other with a wave and a smile. He had just come home from the gym, so I first asked about his workout. Taylor shared:

It was good. I went with a, hmmm ... This guy messaged me on Grindr a couple of weeks ago. We just talked, and then we realized we both go to GoodLife. So, this is our second time working out ... Just workout friends. Nothing anything more right now. But we both think each other is attractive. But right now, we're just hanging out and working out.

I thanked Taylor for sharing something new about himself. I also realized that Taylor appeared more comfortable sharing things with me then, which I appreciated. I was also happy about how we talked evolved in the past months. After asking and sharing about each other's days, I told Taylor that the meeting would be just for a quick check-in and follow-up conversation.

Me: Okay. So, today, it's just going to be, like, a quick follow-up, really. So, it's not going to be, like, a lot of questions like what we did, like, in the first meetings.

Taylor: *Okay!*

Me: Yeah. So, I'm just gonna ask you quick questions. And if there's anything that's new or that has changed. Just to make sure that we're up to date with our information or data ... So, I'm just gonna go through some questions. And then that's it. Okay?

Taylor: *Sounds good.*

Me: So, the first one is ... Are you still on PrEP?

Taylor: *Yes, I am.*

Me: Okay. And can you tell me, like, if there's anything, like, any new reason ... Like, why are you maintaining your access to PrEP?

Taylor made himself more comfortable in his bed as he started thinking about the answers to my question. I patiently waited for Taylor to come up with answers.

Hmmm. Well, I still, like, to enjoy casual sex. I just feel safer. Doing that with PrEP is just another added layer of protection, so might as well. And it's free, so ... And the process, it's easy to get. The last time I had to get blood work done, it was December. And that was really easy. I work downtown. I went to DynaLife downtown. It was really

easy. I got my shipment before my PrEP runs out, so I didn't miss any days. So, it's been going really well.

I told Taylor I was glad he continued to have positive PrEP access experiences. Wanting to learn more about his experiences during the time that did not connect, I asked Taylor: *Is there anything that's new or anything that's better? ... If you can talk a little bit more about, like, how COVID, especially with the new Omicron [the COVID-19 variant], is affecting, if ever, the access.* Taylor was quick to answer:

The access is good. I think the only thing is, just with Omicron, there are less appointment slots available. So, instead of going to, hmmm, in order to get my PrEP lined up, so I didn't miss a day, I had to go to a different location, not where I normally did. So, when I went to go book the appointment, I tried to do the one by my house ... The booking to get actual time was two weeks out versus when I booked for the downtown location. I pretty much got in, like, three days later. So, I probably would say with Omicron, hmmm ... it's affecting more people ... And people in the healthcare, like, the lab techs or the nurses, there'd be less of them working. So, I would say it could be a little bit more challenging. So, instead of just going to my normal location, I went to a different one. But it was fine. It was so close to work, so I just went on my lunch break. But other than that, the process was good. This time, they gave me three bottles. So, instead of giving me one big bottle of 90 days, I got three 30-day bottles. So, three months' supply ... Before, I will always get, like, a really big container with 90 pills, and now I have three smaller ones with 30 pills. So, I'll be good. So, I'm almost done my first bottle, and I still have two bottles. And then, in two months, I'll be able to get my prescription refilled.

Although the medication was still accessible, the challenges had Taylor change how he was getting PrEP in the past months. As I reflected on what Taylor shared about his recent access, I also wondered: *How about those YMYM who live in rural areas and do not have access to multiple clinics or healthcare facilities (e.g., DynaLife)? How about those who do not have access to other resources like transportation or knowledge about different locations and facilities? Does the delay in YMSM getting their lab appointments mean a delay in receiving their PrEP doses, which also means missing days of medication?*

Knowing that not being able to book an appointment can be stressful, I turned back to Taylor on the screen and asked how these ongoing COVID-19/Omicron-related changes and challenges had personally affected him and his access to PrEP. As usual, Taylor answered right away and even before I finished my question:

Yeah. So, like I said, I just had to plan it earlier. So, as soon as I saw that the location I normally went to was two weeks out ... I kind of just looked at basically the location that would give me the appointment the earliest. And that happened to be the one that was a couple of blocks away in downtown from where I work. So, it worked out. I think I did the appointment on, like, a Monday or a Tuesday. And then, I think, either on the Friday or the following Monday, I had my prescription. And it was good. So, I finished my big bottle, and then I already have my prescription. So, I didn't miss a day this time, which was good.

Taylor continued to talk about some positive things that he had seen despite the continuous challenges of the COVID-19 pandemic and the new Omicron variant:

I'm seeing actually more ads of, like, Freddie. That's where I get my prescription through. Yeah, I'm seeing more Freddie ads on, like, YouTube if I'm watching the videos.

There are more, like, in the LGBTQ community. I'm seeing ads in, like, Tinder and Grindr more now, which is good. So, I think it's good ... The ads are definitely there, [especially] if you're, like, if you're new in the community. And you know, on Instagram, I'm seeing some ads now, which is nice. So, I think if you want to learn about it, they have the ads there.

I agreed with Taylor and told him that I also saw more ads on Instagram and Facebook when I was scrolling through my accounts. I also agreed that those are great things and that having the ads in different social media apps was a great way to educate people, especially those who would benefit from it but needed to be aware of what PrEP is.

Taylor continued to talk and caught up on each other's lives. He shared that he was happy that the gyms were open despite the COVID-19 restrictions. He also shared about meeting new gay friends and applying for an exciting job in BC, which will help him save money and pay off his debts. After several minutes of catching up, our conversations then turned to his sexual activities and behaviours once again:

So, we, or you, already talked about, like, sexual behaviours and experiences. And you said you're still casually seeing people using Grindr and dating apps. Can you tell me more about it? Like, just elaborate on what you already said earlier. If there's anything that you want to add.

Taylor elaborated and provided answers and more details to what he already previously shared:

Hmmm, I find I'm not really, like ... I'll check my Grindr notifications every now and then. But I go through phases where, like, I get bored, so I won't really check it all the time. So, usually, now I only check it if I'm kind of in the mood to see what's out there. But sometimes I don't always follow through, so I kind of feel bad for the people because, you

know, I say I'm gonna do something, then I don't do it. It kind of just depends on my mood. With Tinder, not really using that. Lately, I've been finding, hmmm, if I post, like, a picture from the gym, people will respond. And then we'll kind of talk through the DMs [direct messages] for a bit. But it kinda just depends on my mood how, like, the frequency [of when] I'll use the apps. But lately, I've rarely been on it ... I'm more on, kind of use it on the weekends, like, late at night. Like, usually Friday nights, Saturday nights, kind of when I tend to be, like, if I want to look for a hook up ... But there's previous people I've hooked up with, which are now [my friends] on Instagram. So, if I'm in the mood, I don't want to look for somebody new, I'll message them instead. But then again, yeah, it kind of depends on me. Like, right now, I kind of would say my sex drive is low.

After Taylor finished talking, I continued to clarify his sexual practices and behaviours by asking: *And just to clarify, so with sexual partners ... you're not like seeing, like, one person, you know, like, a fuck buddy?* Taylor answered the question right away.

No. Like, ideally, that would be something nice. But I find it's just kind of hard. And again, sometimes I get lazy. But again, hmmm, my mind is still in the process of moving. So, I don't know if I want something, like, serious, because, you know, that could lead into a relationship. And I don't want anything to tie me down here. So, I'm not really trying too hard, if you know what I mean.

I assured Taylor I understood and knew what he said: *No, that's fair, especially with all these things that you are planning to do. So, no, that's pretty fair.* Afterward, our conversations then turned to PrEP and his PrEP access. I started by telling and asking Taylor: *And you're still continuing to be on PrEP this year. So, let's say for the next three months because you have the*

supply. But, like, after that, do you see yourself still using it? Taylor put some thoughts into the question and started talking again after some seconds and told me about his plan to stay on PrEP:

I'll probably still be on PrEP ... If I ever get into a long-term relationship and we're not, hmmm, like, if we're exclusive and, like, not an open relationship. If being in an open relationship eventually crossed my mind, I think I would still do it. But if I was in a monogamous relationship, I would stop. But for now, I'm gonna stay on PrEP.

I continued talking to Taylor and asked him about his suggestion and what he said about virtual versus in-person access to PrEP: *So, if you have an option, let's say COVID hopefully is better ... and you have now the openness to, like, 'Okay, in person is okay [now].'* Would you say you would stick to virtual option because that will be better? Taylor answered:

I would do in person if I could get it in person. Why not? I think I can ask questions face to face ... Yeah. Hybrid option, maybe. Because I think, again, it would have been nice to have somebody in person. But then again, like, I'm not too picky. And I know a lot of people who had it [in-person option], and they really had positive experiences. So that's kind of what I gauged it off.

After nodding again to show that I understood what Taylor was saying, I further clarified: *So, you want to, like, have some opportunities, like, to ask questions in person, and then just the follow-up would be virtual. Is that correct?*

Taylor: *Yeah!*

Me: *Sounds good. Okay. Those are great recommendations!*

I glanced at my notes to ensure I had nothing else to ask Taylor. We decided to end our meeting after checking on each other a little more and asking about our plans for the rest of the evening.

It was also already late in the evening, and we both figured we needed some rest.

Checking-In and Co-Composing Stories

On December 22, 2022, at 3 PM, Taylor and I decided to meet again after more than a year of not seeing each other in person. We also decided to meet in the same Starbucks where we met for the very first time. It would be lovely and meaningful to meet at the same place where we first met and started our conversations. It was also nice to revisit the narrative accounts at the very first place where we had our first conversations.

After preparing everything I needed, I left at exactly 2 PM so I could be at the coffee shop 20 to 30 minutes before 3 PM. I drove the same black and white Nissan Sentra that I drove the first time I met with Taylor, and as I was driving along Whitemud Drive, some wonders came to mind: *How is Taylor doing? What does he look like now? How old is he now? What are the new things about him? Is he still on PrEP? What are going to be his thoughts and reactions to the narrative accounts? Would he like what I have written about him?*

From Whitemud Drive, I went up the ramp to 170th Street, the same street where I got stuck in traffic while I was on my way to meet with Taylor for the first time. I continued driving along 170th Street until I saw the Starbucks where we would be meeting. I wrote in my field notes: *I came here early. I wasn't late. I was driving up on 170th as well, but I took a different route to make sure that I'm not late. And I'm happy that I came before three o'clock.* I drove right into the parking lot and took the first spot I saw. I got out of my car, took some deep breaths, and felt the cold breeze from the winter Edmonton weather. Calmly, I walked to Starbucks, headed inside, and found a table for Taylor and myself.

After putting my backpack on one of the chairs and taking my black jacket off, I took my notebook, pen, and recorder out of my black backpack and placed and organized them on the table. I looked at my phone and saw that Taylor had texted and said he was on his way. I

responded and asked him what kind of coffee he wanted. I remembered Taylor getting his own cup of coffee the first time we met in this same place, and I had to make sure that I got it for him this time.

While I was in line to get our coffees, Taylor showed up. We said hi to each other and gave each other warm, welcoming smiles. After greeting each other, I pointed to the table I got for us and asked Taylor to go and sit down. After some minutes, I returned with our coffees and handed Taylor his hot cup of caramel brûlé latte.

Me: So, like, the last time I saw you was, I think, like, January. We talked in January.

Taylor: Yeah. Online.

*Me: Yeah. And then, like, it got so busy ...
But how are you? ... What's new?*

Taylor started by updating me about his new job, which was the pipeline work he was applying for the last time I met with him virtually earlier in January. This time, he was actually working and doing that job in BC. I continued our conversation and asked Taylor: *Okay. And you still live with your mom?* For which Taylor answered:

Yeah. I got enough money to move out. But when I was living out in BC, it doesn't make sense for me to get a place coz I'm not gonna be using it. So, once I get my new job, and then I just need to figure out, like, the schedule and everything. [Then], I'll just get my own place here in the city. So, it'll be good!

Me: Nice!

We then decided to do check-ins about his PrEP access first before going through the narrative accounts. I started by asking the first questions: *Are you still on PrEP? ... Did you stop at all?* Taylor answered:

Since I work out of town, it was hard just to get the medications ... I fell behind ... I just neglected to get it before I left. Since we met, I got, like, I got diagnosed with ADHD in, like, May. So, that kind of contributes to a whole lot of other things in my life ... So, I think there's maybe a period, about a month, I was off it. And then I'm on it again now.

Taylor continued to share:

There's no time for me at camp to go. And, like, I can't get the bloodwork and everything done. But I wasn't having sex. I can't when I was working, so, like, it didn't really matter to me. And then I'm on it again. And then yeah, since being at camp, like, I started in July. And then, from my whole time in camp, I only had sex one time, and that was with somebody when I came home the first weekend back in November. So, I'm still on it. I'm still gonna stay on it.

Taylor also talked about continuing his access to PrEP through Freddie:

Access is still good. I've seen actually a lot more of Freddie pop up, like, on TikTok ... I've been seeing, like, targeted ads. So that's been good. I've seen actually a lot more of them pop up. And even on TikTok, I think, like, every other ad I see is a PrEP ad, which is good. Because, then, if you're not on PrEP and you keep seeing it, then you're gonna look into it ... So, that is good that it's getting out there.

I was glad that Taylor remained to be on PrEP and was able to overcome the challenges related to working in the camp. We also agreed that TikTok was a new social media platform we had not discussed before. I told Taylor that he would see in the narrative accounts I had written so far that he mostly talked about the PrEP ads on Instagram and the dating apps he used. We also agreed that it was good that the PrEP ads were becoming more visible on several platforms,

which is an excellent way to educate and notify people about the availability of the medication and different PrEP providers such as Freddie.

We continued our conversations, and the next topic we talked about was Taylor's latest sexual activities and behaviours. Taylor started by sharing that the guy he *hooked up with* in November was one of the only sexual encounters that he had. He also shared that the guy was also on PrEP. Taylor continued to share:

It's [sex] a little bit less ... I just think I'm gonna take a break from, like, casual sex. Yeah, just for my own mental well-being ... Not that I'm not enjoying it. I just don't think it's good for my mental health right now. I'll take a break and, like, it'll be fine. And then, but like I said, from hmmm ... July to, like now, I only hooked up with, like, two people. So, not a lot, which is, like, it's fine ... My sex drive is kind of low right now. Which is, it isn't bad. Definitely, it's lower than when we talked. And then yeah, I'm still, hmmm, not using protection. I actually did end up getting STD when I was in Vancouver [in] October. But it was fine. I, like, took medication. It was all good. Like, there's nothing bad about it. It was my first one.

After Taylor finished talking, I thanked him for sharing some sensitive and personal information with me. We also discussed and realized how PrEP would protect a person from HIV but not from other STDs, like the chlamydia that he got in October from a sexual encounter while he was in Vancouver. Taylor agreed and told me the importance of having safer sex (e.g., protected sex through condom use) to prevent the same thing from happening again.

We paused for a bit to have sips of our coffee. And then we went back to talking about his PrEP access through Freddie. I asked Taylor: *And with Freddie? Any, like, changes [with] how you access it through them? Or it's the same?* Taylor answered:

No, it's the same. I'm getting low on my medication. So, they emailed me, like, on my account. They have, like, a form. So, I should book an appointment for the lab and get that done just so I have the next ones [doses] ... Everything is still online, which, I think, is better because sometimes people can be so busy ... And, like, if you only have, like, 10 minutes, it's easier to do something online versus in person, which I like. If they did have an in-person thing, I think, depending on what I was doing, I would probably still go online. When I first signed up for PrEP, and they did have an in-person option, I probably would do that since it was my first time. I feel like that's just for me, personally. It's better because, then, you're sitting in front of someone, and you can ask more questions in person. But I still didn't mind it over the phone when I talked to them. Like, it was still good.

I was glad that his access through Freddie was still going well. I also thanked Taylor for sharing his recent experiences with Freddie before asking him the following question: *Any, like, new or ongoing, like, barriers or facilitators to PrEP access?* Taylor took some seconds to think about the question and then answered:

There are no barriers or limiting factors. I find it's easier to know more about PrEP now. And it is nice because it is free and confidential. And you do have the option. Like, I get the option of, when the medication is ready, like, I can either pick it up, or they can drop it off ... It's just really easy if they can drop it off ... I think somebody from the pharmacy just drops it off. It just comes in, like, a brown paper bag. And then yeah, all the medication is still, like, discreet.

Although I knew Taylor said there were no barriers, I returned to what he shared with me earlier about missing PrEP and falling behind for about a month because of being in the camp. I wanted

Taylor to think further and asked him if he thought the geographical location of the camp was a barrier to his access to PrEP. Taylor answered:

So, since it's out of town, I was three hours, sorry, I was two hours west of Prince George, and I was literally in the middle of nowhere. So, and the town, like, the village I was in, there's, like, nothing. And with the way my hours work, every time we were done work, everything would be closed ... Even with my ADHD medication refills, I had to drive on Sundays ... I spent five hours of my day off driving to get my medication, which was annoying. But I had to do it ... Since you do get a three-month [PrEP] prescription, what I tried to do was, when I had, like, a long weekend off, so when I was home ... I just tried to book an appointment ... But like I said, I wasn't worried because I wasn't having sex. And I knew once I was back on it, it would be fine. With the new job I'm hoping to get, it will be at Fort Mac, and that would be on a weekly rotation. So, then I would just, when I'm back in Edmonton for either the week or, like, the two weeks I was off, I would have more than enough time to do it. And then, I would just time it to make sure that I would still, I wouldn't miss the medication.

Listening to him, I learned the vital role geographical location plays in one's access to healthcare services such as PrEP. I knew that Taylor was still lucky because he could always go back to Edmonton and access the medication when he was in the city. But I also knew that not everyone was as fortunate as Taylor, which made me wonder: *How about those YMSM who live in rural areas and have no choice of accessing PrEP in a bigger city? How does geographical location affect their PrEP access experiences? How does geographical location or place shape YMSM's PrEP access experiences and stories?*

As I continued to wonder, I also asked for Taylor's thoughts about the role and influence of geographical location on one's PrEP access experiences.

For sure, it'd be a barrier because, especially, like, if they were, like, somebody who was living in Burns Lake and they wanted the medication. I don't know if they have, like ... I don't know if they have the type of medical lab that they can go to there and do that. I wasn't sure. I know they did have a doctor's office, but if they didn't have it, they would probably have to drive either to the next town or a couple of hours away. And then they get unfamiliar of that location, if they will be able to drop off the medication for them or if they have to pick it up. So, if you are out in a rural area, not in a city, I think that definitely is a barrier for getting it.

Taylor also added:

I know they did have a pharmacy there, but again, like, a small local one. So, they might not have everything. And again, since it is small, you might have to wait for stuff. And even with the medication, like, when I was in Prince George, like, I missed the cut-off date by one day ... so, I had to wait an extra week to get the medication. I've never had that issue in Edmonton coz it's bigger ... That's when I realized that they don't have access to everything as quickly as we do. And that's why I would never live somewhere smaller than Edmonton. I like the convenience of where everything is and how close everything is. I don't have to, like, wait around for stuff, and things are always open, and you can generally get anything you need any time of the day ... So, definitely, it would be a barrier for someone. And that's something for them to think about.

I was happy to hear about his insights on the role and influence of geographical location on someone's PrEP access experiences.

Taylor and I then discussed and followed up on his PrEP access experiences during the COVID-19 pandemic. I also reminded him that we had already talked about this topic during our last meeting, but I told him that I also wanted to know if he had new stories and experiences to share. Taylor shared:

I find it's easier to get more time [and] appointment to get, like, my bloodwork done. Like, during COVID ... I had to wait a little bit longer, which was fine, given the circumstances. But now, I've noticed that ... COVID is still here ... but it's a little easier to get appointments now.

I told Taylor that I was glad that getting appointments was better. When I spoke to him in January, I remembered him talking about having difficulty getting appointments (e.g., for bloodwork). Our next topic was about people in Taylor's life, old and new, and how they supported him in the last year:

I do have more gay friends and have nice big groups, circle, which I like. And then, like, I said, when we first started talking, that guy who I hooked up with, I am friends with those group of gays now, which is nice. And they're all very nice. They're all on PrEP, too. And I have some other friends who aren't gay guys. They're just girls that I'm close with, that I've gotten close with. And that's really good. So, I have a really good group of people in my life that I love and I can reach out to and just do anything with, and I feel comfortable around them, which is really good. And I feel really blessed to have that. So yeah, it's definitely bigger than the last time that we, like, when we first started meeting. It's good.

Presenting Taylor's Narrative Accounts

I thanked Taylor for sharing. After ensuring that Taylor had nothing more to add to what he had just shared with me, we took a break to drink our coffee. I picked up the recorder from the

middle of the table, stopped the recording, and ensured the file was saved. While I was doing that, Taylor held his cup of coffee and took some sips while also checking his phone. After having sips of my own cup of coffee, I picked up my recorder again, started a new recording, and we continued our conversations. This time, and as we planned earlier, we started talking about the narrative accounts.

I went to my phone and sent Taylor the PDF file containing the initial narrative accounts I had written about him. Taylor checked his phone and confirmed, *Oh, yeah. I got it!* He also added, *Forty-one pages. That's a lot of writing so far!* To which I said, *Oh, there's more!* And we both laughed, and Taylor started to scroll through the PDF pages on his phone. As he was doing that, I said, *So, this is all your story. You are Taylor ... because you like Taylor Swift.* Taylor agreed and said, *Yes!* We also both giggled as we remembered how we came up with his pseudonym.

Taylor asked if there was a particular section where I wanted him to start reading, and I asked him to start on the page where the found poetry was. Taylor agreed and said he was excited to start reading the narrative accounts. *I am happy that you are excited to read it,* I told Taylor as he continued to scroll to get to the page where the found poetry was. After some minutes of reading, Taylor said, *I'm, like, skim reading, but I really like it so far. It's good, yeah.* Taylor added, *That was a quick read-through, but that was good. I like it. I like the way it's styled and structured.* I thanked Taylor for his insights and thoughts so far. I was also glad that, so far, Taylor liked what I have written about him. I was also delighted as I realized that, at that particular moment, Taylor and I officially started writing and co-composing his narratives.

After going through the narrative accounts and taking Taylor's insights, we decided to end our meeting that afternoon. Taylor and I remained seated for a couple more minutes and

finished our coffees. Afterward, Taylor got ready to leave and put his jacket on while I gathered my things on the table and placed them in my black backpack. We then officially ended that day's meeting with a warm hug. Taylor walked towards the door, and I watched him disappear. I went back to my chair, and I ended the day with some field notes:

I just finished meeting with Taylor. And it was really good. It actually made me really happy to, to meet with him again ... It's great ... It made my day, to be honest. And it was good. It was good to keep moving forward with my research and with the narrative work that I'm doing. And I'm gonna keep going forward and learn from this ... So yeah, great day. Thank you!

**Chapter 6: Thomas' Narrative Accounts- Experiences and Stories of a Latino YMSM
Related to His PrEP Access in Canada**

If you still require participants, I would be more than happy to make time for it.

So, I was in Tel Aviv, and that's where I lost my virginity ... In Tel Aviv, the Holy Land.

And then when I moved to Edmonton ... I want to, like, sleep with people.

I would say I maybe did engage in, like, unprotected sex maybe 30% of the time. Maybe 40%.

When I saw PrEP, I think I heard it first in Grindr ... I was, like, 'Oh, what is PrEP?'

Because of PrEP ... I feel like the risk that was there has been eliminated.

I can decide to be on it [PrEP] as easily as I can decide to not be on it anymore.

I think it just, like, removes any hesitancy from, like, 'I don't know if I should do it' to being, like, 'But I'm on PrEP. It's fine.'

You know, like, you go through your little hoe phase right after a relationship ends. So, like, if that were ever to happen, I'd be, like, 'Hey, give me PrEP.'

Entry Into Each Other's Worlds

I started the recruitment for this study in the middle of August 2021. By September 2021, I already had two participants, Tuck and Taylor, and I had started conversing and meeting with them. October 2023 came, and I was still looking for one more participant. I was beginning to get nervous and worried about whether I would have another interested participant for my study. As I was starting to become hopeless, the universe seemed to have answered my prayer. I was checking my University of Alberta email, and my eyes opened wide when I saw a message from an unfamiliar email account with the subject *PrEP Research Study*.

Hi Jose,

I received an email from Freddie informing me of your research study at the U of A. If you still require participants, I would be more than happy to make time for it.

*Best,
Thomas⁴⁹*

*OMG. OMG. OMG.*⁵⁰ This was what I silently uttered after reading Thomas' email. The first thing I said in the email was, *Good day. Thank you for your expression of interest.* I then sent him the inclusion criteria to ensure that he was eligible to participate. Not wanting to break my heart from losing a participant, I wanted to ensure that Thomas was eligible before I continued to be excited.

I slept in the next day after a busy ER shift. After waking up, the first thing I did was, of course, check my phone and my emails. I swiped on my iPhone's screen to refresh my emails. Lo

⁴⁹ The third participant and I mutually agreed to use the pseudonym Thomas instead of his real name.

⁵⁰ The words, phrase, sentences, and paragraphs that I italicized in this narrative account were direct quotes or direct conversations between myself and Thomas.

and behold, one of them was from Thomas. I jumped out of bed and excitedly opened the email he sent me. I uttered another *OMG, OMG, OMG* after reading Thomas' email that said he checked all the boxes to be eligible. After learning I might have a third participant, the series of *OMGs* switched to jumping and dancing around my room. I knew Thomas still had to sign the information letter and consent form, but I was very optimistic that Thomas would agree to participate. I was claiming it.

Our following exchange of emails was about figuring out the date and time when to meet. Thomas did not respond to me over the weekend, which was understandable. *He seems like a very busy person*, I told myself. This also gave me the idea to ask Thomas about his availability during the research period, make the most of it, and maximize my time with him whenever we meet. The following Monday, I sent him a follow-up email, hoping we could have our first meeting and start our first conversations before the end of the week.

As usual, Thomas took until the next day to respond. Around this time, Thomas' late responses did not make me feel nervous or hopeless anymore, as I knew he would eventually get back to me. I told myself I needed to be more patient with Thomas and that things would eventually work out.

Entry Into Each Other's Screens

Thomas and I agreed to meet on October 31, 2021, from 1000-1200. We both learned that we mostly did school-related work from home and that meeting virtually that morning would work best with our respective schedules. We decided to meet virtually via Google Meet as it was easier for both of us. In addition, the strict COVID-19 restrictions in Alberta were still in place, which limited our choice to meet in person, at least for that very first meeting.

As usual, I got the things I needed ready for my first meeting with Thomas - my laptop, black-covered notebook, black pen, and recorder. I also took out a printed copy of the information letter and consent form, which we planned to go through at the beginning of our meeting. I set everything on my white dining table-slash-study table, the same table where I met Tuck and Taylor from during our respective first virtual meetings. After entering my computer password and logging in to the computer, I quickly opened the *Ph.D. Data Collection* folder on my desktop and the Word document containing the list of my guiding questions. I was thankful that Thomas agreed to start our first conversations that day after discussing the information letter and consent form. Thomas preferred to do it that way because he was busy with school, which also worked for me.

As I got ready, I also checked on how I was feeling and asked myself: *How are you feeling, Jose? Are you nervous? Are you excited? Are you ready?* I smiled while looking at myself on the screen after realizing I was more excited than anything else. I felt like meeting with Tuck and Taylor had prepared me well for that morning's meeting. I was, of course, still nervous, but not as nervous. I was excited to move forward because doing so also meant moving forward with my doctoral research. Additionally, having completed my participant recruitment and doing the entire data collection meant a small but essential step closer to finishing my doctoral research.

My thoughts were interrupted when my screen beeped, meaning someone was about to join the meeting. After a few seconds, a guy with glasses and black hair, wearing a black sweater, and sitting on his own study/office chair appeared on the other side of the screen. The sweater was appropriate for the Edmonton weather - the forecast that day was 5 to 7 degrees Celsius with 50 to 70% chances of rain. He was at home, in his living space, where green,

healthy-looking plants on a nice stand decorated the room. I welcomed him with a big smile and said, *Hi. Good morning! I'm Jose.* Thomas smiled back, a smile that was warm enough to take all the nervousness that I was feeling. We checked on how each other's morning was going and told each other that it was finally great meeting each other after several email exchanges.

After saying *Hi* and *Hello*, Thomas and I started our conversations immediately as he had a class to attend after our meeting. Thomas indicated that he agreed to participate after going through and discussing all the information listed in the information letter and consent form. And because we decided to start our first conversations that same evening, Thomas and I agreed to obtain a recorded verbal consent. Afterward, like with Tuck and Taylor, we spent much time getting to know each other. And more importantly, I came to know who Thomas is.

I Am Thomas⁵¹

*I am Thomas, 23 years old, born in 1998 in Argentina.
I moved with my family to Canada when I was four and a half.
I lived in Montreal first, then we moved to Saskatchewan.
I lived in Moose Jaw, and then we finally stayed in Regina.*

*I am Thomas, the son of an Argentinian mother and a Peruvian father.
I have one sibling, and she's my older sister.
I have good relationships with my parents and my sister, I can say we are close.
I also have an aunt and uncle in Montreal, the reason we lived there first.*

*I am Thomas, I did my elementary, high school, and university in Regina.
I took Psychology in university and focused on forensics.
I decided to pursue another degree at the University of Alberta and moved to Edmonton.
I am currently in my second year, and it's going well.*

⁵¹ Thomas' narrative accounts were composed partially as found poetry. Research found poetry involves taking words and phrases directly from the words of study participants (e.g., interviews/conversations), and arranging and presenting them in a poetic, evocative, and meaningful form (Patrick, 2016). I composed the poem to provide an overview of who Thomas is as a person and as a YMSM in Canada. I continued to revisit and present parts of this poem throughout Thomas' narrative accounts, especially those experiences and stories that influenced and played roles in Thomas' access to PrEP.

*I am Thomas, I still speak Spanish fluently and use it, especially at home.
I like Spanish food and songs, I also like Latin dancing.
I grew up in a Latino community in Saskatchewan.
I was surrounded by people from different countries in South America.*

*I am Thomas, running is one of my best hobbies.
I also enjoy reading, and I love cooking Mediterranean and Italian food.
I love to travel, I have done a lot of it, you'll learn more about it in my stories.
I also love to ski during the winter, and oh, I love, love, love Beyoncé.*

*I am Thomas, I have many good relationships surrounding me.
I have my family and aunts and uncles and cousins who are always there for me.
I have met friends in elementary, we are still very good friends up to this day.
I also met teachers in high school and university who inspired me to pursue my degree.*

*I am Thomas, I identify as a gay man, a young man who has sex with men.
I started noticing attraction towards men when I was around 10-11.
I was thankful because I had supportive friends at school, they made things easier.
I didn't feel the need to come out or explain myself and my sexuality, I knew I was lucky.*

*I am Thomas, I started exploring more of my sexuality when I was 18 and in university.
I started to become more liberated, I came out of my shell, I explored more and more.
I eventually told my family and friends, again they were very loving and supportive.
I also met members of the LGBTQ+ community who inspired me to be happy with who I am.*

*I am Thomas, I have been sexually active and engaged with multiple sexual partners.
I engaged in sexual activities with men, they are unprotected sex 30-40% of the time.
I know about HIV, and thinking about my sexual behaviours, my risk is around 7/10.
I was worried about HIV and myself, so I thought of getting PrEP.*

*I am Thomas, I first heard about PrEP when I moved to Edmonton in August 2020.
I heard and saw it first on Grindr, as well as saw ads on social media.
I also learned about Freddie and started the access process with them in September 2020.
I am Thomas, I am 23, I am a Canadian young MSM, and I am on PrEP.*

Accessing Healthcare Services as a Young MSM

I thanked Thomas for sharing his personal stories with me. I knew it must be hard to share these stories, especially with someone he just met less than an hour ago. However, though it was our first meeting, Thomas was very comfortable sharing his personal stories and experiences with me. Our conversations went very smoothly, as if we had talked to each other before. I also found Thomas to be a good speaker. He answers my questions in a direct-to-the-

point manner and very eloquently. Having said all this, I became more confident that our conversations and next meetings will go well.

Our subsequent conversations focused on more detailed experiences, specifically about Thomas' experiences accessing healthcare services as a young MSM. In our initial conversations, Thomas shared about his sexuality and explored his sexuality and identity as a young gay man. To start, I asked, *What health services are essential to you as a young MSM?* Thomas took some time to think and then shared:

Oh my God. I think of, uhm, what's it called? Like, Telus Babylon. I feel like when you're sometimes uncomfortable, like, going in person to, like, ask about certain things or certain questions ... Just having, like, this e-medical support [and] being able to access that ... You can book appointments with counsellors, with physicians.

Thomas's answer already gave me the idea that having virtual access to a healthcare service was essential for him. However, I reminded myself not to make any assumptions and to continue wondering until the time came to talk about his access to PrEP. My thoughts were interrupted by Thomas, who continued to share about his access to the e-medical support that he was talking about and how important having this access was for him:

First of all, I don't know how to find, like, a physician in Edmonton because I moved here recently [from Saskatchewan] ... [And] like, being a student and being busy and, like, you don't think about your health first, which is really bad. Just being able to, like, do it off your phone is, like, huge, right? In terms of accessibility.

Thomas also said that because he did not have a family doctor in Edmonton, having easy access to e-medical support using his phone was a big thing for him. From what Thomas just shared, one of the most prominent words that popped into my head was accessibility. I thanked Thomas

for continuing to share. I also wanted to stick to our current topic, so I asked my next question, which was more generalized this time:

[I]n general, not just for yourself, what are the health care services that you think are important for young gay men, young men who have sex with men? ... Like, what are the health services that they should have access to?

This was a question that Thomas did not even have to think about:

For me, I think there's quite a bit of support in terms of, like, counselling, accessing medications that I don't know very much about ... Not even counselling but more so just like buddy to buddy or like being able to talk to someone who's older and in the gay community. Like, in a non, like, sexualized kind of platform ... Just, like, a support, like, being able to have a mentee or an older buddy and they can, they can talk about things. I think there's plenty of, there's healthcare, there's mental health counselling... but I think just, like, inter-community supports are lacking, I think ... It's something I've noticed that I think, people need more.

Stories of Sexual Behaviours and Activities

Thomas also shared his experience accessing the Edmonton STI Clinic, the same place I went to but did not see a physician. I remember sharing with Tuck (the first participant) during one of my very first conversations with a participant in this research:

I remember my first, like, I went to the STI clinic, and I was there for, like, one minute, and then I left because I was so scared. I was, like, 'I don't know what they're gonna do to me.' And then there's, like people in the waiting room and then, like, they look at you, and I was, like, 'I can't do this.' I left. That was, like, my first and last visit to the STI clinic.

Thankfully, Thomas' experience was better than mine. I am also glad that many YMSM are more comfortable (and braver than me) to seek medical help to ensure their sexual health and well-being. This topic led us to talk about Thomas' sexual behaviours and activities. At first, I initially thought that it might be too much of a topic for Thomas, especially since it was our first day of conversations. However, based on how our conversations were going that afternoon, I became more comfortable asking. I said:

Okay, now we're going to the next topic, which is sexual behaviour... We are talking about, like, PrEP and HIV and that, you know, is related to, like, one's sexual behaviours and activities. So, describe your sexual activities and behaviours, anything that you are comfortable sharing.

Thomas, with no hesitation, shared:

When I first got Tinder, uhm, it was there mostly for talking. But actually, when I was travelling abroad ... This is my favourite story ever. I actually was in Switzerland. I ended up travelling to Israel ... I was 18 ... So, I was in Tel Aviv, and that's where I lost my virginity ... In Tel Aviv, the Holy Land ... I was talking to this guy, and I was staying at a hostel, and he was close ... And that was honestly just very, like, good, because it wasn't, like, I will have to see this person again. And it was like my first time, like, it was awkward ... But that was just really great because, then, the rest of my time was just, like, I felt that, 'Hey, that's out of the way. It's just like, I'm able to, like, do this now. Like, it's not a big deal.' And, of course, there were, like, awkward hiccups here and there. But, like, I never, I wasn't interested in a relationship. At that point, like, I was just, like, very much, like, I just want to explore, like, sexuality and catch up on, like, maybe stuff I've missed out on. So, yeah, like in Europe, it was, like, occasional, like, maybe, like, two or

three times a month. Like in different countries, I was, like, catching flags. I was, like, 'Okay, got this country done, got this country done.' Because I was travelling all the time, right? And everyone's from different parts [of the world]. So it was just, like, a matter of, like, meeting people from different places ... And then coming back to Canada, and then being comfortable with that, you know, with what I wanted to do and, like, 'Was I interested in this, is this something I want to keep doing?' But I was more tamed in Canada and in Regina. Like, I just knew, I guess, two guys that I would repeatedly have sex with, and it was just, like, more comfortable because it's a smaller number, you're comfortable with them ... And then when I moved to Edmonton, it was definitely more of, like, I want to, like, sleep with people. But also, like, I want to, like, maybe get to know people on a different capacity, like, maybe in a more, like, intimate capacity. So yeah, I've, like, met more guys here and, like, definitely had more sex with guys in Edmonton than I did in Regina.

Thomas' way of storytelling was very captivating. He told his stories enthusiastically, making me want to listen to them all day. After Thomas was done sharing his stories, I told him in awe, *Yours is a story to tell, though. I'm not gonna lie.* Specifically, I told him his Tel Aviv story and his experience of losing his virginity in the Holy Land was fascinating, special, and unique. I now understand why this story was Thomas's *favourite story ever.*

Learning About HIV/AIDS and PrEP

It was great learning about Thomas' memorable experiences. And because we were already discussing his sexual activities as a young gay man, I thought it was an excellent opportunity to introduce the next topic on my list, which was HIV/AIDS. I started with the

fundamental question: *Where did you learn about HIV/AIDS? What do you know about it?*

Thomas answered:

Through undergrad, I guess. Because I do have a degree in Psychology, so I did take science courses. But not, like, much ... I was just doing personal research ... Like, look up, like, you know, about sexually transmitted diseases, and you're like, 'Oh my God, what is this?' ... And then you read about them, like, figure that out ... And then, you know, advertisement is targeted, so because you're, like, looking up, like, STI clinics and this and that, then you get, like, targeted ads like the Freddie ad. And you look into it, and then you open it, and then you read it, and you read more, and then you, like, get into it.

Me: *What do you think are the things that put you at risk of acquiring HIV?*

Thomas: *Hmmm. Dishonesty from other guys. And obviously unprotected sex.*

Me: *Would you say that your current sexual behaviours put you at risk for that, too?*

Thomas: *Yeah. Yeah.*

In one of our conversations, Thomas and I also talked about his HIV risk perception:

Me: *On a scale of 0 to 10 Think about your sexual practices and behaviours before being on prep. What would you think was your risk of contracting HIV?*

Thomas: *Maybe 7 out of 10.*

Me: *Why would you say 7 out of 10?*

Thomas: *For the most part, when I engage in sex, uhm, I use a condom ... but then, for a few times, I wouldn't.*

Me: *And now that you are on PrEP... What would you rate yourself now?*

Thomas: *Like zero out of 10.*

Me: *Zero? That's great! And why would you say zero?*

Thomas: *Because of PrEP ... I feel like the risk that was there has been eliminated.*

In one of our conversations, Thomas also shared that his sexual activities were not always safe. Thomas shared, *I would say [I'm] active ... I would say I maybe did engage in, like, unprotected sex maybe 30% of the time. Maybe 40%. Out of, like, maybe ten partners, like, four.* Overall, it was good to learn that Thomas knew that his sexual behaviours and activities and engaging with multiple sexual partners put him at a higher risk of contracting HIV. It was also interesting to see how Thomas' HIV risk perception was close to or almost similar to the other participants' self-identified risk. At the same time, it was also exciting and good to know that PrEP alleviated the risk of contracting HIV that Thomas felt after being on the medication.

Thomas and I continued our conversation. Thomas talked about Freddie and learning about it after looking up and researching about STIs and HIV. I took this cue to start talking more about PrEP.

So, what do you know about PrEP? ... Like, you know, not focusing on the now but, like, looking, like, back whenever you started learning about PrEP and how and where and when did you learn about PrEP?

Thomas took a big yawn while listening to my next question before answering:

So, of course, there's like ads on Instagram and Facebook. And, like, also before being on PrEP, you would like Google, like, 'What are the risks to unprotected sex?' And then, you know, HIV [and] AIDS are one of them, but then, like, a lot of the times those articles will also be, like, 'Yeah, but this is an option. Like, something that exists.' That's kind of, I think, how you get exposed to that [PrEP] first.

Me: *So, around when was this? When you start, like, hearing about PrEP?*

Thomas: *Like, when I moved to Alberta, for sure. Like, August of 2020.*

Me: *But in Saskatchewan, you haven't heard [about PrEP]?*

Thomas: *No, I haven't.*

Thomas then continued sharing how he learned about PrEP, mostly from social media. I also asked him if he learned about it from a friend, but he said he did not learn it from anyone as he did not know people when he first moved to Edmonton. Thomas' experiences learning about PrEP via social media made me remember how I learned about the medication. I shared with

Thomas:

When I saw PrEP, I think I heard it first in Grindr. Or I saw it in Grindr. I was like, 'Oh, what is PrEP?' So, I kind of like Googled it. I was like, 'Oh, like, I thought it was, like, a medication for, like, HIV.' Which it was, really. That was what it was for before. But

then, I didn't really, like, pay much attention to it. But then, I was like, 'Oh, it's like, this is, like, for prevention.

After quickly sharing my story, I turned my attention back to Thomas, who was attentively listening to what I was sharing. I then sought his story by asking: *What did you learn about PrEP that time [and] before actually knowing more? ... What kind of information did you get from those ads that you've seen?* Thomas said that he learned that PrEP was a *pill that would protect you from contracting HIV ... It was like a pre-exposure or whatever kind of thing.* After hearing Thomas' answer, I used this opportunity to start talking about his PrEP access experiences or at least get the conversation going about this topic. I asked him: *So, now we're going to your own actual experiences of accessing PrEP. So, like, again, how, when and where did you access or try to access PrEP?* Thomas shared:

Yeah. So, I saw it online and then just went to the website and saw that you could, like, submit this thing online to, like, have a consultation to talk about it. So, I did ... It was like September 2020 ... That was very easy. That was very simple. Like, doing all that. The only part that was, like, that was like a bit of a hustle was, like, A) the bloodwork, B) also getting it from Alberta because I had Saskatchewan healthcare at that time ... I couldn't get it in Alberta because they couldn't bill because my healthcare is in Saskatchewan. So, I had to get it in Saskatchewan at a pharmacy in, like, Lloydminster, and then they would ship it here. But then, once that was figured out ... like, figured out what to do, they were like, 'Okay. This is fine.'

Hearing this story, I then asked Thomas if he had any problem getting the prescription and his doses of the medication, given his healthcare coverage being under the province of Saskatchewan. Thomas said that overall, it was still easy to obtain.

I like the fact that, like, I don't have to, like, drive or go anywhere ... Especially because I'm not from Edmonton, right? Parking- I'm always stressed out by that. Like, where to go and, like, when to leave, and like, where I'm going. And like, yeah, everything's needed ... Perhaps if I knew the city a little bit better, it'd be easier, but I don't.

I immediately asked a follow-up question and inquired about why he decided to be on PrEP in September 2020. Thomas was sincere and answered straight to the point and said: *I thought if I was gonna be sexually promiscuous and, like, sleeping around and the potential of, like, having unprotected sex was there, I might as well be protected.*

Me: People use it [PrEP] because then they don't prefer condom use during sex. Were you engaged in, like, protected or unprotected sex?

Thomas: Before [PrEP], mostly. Like, always, I think, protected for the most part. After [PrEP], I would say, like, 90% unprotected, 10% protected.

Thomas also added in one of our conversations that he made a personal decision to access and finally use PrEP after learning about it. Specifically, Thomas said it was *more so my decision and, like ... it wasn't a discussion I had with friends or family.* Thomas also added in one of our conversations that he liked that, as a young MSM, he has the liberty to make the decision to be on PrEP. Specifically, Thomas said, *I feel, like ... I have the autonomy to just, like, make my own decisions and, like, decide what I want for myself. And, like, I can decide to be on it [PrEP] as easily as I can decide to not be on it anymore.*

All in all, it was interesting to hear Thomas' answer. Again, I appreciated his honesty in sharing all the information with me, even though it was our first conversation. What Thomas said

also aligned with what I have learned from the literature review I did before embarking on this research - that MSM and young MSM use PrEP to engage in unprotected sex without worrying about contracting HIV. In addition, Thomas confirmed that using PrEP allowed him to have a sense of protection while engaging in unprotected sexual activities and, most importantly, while exploring his sexuality. However, in one of our conversations, Thomas said he would not access and use PrEP if he was in a monogamous relationship. He said being in a monogamous relationship would hinder him from using PrEP since he thought he would not need it.

Thomas and I continued to talk about his access to PrEP and other factors that influenced him and his decision to access and use PrEP. I asked him if there were other factors aside from his personal sexual activities and behaviours. Thomas took some time to think about the question. After less than a minute, Thomas shared:

It's also, like, the stigma behind HIV/AIDS and, like, the scare that, like, it's this thing that can't be cured, you know. You have to protect yourself against them. Like, if you do get it, you can't live a good life. But, like, that's obviously not true ... Studies in health and medication [show] that you can be protected, and then live a great life even if you do have HIV ... I think, just in general, stigma - that's something you really want to avoid.

I found myself attentively listening to Thomas. Listening to Thomas, I agreed that the stigma around HIV/AIDS still continues to affect different populations - including the YMSM population. I also felt Thomas's fear of the consequences and the stigma or judgment he could face if he contracts HIV from engaging in unprotected sexual activities. This also made me think of my fear of HIV (when I had to do an HIV test as part of the Canadian immigration process⁵²)

⁵² The Immigration, Refugees, and Citizenship Canada (IRCC) requires a mandatory HIV screening for all foreign nationals ages 15 and older who are applying for permanent residence in Canada (Haddad et al., 2018; Haddad et al., 2021). This mandatory HIV screening, which our family had to do around 2008-2009, was introduced by IRCC in 2002 (dela Cruz et al., 2020).

and the story that Susan⁵³ shared with me, which I wrote about in my narrative beginnings. It also made me wonder about the following: *How does the stigma affect a young MSM's life? How does the stigma surrounding HIV affect their decision to access PrEP? Or does it play as a hindrance to not accessing and using PrEP? These are questions that I am going to continue wondering about.*

Thomas and I decided to end that day's conversations. We did a time check and realized we were already talking for over an hour and a half. We agreed that we were able to accomplish and talk about many things that day and that we always have more time to talk in the coming weeks and months. I felt excited about my research and future conversations with Thomas, and I cannot wait to meet with him again.

Continuing the Conversations About PrEP Access

Thomas and I decided to meet again on October 20, 2021, to continue our conversations. I offered to meet in person since we have yet to see each other. However, Thomas was unavailable as he usually had classes in the afternoon. Having said this, one of the things that we negotiated was that our meeting would mostly be happening virtually, given his busy schedule.

So, on that Wednesday morning, I met with Thomas via Google Meet. I remember being as excited as my first virtual meeting with Thomas. I was also thrilled because I was finally doing subsequent meetings and conversations with all three participants. Thomas met me from the same spot in the house he was staying at. When Thomas popped out of the other side of the screen, his warm smile greeted me, while the plants and picture frames behind him greeted me as well. I, again, met Thomas from my dining-slash-study space. After quickly checking on each

⁵³ Susan was a PLWHIV who I had the opportunity to provide care for at the RAH-ER. Because of her HIV status, Susan felt unwelcome in the ER and that she knew that healthcare providers looked at her as “dirty.” I tried to talk to her and say that I did not think this was true. Susan looked at me and countered, “Yes, when people know that you have HIV, people think that you are dirty.” She also added, “even when I am taking my medications.”

other and saying hi and hello, we started our conversation. I began by providing a review of the things that we talked about during our last meeting, as well as the next topic for that morning's meeting:

And then now we are going to talk about your actual experiences accessing PrEP ... If you can walk me through the process. Like, tell me stories about the first time that you called them. Like, the interviews. How did it go? Like, what was the conversation like, and what was the whole actual accessing it process like?

I was aware that my next question for Thomas was a bit long, so I gave him some time to think about the question. I also knew he needed some time after he said, *I'm just trying to remember* and then looked at the ceiling, which told me that he needed to think and carefully look back at his past experiences. He also took some big sighs in between pauses. After a minute or so, Thomas started sharing his story:

So, I booked my first appointment [on] September 21st, 2020 ... I'm sorry, September 22nd ... Uhm, it was a consultation with a nurse at the first appointment. They sent a patient guide, which I remember looking at it, and it was basically like a step-by-step, like, what's gonna happen. So, first, like, the thing that they were talking about was, like, where to get your lab work done and how to get it done. And then the results would be, like, kind of, I guess, reviewed by a pharmacist or physician. And then I got, I think, a one-month sample just to see how it was like. And then I have, like, after the month, I would do the follow-up lab work ... If everything was great, then they would send the three-month, like, prescription ... And then yeah, most of it was by email or by the Freddie portal ... They'll be, like, 'OK, we just sent you your requisition.' ... You check it off the portal. I signed up through the [Freddie] My Account and then, like, viewed

whatever the message or the update was. And then I think I remember, I printed off the requisition and then went in person. The lab was quite close ... What I appreciated about it [the overall process] was it was very, I felt supported at every step almost. Like, step one, they'd be, like, 'Okay ... Is this good? Can you do this?' They help you handle it, and if there's, like, some confusion or some error, they would really, like, be on it. They would message you or be, like, 'How can we help you?' or you can call them ... And then yeah, I got the welcome email. Everything went well. Blah. Blah. Blah. And then, a physician contacted me ... She was one of the primary physicians that I was in contact with. She would be the one answering messages when I had issues ... She's really good about helping me figure out how to access it through, like, in Alberta, even though I had Saskatchewan health card. She essentially helped me order it through, hmm, I think it was Lloydminster or Saskatoon. And then they shipped it here. So, it took, like, three days. That wasn't even that long.

In one of our conversations, I also asked Thomas what the follow-up process was like after finishing his first doses of the medication. Thomas shared that he did the follow-up process with Freddie and his blood work every three months.

Every three months. And I live two blocks away [from the lab], it's so quick ... Super quick, like, no problems, no comments, nothing. You just, I booked my appointment, I go there. Usually, really early in the morning ... you just go in, and everything takes, like, five minutes.

Thomas also shared in one of our conversations that it was only through Freddie that he tried to access PrEP, that everything went smoothly, and that he did not experience any PrEP-provider barriers or challenges. He said, *I was super comfortable, when asked how the conversations with*

the healthcare providers at Freddie went. Overall, he was thankful that he did not face any challenges, unlike his other friends. In one of our other conversations, I remember Thomas saying that he found Freddie to be 2SLGBTQ+ friendly, which he said was very important for him. He also added that Freddie *does a really good job of, like, uhm, having like, inclusive and, like, diverse, like, a diverse team. I feel like they have someone that can relate to anyone.*

As we moved on, when I asked him if he experienced or thought of PrEP providers not having enough knowledge about PrEP, he said: *I haven't experienced it, but I have heard, like, people going to their physicians being, like, 'I want to take this [PrEP], ' and the physicians are like, 'What is that?'* Thomas shared more details of this particular story:

Not myself, but, like, a friend I know ... wanted to go on it [PrEP]. And he had a family physician and, like, went to his family physician, and his family physician was, like, 'What is that?' So, like, he had to go through, like, different means of doing that, right? So, it's just, like, interesting ... Obviously, like, not everyone is going to be, like, knowledgeable with queer issues ... A family physician, I feel like, with all the training and education they have. And, like, ability to, like, be competent and, like, to do continuing education. It's just interesting, like, some physicians don't know about it.

Thomas added:

Basically, it was just, like, he knew I was on PrEP. He was like, 'I wanted to also be on PrEP.' ... And he lives in BC. Like, he studies in BC, but he's from Calgary ... While he was home in Calgary, he, like, went to his physician and wanted to get everything done before he went back to BC ... Like, he wanted to get it while he was in Alberta and it, like, ended up being, like, such a hassle because, like, his family physicians was like, 'I don't know what this is. Like, can you explain it to me?' And he [the family physician]

was, like, kind of like, 'Why do you want that?' ... And he was just, like, 'I give up.' Like, 'Never mind!' ... And then he went to Freddie and, like, just, like, had a nurse or physician consultation just through Freddie rather than through the family physician. Which is shitty because, like, if you've been going to a family physician for a really long time and you've developed that rapport with them, right? And then all of a sudden, like, you find that they're not able to meet your needs. And it's like a very basic need. Definitely, that's unfortunate that you have to go to someone else, right?

After sharing the story, Thomas said that he was happy and felt good to be able to provide support to his friend, who was also a YMSM and who eventually was able to access PrEP through Freddie. At the same time, while listening to Thomas say all these, I remember reading that healthcare providers' lack of knowledge about PrEP is one of the biggest challenges and barriers to YMSM's access to PrEP. In addition, some YMSM reported having to educate their family physician about PrEP. I also learned that because of all these, YMSM started not to trust these healthcare providers and, as a result, were unable to access, obtain, and use PrEP. This made me wonder: *What are the other impacts of healthcare providers' lack of knowledge about PrEP on YMSM's overall PrEP access experiences?* I wonder about this as I thought of Thomas' friends' and other YMSM who, when they tried to access PrEP, were told, *What is that?*

Also, I told myself while listening to Thomas: *Oh, the process seemed not too bad.* It also made me wonder: *Is it the same process for everyone? Is it also that easily accessible for other YMSM in other communities? Is it also easy for other YMSM who had to move or deal with technical issues like moving provinces?* It also made me wonder about the role of geographical location and how it played out in Thomas' access experiences. It made me ask the questions I will continue thinking about: *Is the access the same or more challenging for YMSM living in*

more rural areas? How does geographical access play a role or influence one's access experiences and stories? Do YMSM have enough support and resources for those facing issues related to location or change of location?

Thomas and I continued talking, and he shared that most of his access was done online, and the only in-person interaction he got was when he was getting his bloodwork done. He also added that although the process was mostly virtually and online, he still felt supported. And while talking about support, I knew Thomas shared that the healthcare providers he had to work with were very supportive. But I also wanted to ask if he felt supported in other ways. Thomas shared:

Yeah. Like, even something that I appreciate was, like, newsletters ... I'm looking at one here, and I'm just looking through everything they've sent and kind of things I've looked at. But I got an email. The subject was sex ... and COVID. And it was just, like, [about] how the impacts of PrEP [were] with the vaccine and, like, interactions and what that meant. And getting off of it or if you want to stay on it or how easy will it be to get back onto PrEP if you go off it, stuff like that.

I was glad to know that Thomas also felt supported in other ways. The newsletter was new information to me. It was good to know that this medium of communication was being used to provide up-to-date information to PrEP users, especially YMSM. One of the things that all three participants talked about was the use of the internet and emails to disseminate vital information, such as those about COVID-19 and PrEP. This, I thought, was an effective strategy.

Thomas and I continued talking. Having gone through the steps he took to access PrEP, we then talked about his stories and experiences after receiving his first dose of the medication. I asked:

So, let's say you got it. You started taking it ... How was, like, the feeling? ... Were you excited about it? Or were you, kind of, like, [had] a last-minute hesitation, like, 'Oh, should I actually do this, kind of thing?

Thomas answered right away and also talked about how the first days went for him after taking his very first dose of PrEP:

Yeah. It was definitely, like, 'Oh, damn. Here we go. This is it.' I don't think I was, like, excited or, like, scared. I was just like, 'Okay, cool. Let's try this out.' ... I had no symptoms or no reaction to it. Uhm, I was really bad at taking it on time and, like, forgetting to take it at first, so I had to set an alarm. But after I got used to it, it was a lot better ... I take it in the morning when I wake up ... I wake up around five, and then I will just take it about, like, at nine.

Thomas also added in our other discussions that the pill size was not a problem for him. He said it was easy to swallow and that *it's kind of like an Advil a little bit bigger than an Advil I'm talking about the Advil gel ones.*

In relation to talking about taking the pills daily, I asked Thomas how the adherence was for him. I asked this because I remembered reading about the need to take the medication every day as one of the barriers to continuing to use PrEP that YMSM faced. Thomas shared that:

It was good at the beginning. I was very, like, good with it ... Mostly because it was, like, early on ... Like, I wanted, like, the effects of it to, like, be good and, like, work and stuff like that. So, it was great ... And then, like, I don't know. I would say I was, like, kind of bad in the summer I've always, like, [been] consistent, like, since, like, last September 2020 ... all the way until, like, April when I moved to Calgary for the summer ... The issue with that was that, like, I had a different address then. Like, there were different lab

works. And like, [where] I lived here, it's so central. Whereas in, like, Calgary, I would have to, like, drive. And, it was, like, 20 minutes away to go to, like, a blood work clinic. And, like, I didn't know the place and, like, have them to get the prescription sent there ... It was just, like, this, like, wrench in my, like, routine. And I was really bad. I would, like, skip all the time ... I would, like, take it maybe four times a week or five times a week. I would, like, skip at least two times. I would just, like, forget or, like, be rushed to go to work in the morning. I'm, like, I wouldn't take it until, like, later in the afternoon ... So, irregular time. And then, I came to Edmonton for four days because I was moving my stuff from my old apartment to the new apartment. And I ended up getting really sick while I was here. I'm pretty sure I had COVID ... I was, like, dead sick for a week and a half. And I only had brought, like, three pills because I was only going to be here for three days. So, I was off of it for eight days entirely.

I carefully listened to Thomas as he shared his story. From his personal experiences with adherence, I could tell that multiple factors played a role in Thomas missing some doses of the medication. Some of these factors were location or change of physical location (hence the need to find a new laboratory at an unfamiliar place), timing or change in daily routine, and changes in health status (e.g., COVID-19 infection). When I asked Thomas what Freddie or healthcare providers had told him about the disadvantages or problems with skipping doses of PrEP, Thomas honestly admitted, *Hmmm, obviously not good. But I don't know much more than that, actually.* Thomas and I agreed that this was an area for education that healthcare providers should focus on more since it was already documented as a barrier for several YMSM. I also wondered: *What other factors influence other YMSM's adherence to PrEP? How does failing to adhere to the PrEP regimen affect YMSM's overall sexual health? How does poor adherence*

jeopardize the effectiveness of the medication? How does poor adherence increase YMSM who are on PrEP's risk of acquiring HIV? And lastly, how can this problem be mitigated through education?

Thomas and I also continued to talk about the role of geographical location on one's PrEP access and adherence. I mentioned to Thomas that he spoke of the change in physical location as a factor that negatively influenced his adherence to the medication. And Thomas agreed:

Totally. Like, I think in Edmonton, I'm so central and [can] walk everywhere, and it's so quick ... Also, a stable home. So, like, a stable address ... I felt like because I was gone for four months in Calgary and I was there, like, at a different address, it was, like, a temporary address. So, I feel like people who have temporary addresses or, like, have to move a lot or, like, uhm, have unstable homes. Like, in the sense that, like, are going back and forth and couch surfing and stuff like that. It would be super difficult because, like, your address is changing all the time, right? Like, where you got it from changes and, like, also the barrier of, like, having to drive, like, in Calgary. I was in a suburb. So, driving, like, the transportation system sucks there. So, it would, like, it would take an hour to get to any nearest, like, bus. Walking and stuff like that. So, like, accessibility becomes an issue, for sure. When you're living, like, when you can't afford to live super central or, like, in a neighbourhood where there's, like, a lab or something like that.

I listened to Thomas with occasional nodding to let him know that I was paying attention to what he was saying. After Thomas was done talking, I told him that it was an unfortunate experience and that several YMSM experienced the same barrier that he did. I also told him it was interesting that he had different access experiences within two urban cities: Edmonton and

Calgary. We agreed that YMSM usually experienced this problem in rural areas and that it was good to learn that both urban and rural locations could pose barriers to YMSM wanting to access and use PrEP.

More Conversations and Discussions About PrEP Access

Thomas and I continued our conversations about his PrEP access. I asked him: *So, like thinking about all these experiences accessing PrEP or trying to get PrEP as a young gay man in Alberta ... What are the things that, if you could enumerate or think of anything, that went well, did not go so well, and then what are the things that you could do differently if there's anything?*

Like what Thomas did before, he took some time again to read and think about the question. I patiently waited while looking at him on the other side of the screen. After some time, he started sharing:

Uhm. Experiences related to accessing it, I would just say knowing that it was even a thing. Like, a lot of the initial information, like, 'Oh, is this for me? Does this apply to me? What is it about? What does it do? How do I get it? ... There's a lot of, like, initial research you have to do, I guess, to know what it is. Uhm, I think what went well was just, like, how quickly it was to access it. Like, it was very simple ... It was millennial proof ... Like, all you have to do is, like, go to this app ... You don't have to file any paperwork or anything or go anywhere, really.

And then Thomas shared about what he thought could have been done differently:

Hmmm. What can be done differently? I would say maybe, like, providing people with more initial information ... There's also a lot of rumours around about, like, PrEP [and] how it's not good for you, it's bad for you and stuff like that. I think just, like, maybe

even, like, giving everyone, like, a welcome package that has, like, flyers and, like, very simple rundown of information, like what it is and almost just to not spread misinformation.

In one of our conversations, Thomas also said that having a trusted source of information is essential, which was why ensuring that the correct information about PrEP is disseminated and readily available to those who need to learn about it. Thomas said, *Like I said, I think we can do better in terms of disseminating some of the information.* Thomas was also thankful that his educational background and knowledge allowed him to do his own research about PrEP, saying, *But then also, just like my educational background, knowing how to research and what to look for.* And this made me wonder: *How about those YMSM who do not have the education, knowledge, and research skills that Thomas has?*

Overall, I appreciated Thomas' insightful answer to my question. I was reflecting on it, and one of the biggest things that Thomas talked about was the information and education that were being provided surrounding PrEP and PrEP use. Thomas acknowledged the information provided to him was enough to learn the basic information about PrEP. He also discussed the importance of doing his own research to learn more about the medication. He also spoke about the lack of information and misinformation around PrEP and the need to make improvements in this area to facilitate better access for YMSM and those who would benefit from taking the medication. Looking back, education and the need for more information were also discussed and shared by Tuck and Taylor. Both participants also shared the types of information that they thought would be important to share and add in the future. Curious about Thomas' thoughts, I asked him: *Can you specify what kind of information would you think would be great to include?*

Thomas shared:

Hmmm, frequently asked questions. That would be interesting ... Like, how long should I take it? Is it bad to take it for a long time? Uhm, what are some potential negative side effects? ... Just like very simple [information] ... because I also realized that, like, just, like, yourself, I think we're both quite educated and are able to, like, read and decipher through a lot of information and whatever were missing. We're able to research ourselves or understand. But I think the way it's presented is, uhm, very inaccessible in terms of, like, perhaps someone who hasn't finished high school or hasn't gotten in university might not be able to, like, fully understand everything. So, I would just say, like, ... make it as simple and digestible as possible.

I responded to Thomas by saying that what he just said was interesting. I also told him that the other participants would agree with him because they also discussed the importance of the need for more education and easy-to-understand information about PrEP. Notably, without disclosing any information about one of the participants, I told Thomas that another participant also would like to know more about PrEP, not just about PrEP as an HIV - prevention medication but also about what is in the medication and other important things related to the medication such as side effects. Thomas said that it was good that he did his research and educated himself about the potential side effects. By doing this, he became less worried about the side effects of PrEP, which he told me about in one of our conversations.

Me: Were you worried about side effects at all? When you read about, like, 'Oh, these are the possible side effects.'

Thomas: I wasn't because I know a lot of medication has side effects. It's just part of it. And I've never really had side effects with any medications, so I didn't think it would be something I would have an issue with.

In relation to our discussion on PrEP information and education, we both agreed that only some could access resources to do additional research to clarify information or learn more about the medication. Also, Thomas said that more than researching alone is needed because one must learn and know which resources are reliable and which are not. Specifically, he said, *When you Google things, there's a lot of different websites that come up. Some are good, some are not.*

The next thing that Thomas and I talked about was PrEP access related to one's race and ethnicity. In my literature review and reading about PrEP and PrEP access among YMSM, I found that race, especially people of colour, faces more barriers to accessing PrEP.

Me: *Do you think, like, being non-White ... affects your PrEP access experiences?*

Thomas: *No. Not for me. It didn't affect me and my experiences.*

Thomas also shared:

I would say the importance of cultural safety and competency. It's great that it's, like, how it can be very anonymous for some people that require that ... I think that's really helpful. I know it can affect different communities differently ... I think it would be important for them [Freddie] to understand that certain cultures [and] backgrounds might have different rates of HIV/AIDS transmission.

I agreed with Thomas that having a sense of cultural safety and competency is essential for PrEP service providers, especially when working with people accessing PrEP. As a registered nurse, cultural safety and competency were one of the things that we were taught in nursing school. I am also happy we learned these concepts because, working in the emergency department, I work with people from diverse cultural backgrounds. I saw that knowledge about other people's

cultures positively made a difference in our working relationships and how care was provided to them. Thinking about this, I asked Thomas:

If you have to, let's say, provide advice on, like, organizations or health care providers on how to improve their services, especially to young men who have sex with men of, you know, different races and cultures, what would you say? ... [Or] if you have to advocate for young Latinos, young LGBT Latinos, who are maybe wanting to access PrEP.

I listened attentively when Thomas was done putting his thoughts together. He said:

I would say maybe implementing the language, uhm, like, accessing the services in different languages. We also see a lot of people coming to Canada as students who perhaps are not Canadian citizens, who may have healthcare, but their healthcare may not cover it [PrEP] ... So, what it means for international students. And, also, the fact that there are international students that often come from countries where even being gay is not allowed ... And then they're here, and then it's a new culture, a lot of new terms, a lot of new jargon. So, just awareness [of the things] that may be affecting some of the people who are accessing services and just knowing how to best help them.

I think that Thomas brought up excellent points. First, I agree that PrEP providers can demonstrate cultural competency by being considerate of the language that people who access PrEP speak. So, healthcare providers must communicate health information (e.g., information about PrEP) in a language their clients best understand. Additionally, I agree with Thomas that it is essential to understand the “world” where a particular person is coming from and become aware of the changes and challenges they are experiencing.

Earlier, we were talking about his experiences accessing PrEP and using the medication. So, I decided to continue discussing this topic, especially the latter part. I asked him: *So, going*

back ... you used PrEP for a month. What made you want to access it again? Thomas provided answers right away:

A couple things. So it's free ... [and] it doesn't take much effort to continue the access. Like, I don't even have to go to a pharmacy. I just literally can get my bloodwork thing printed at home ... and [then] take it at the lab, which is close to my house ... and then they just send a new prescription to your house, to your door. And the fact that I didn't have symptoms. Like, I didn't experience any negative symptoms or kind of side effects. So, it wasn't, like, it was a hard decision. And then the fact that it provides a kind of peace of mind in case you do engage in sex without using a condom ... Everything's easy, it provides safety, the safety net, it's free. Why wouldn't you get it?

One of the biggest things I got from what Thomas said is that PrEP *provides safety, the safety net*. We talked about this as well in one of our conversations:

Me: [Other] young men who have sex with men said that ... it [PrEP] allows them to have safer sexual practices. Do you feel the same?

Thomas: *Oh, yeah. Totally.*

Me: Like, in what way? Or how?

Thomas: *Because of the fact that it's, like, it provides this safety net in terms of, like, eventually contracting HIV.*

Me: This is kind of a personal question ... Is condom use still in place? Now that you are on PrEP?

Thomas: *Sometimes. I would say definitely less than it was prior to taking PrEP.*

Thomas and I agreed that PrEP does not protect one from other STIs, so I asked him about his experiences and thoughts around this topic. Thomas took some seconds to think, looked at the ceiling and then back on the screen, and said: *Yeah, it's funny because, like, people think they're invincible with PrEP. But I also would say I'm quite familiar with my, like, the partners I've been sexually intimate with. So, it hasn't really been a concern of mine.*

In addition to feeling safe as a facilitator to his PrEP access, Thomas also added in one of our conversations that it was easy to take the medication and that it was easy to comply with the regimen and take it every single day. He said that once he found his routine of taking the daily dose of PrEP, he had no problem and did not face any challenges continuing to use PrEP. Additionally, Thomas appreciated that he could still party or drink alcohol if he would like because he was told that PrEP has no significant interaction with alcohol or other medications and substances.

All in all, while listening to Thomas, I thought that if I was considering accessing and using PrEP and Thomas just told me the things he just said, I would not hesitate to access the medication. I wished other YMSM considering accessing PrEP were listening to us right at that moment because Thomas' positive experiences could help them decide to access and use PrEP. One of the most significant facilitators for Thomas' continuous access and use of PrEP was because it was free to him as a Canadian YMSM.

Me: *What if, let's say, it's [PrEP] not funded? Would you still get it [and] use it?*

Thomas: *That's hard to say ... I wouldn't know how much it costs.*

Thomas sounded hesitant and wondered if he would still access PrEP if it was not free for him as a Canadian YMSM. Tuck and Taylor also provided a similar sentiment during our respective conversations. Thinking about this, I wonder: *Are other Canadian YMSM on the same page as Tuck, Taylor, and Thomas? How does PrEP funding play a role in one's overall decision to access and use PrEP? What other resources are available to Canadian YMSM if PrEP is not funded?*

Thomas and I moved on after our conversation about the cost of PrEP. Thomas shared why he continued to access and use PrEP after being on the medication for a month. I followed up on what he said about how PrEP provided him with *a kind of peace of mind in case you do engage in sex without using a condom*. I asked him how PrEP changed or influenced his sexual behaviours.

Me: Being on PrEP, how did it affect or influence or change your sexual activities and behaviours?

Thomas: More so just being, uhm, perhaps more open to more frequent, I guess ... having different sexual partners or being more frequently engaged in sex.

Me: And you feel, like, less scared to sleep with multiple people because you're on PrEP?

Thomas: Yeah.

In one of our other conversations, Thomas and I also talked about how PrEP gave him that extra sense of protection while engaging in various sexual activities with multiple sexual partners.

Me: *Do you feel like you have an additional protection on top of condom use now that you are on PrEP? Do you feel like extra protected?*

Thomas: *Yeah, definitely after getting PrEP.*

And then, I asked Thomas to tell me more about how PrEP gave him that extra sense of feeling protected. Thomas shared:

Before, I guess, there was more of a fear of, like, particularly contracting HIV. So, obviously, [I] use a condom just because HIV is a much more, like, intense STI. But now that I'm potentially ... uhm, protected against that. For me, it was more so, like, I was fairly just aware of who I was sleeping with and my partners and their practices, as well as their behaviours... So, I felt fine more, so just, like, uhm, I guess getting rid of the condom.

Thomas also shared this in one of our other conversations when asked if PrEP had given him any emotional benefits, just as what other YMSM reported:

Yeah, I think, like, obviously, like, engaging in unsafe sex, like, there's always the thought of, like ... the fear of your HIV status. But PrEP definitely just removes that fear, I would say. Like, that, like, a little bit of anxiety that you could have post, like, unprotected sex.

Overall, I was glad that PrEP gave Thomas that feeling of safety, protection, and peace of mind.

This is also something that the other two participants have shared with me, and I am happy that all of them have common experiences regarding the emotional and mental benefits of being on PrEP. I asked Thomas specifically: *So, what does PrEP access mean to you?*

Thomas took some quiet seconds to think and then answered:

I think what it means [is] that gay men are becoming more of a concern but are also being thought of more in the healthcare system. So, they're, you know, at the forefront of innovation, which is great. I think someone's addressing the issue. I think it's definitely a step forward. It's a positive act ... It offers recognition that sometimes this community faces different barriers or challenges when it comes to, uhm, having or being sexually intimate ... It also provides a safety net and helps address the crisis that happened right in the, hmmm, ... 70s, 80s, 90s ... It's just a positive step towards that and a response to that.

Thomas said all of these in a very careful and conscientious way, and I thought Thomas' answer was very insightful. His answer also made me reflect on the challenges faced by MSM who came before us. Specifically, it made me think of the HIV/AIDS crisis that they faced because of the lack of medication for HIV, as well as a lack of HIV-prevention medication such as PrEP.

Thinking of all these, I wondered: *How would the life of YMSM have been during that time if PrEP had been available and accessible to them? How many people who died of HIV/AIDS would still be alive if there was PrEP during that time?*

The next topic that Thomas and I discussed was the barriers and facilitators he faced when accessing PrEP. Since we were already talking about challenges, I thought it would be good to ask Thomas to quickly share the barriers and facilitators to PrEP access that he could think of so far after sharing some of his personal experiences.

Hmmm, advertising of it [PrEP] because I don't know what the hell it was ... And then the privilege I have to just, like, have a computer, have an internet connection. [And] be able to kind of take the time to meet with a service provider. Some people work really

long hours and ... it's tough for them to meet with another person ... The position I'm in really helped me. I had a lot of flexibility, a lot of freedom, a lot of time. And I live close to a lab. A lot of people might not live close to one. They might not have the accessibility of, like, being able to drive to a lab or live close to one to walk.

After sharing the facilitators to his PrEP access, Thomas and I discussed some of the barriers he faced when accessing the medication.

The only thing that comes to mind is potentially, uhm ... social perception that sometimes comes with taking PrEP. Like, people might think that I wanna be on it because they think it means something ... or you will be judged for it.

Me: *What perception exactly are you talking about?*

Thomas: *That you are maybe, perhaps, more promiscuous.*

We also talked about the idea of being promiscuous while on PrEP in one of our other conversations:

Me: *How about PrEP-related stigma?*

Thomas: *Hmmm.*

Me: *So, you've kind of said it already earlier that, you know, if you're taking PrEP ... people might think, like, 'Oh, you're promiscuous' or 'You're a whore.' You have any experiences related to that or around that?*

Thomas: *I, myself, don't. But I do think it could be a barrier.*

Being labelled promiscuous because of being on PrEP was one of the barriers identified in many literatures about PrEP access among YMSM. This made me think of the following wonders:

How does being labelled promiscuous affect the overall PrEP access of Canadian YMSM?

We decided to move on to our next topic- his PrEP access experiences during the COVID-19 pandemic. But before asking him the pandemic-related questions, I asked Thomas, “Do you think your experiences related to PrEP access as a young gay man [are] different from other populations? ... Do you think, uhm, ... you have better access compared to other groups?”

Thomas shared an honest thought:

I don't think I can speak on behalf of other populations [but] if I can think of challenges, like, obviously, I think access to the internet is important. Access to transportation is important. Access to information, uhm ... to read and understand and decipher information for yourself is important ... I think my experiences were very different from other populations. I think those are kind of the areas of privilege and position [that I have] when accessing it.

PrEP Access During the COVID-19 Pandemic

Thomas and I talked about his PrEP access during the COVID-19 pandemic. Thomas began to access PrEP through Freddie in September 2020, during the height of the pandemic.

Me: How did the COVID-19 pandemic influence your PrEP access experiences in Canada or in Alberta?

Thomas: For me, it was all virtual or online. I don't know how it was before. Virtual was the norm ... If virtual was just a response to COVID-19, then it made it more accessible, I would say.

Me: And that was a good, positive thing for you?

Thomas: *Yup!*

Me: *How about, like, the thought of, like, in-person? ...
Were you like, 'Oh, I wish I can go there in person and actually
meet these people,' or is that something that is not a big deal for you?*

Thomas: *No, I don't care. It's fine how it was.*

Thomas and I took a little break before continuing that morning's conversation about PrEP and PrEP access. *We are answering questions really fast*, I told him. And then we laughed. I told Thomas we could start slowing down and have much time and conversations left in the coming weeks and months. Thomas agreed. I also reminded myself that it is important to slow down in narrative inquiry research for me to be able to have deeper and richer conversations with the participants. After the break, we decided to continue our conversation.

*If you are going to sit in that committee to improve access for young gay men in Canada,
what are your recommendations or possible interventions that you would like to suggest?*

Thomas did not need some time to think about his answer this time:

*More mobile-friendly, like an app ... Like an app that could remind you ... an app that
allows you to schedule an appointment, that reminds you of, like, doing your blood work,
where you can submit your bloodwork, where you can get your requisition, all in one
spot. Like, the more dumbed-down, simple, and clean it is, the easier it'll be for people.*

Aside from improving the app, Thomas also talked about PrEP education:

*Making it more mainstream through education, somehow. Like, I don't know if there are
certain high school or university groups, organizations or, like, LGBTQ community*

groups, where you can, like, implement more education into it just to spread more awareness of it.

I asked Thomas if there was anything else that he would like to add. He said he could not think of anything else at that time. We agreed that his recommendations are still significant. I also agreed that having a very user-friendly app is an excellent step to encourage more people to use PrEP. I also agreed that education is still necessary. I also reminded Thomas that he made an earlier suggestion about having PrEP information available in different languages and that this can be incorporated into the app or future educational material.

We are Finally Meeting in Person!

We are finally meeting in person! I excitedly uttered this to myself after waking up on the morning of November 7, 2021. Thomas and I had been connecting for almost two months but still had not met in person. However, within these two months, I can confidently say that my relationship with Thomas had grown a lot. Thomas and I talked to each other very comfortably now, and we communicated well with each other.

November 7, 2021, was a cold Sunday afternoon, with the forecast of an average of five degrees Celsius. *Not too bad*, the Edmontonian in me told myself. We decided to meet at Remedy Café, which is close to the University of Alberta. I jumped into my black and white Nissan Sentra, and *Crazy in Love* by Beyoncé started playing as I started driving. I sang and danced to Beyoncé as I continued driving, and as I got closer to the café, I wondered: *What does Thomas look like in person? How is our first in-person conversation going to go? What are the things that I would like to ask Thomas today?*

My thoughts were interrupted after I realized I was a block from the coffee shop. I turned right at the alley beside the shop, where the parking lot was. After parking my car, I reached for

my phone and saw a text message from Thomas saying he was already inside the café. I checked on myself using the rear-view mirror, fixed my hair, and reached for my backpack in the backseat of the car.

I got inside and registered my car's license plate with the help of the café staff. Then, I walked around to see where Thomas was. He said he was on the main floor towards the middle, so I headed there. I looked around, and it was not easy to see people's faces because of the wooden walls that divided each table. Those walls served as dividers/screens that were part of the COVID-19 protocols that were in place around that time. I kept walking until I saw someone wearing a black jacket and black pants waving at me. It was Thomas! He smiled as I walked towards him, and I smiled back. After getting to our table, the very first thing that I did was extend my hand to him for a handshake. I was initially unsure about the handshake because of the current situation with the pandemic, but I did anyway. Thankfully, Thomas did not hesitate and reached for my hand, officially marking our first in-person meeting.

Me: Hi. I am Jose. It's nice to finally meet you.

Thomas: Thomas. Nice to finally meet you, too.

And then we smiled at each other again as I sat on the chair across from Thomas. *What can I get you?* I asked Thomas after seeing that he did not have any drink or snack yet. Thomas refused and said, *I am good!* I insisted and told him that we only see each other occasionally and that it was the least I could do for him. Thomas politely refused, so I stopped insisting. I excused myself and headed to the counter to get my favourite drink from Remedy Café - vegan hot chocolate. After some minutes, I returned to our table and saw Thomas busy with his computer. I

asked him to continue doing what he was doing while I set up the recorder and prepared it for our conversations. After ensuring the recorder was on and ready to go, I called Thomas' attention and said, *OK. I am ready!* Thomas turned his attention to me.

To start our conversations, we reminded ourselves that the main goal for that meeting was to catch up and, really, to meet in person. We already talked about many things about Thomas' PrEP access stories and experiences, and we thought it would be great to sit down and slow down and appreciate the opportunity to be face-to-face with each other. We also agreed to go through some artifacts that Thomas brought for our conversation that afternoon.

Thomas: *I, like, I wrote some stuff ... like, some names or memories. And then I have some, like, pictures as well that I pulled aside.*

Me: *Yeah, stories and memories ... That would be great. And then photos?*

Thomas: *Yeah!*

As we were getting ready to look at the artifacts, I suddenly remembered a study I was reading as part of my research work, which was about PrEP use among incarcerated MSM. Interested in hearing what Thomas thought, I shared one of the study findings with him:

Me: *Incarcerated men who have sex with men said that one of the barriers for them [when accessing PrEP] is, like, fear. And this is mostly about, like, fear of, you know, like, being on PrEP and then being found out that, like, 'Oh, I'm on PrEP.' ... Have you experienced anything like that?*

Thomas: *That they're using prep, like, while in prison? Like they're scared of, like, the people finding out that?*

Me: *Yeah.*

Thomas seemed interested in the topic and said he had a story to share from his experience the week before our meeting.

Actually, that's funny ... I, myself, don't really have a fear of it ... But I actually went on a tour of the Edmonton Remand Center, hmmm ... last week for [my class]. And I'm writing a couple of papers on it as well. And actually, my one paper I told you about, I'm writing on, like, how transgender folks often experience barriers to accessing hormone therapy while in prison. There's, like, a lot of stigma with that. And it's funny because I think there's so much, like, in terms of systemic barriers there. So, particularly, like, uhm, prison culture ... Of course, they are scared of, like, other inmates finding out, right, because of this, like, stigma ... There's that whole aspect of it, and people obviously want to stay safe while incarcerated. But there's also, like, the barrier of, like, the guards ... it's a very military militarized culture. So, I don't know. There's obviously a lot of, like, ... misogynistic kind of elements there. So, it was just interesting to see, like, at the ERC ... how unaware of, like, certain career issues the prison guards are ... Last week, when I was at the ERC ... we went on tour. We saw the maximum security pod, we saw the men's general unit pod, we saw the boot camp, we saw the women's health pod ... And, like, the women inmates wore yellow jumpsuits, and the men inmates wore orange ... I was looking at the women's mental health unit, and everyone's wearing yellow, and then I see a person wearing orange.

Thomas then shared the exact conversations that he had with the warden giving them the tour:

Thomas: *And I looked at the warden who's giving us a tour, and I was like, 'Oh, like, why is there a man in women's mental health [unit]?'*

Warden: *Oh, yeah ... it's giving us some problems. He is a she.*

Thomas: *So, she's trans.*

Warden: *Yeah. Yeah.*

Thomas: *She identifies as a woman. Why is she wearing orange?... She obviously [is], like, sex at birth male, but she identifies as a woman. Why is she wearing orange?*

Warden: *Oh, it's just easier for us to keep track.*

Afterward, Thomas shared his thoughts about this specific conversation with the warden:

And I was like, the problem with that, though, is that, like, you're already stigmatizing the individual because now they stick out like a sore thumb. It attracts attention. So, all the other inmates know, the guards know, and everyone knows to treat her differently. So, I just thought, like, that is, like, one of the issues of, like, how there's such little knowledge about queer issues in the prison system. And it's something so relevant. And, like, obviously, a lot of people are impacted by that ... So, I could see why, like, inmates will have fear to accessing PrEP, right? ... Also, not to mention that, like, I feel like access to PrEP in prisons would be so important just because of the high rate of, like, STI transmissions.

Although this particular story was not entirely centred on PrEP and Thomas' PrEP access experiences, it still highlighted many issues that made me wonder: *What are incarcerated YMSM's PrEP access experiences like, especially in Alberta and Canada?*

I had more sips of my vegan hot chocolate while Thomas got his computer ready to share the photos that he had brought with him that afternoon to share with me. After some minutes, Thomas looked up and said he was ready. However, before we talked about the artifacts, we somehow got diverted to a discussion about what Thomas thought and what he would do if the PrEP funding in Alberta and Canada stopped. When I asked him if he would be worried if PrEP becomes unfunded, Thomas answered:

I mean, yes and no. Like, if you're on it, it's like, 'Oh, shit! ... This isn't a thing anymore?' But also, like, I feel, like, you just adjust your behaviours to, like, be more safe or, like, engage in safer sex or something? I think, for me right now ... I'm very consistent in terms of, like ... the partners I sleep with. So, like, I don't know. I feel like it wouldn't be an issue for me right now. But I can see it being an issue for, like, people who need it because it's really expensive.

I appreciated that Thomas answered the question personally but also thought about what this could mean for other people. From what Thomas said, I learned that having consistent sexual partners could be a factor for someone to stop taking PrEP. Thomas confirmed this and said he thought of stopping PrEP because he had *been just more consistent in, like, who I'm seeing*. Thomas also shared that his current busy life schedule was also a factor that could influence his decision to stop taking PrEP. He said, *I'm also just like ... in a very blunt term, like, I'm very over just like sleeping around ... I don't really care for it right now. I'm so busy. Like, I have so much going on*. I responded by nodding to show Thomas that I understood what he was saying.

Wondering if there were other factors that would make Thomas stop taking PrEP, I asked him if there was anything else that he wanted to add. Thomas stared at the wall beside us and started thinking. His thought was interrupted by a notification that popped up on the screen of his phone. Thomas apologized and shared that it was a notification for a salad subscription delivery he had just signed up for. I asked Thomas not to worry, and after confirming the delivery, he put his phone on the side with the screen down and then started sharing additional thoughts:

Also, something that's been, like, kind of, like, on my mind recently, which is really interesting compared to last time ... I'm kind of starting to be, like, 'Damn! ... It's been, like, a year now that I've been on PrEP!' I've been putting it into my body for an entire year and, like, a bit... So, then I'm like, 'How much study has actually been done on this? How long has it been around for? Am I like a guinea pig here? And now I'm starting to be, like, hmmm, I'm starting to be a little bit cautious of it ... I'm kind of like, 'I don't know if I really want to, like, keep doing this.' I think it was just, like, the whole, like, one-year mark. I was like, 'Wow, it's been a year!' I've taken, like, 365 plus pills of this, and it's been in my body circulating. And I'm like, 'What is it really doing?'

After Thomas finished talking, I answered, *Interesting. It makes me think about it, too. I don't even know the answer to it.* I also jokingly told Thomas that he should let me know in 20-30 years if this ever happens, and then we both laughed. Jokes aside, I also wondered if this affected Thomas' belief in PrEP and its effectiveness.

Me: In a scale of 0 to 10 ... would you [still] recommend it to someone else?

Thomas: Yeah, I would.

Me: If you could give me, like, a number?

Thomas: Eight. I would say eight.

Thomas also added that he gave an eight for the following reasons:

I'm finding that there are certain questions that I'm starting to have that I don't have answers to, and I don't like that ... Like, what's gonna happen 20 years down the road? Like, how is it going to impact me long term?

I reflected on what Thomas shared, and I thought this could be a gap in education and an area for improvement that Freddie and other PrEP providers could note moving forward. I understand Thomas' concern.

Thomas' Artifacts and Their Stories

Thomas had shared many stories with me since our first meeting in October. I was very excited and could not wait for some of these stories to be better understood through the artifacts he brought that day. Thomas reached for and opened the laptop he had placed on the side of the table during our initial conversations. I then saw him opening a folder with the photos he had gathered for our meeting. First, Thomas shared a photo of his family. The very first thing I said after seeing the picture was, *You are tall! But your parents are tall, too.* I realized that this made it evident that I had not met Thomas before because I did not know he was tall. We also noted that what they were wearing in that photo matches the background, which, for Thomas, made it a *good family picture, like a family portrait, to show people.* And I agreed. And when asked to describe his family while looking at the photo, Thomas said, *Obviously, like a really strong support. My only, like, family, I guess, in Canada as well. Because, like, we don't really have family here. So obviously, always together.*

Thomas began to show me the next photo, which was of the area where he lived while he attended a university in Switzerland to take elective classes for a year. And then, when asked which university he went to, he proudly and excitedly said, *University of Bern. Albert Einstein*

studied there! I responded with a big *Wow!* as I looked at the photo again. Appreciating the beautiful image in front of me, I asked Thomas why this place was important to him. Thomas, without needing to take time to think, shared:

I like to show this because it was my first time living on my own somewhere abroad and, like, somewhere far away to help me, like, really kind of develop myself ... And maybe, like, I think, the beginning of my journey of like self-discovery ... Just, like, the first time that I was, like, able to do what I wanted and, like, had independence and was able to just, like, live on my own, and do what I want and see who I wanted, and be with the friends I wanted ... Just a lot of independence and power to me ... And I say that this is, like, the beginning because I, like, obviously, when I first went to Europe ... I was 18, hmmm, I guess that was the end of my first year. So, into my second year of university. I was 18 ... But, like, I hadn't ever, like, slept with a guy. So, it was like my first time. Like, I guess not in Switzerland, but because of this trip, I was able to go, and, like, have my crazy virginity story, which I'll show you ... It was just everything was, like, new and exotic, right? ... Like, it's Europe, right? So, like, sexuality is perceived differently there. It's so much more liberal and stuff. And, like, you just see a lot more.

I thanked Thomas for sharing the first two photos. Looking at them made me want to see more. Thomas read my mind and showed me the next photo, which was taken in Iceland. Thomas remembered a particular story where he was hanging out with an Icelandic girl with whom he eventually went to school in Switzerland. Thomas shared that they went out one night for dinner and smiled after a memory back to him. *She thought I liked her, and I thought she liked me,* Thomas shared as he smiled while looking at the photo. He added, *We [were] both, like, at the table. We're like, 'Oh, no! ... We're both [gays]! ... Oh my God. That's how we, like, get along so*

well! And then they both ended up laughing. Though it was a funny thought, Thomas shared that it was a pleasant experience because it was one of the first times he admired a girl, but he also understood that he did not want to be with one. And this led him to show me the next photo - a photo of a sunset, which Thomas said was taken in Israel. I suddenly became very excited because this photo in Israel was related to one of my favourite stories: Thomas' Tel Aviv story.

I went to Tel Aviv ... That's where I downloaded Grindr for the first time. That was, like, a really, I don't know, incredible experience Okay, I'm in Israel, like, the Holy Land, but also the gay Mecca ... It was basically just, like, I was, like, in this hostel and it was so shitty, and I was like, I just want to, like, meet someone or, like, go out and do something. So, I was, like, "Oh, I should download, like, Grindr to see the guys." ... And I did. And like, just like, ended up losing my virginity, which is super fun. When I look back at it, I'm like, 'That was, like, awful!' ... Now, it's such a funny memory. I love that story. I love telling people that story ... It was just, like, it's so unique ... Like, everyone has shitty, boring stories for their first time. And I'm, like ... 'Mine is so, like, cool!' ... Yeah, this is the sunset after I lost my virginity. So, when I had sex, and then I went to the beach in Tel Aviv, and it was sunset, so I took a picture of it. I look at this, and I'm like, 'This is, like ... the end of an era ... I'm a new person now!'

I could see the excitement in Thomas' face, especially his eyes, as he recalled his Tel Aviv stories. The photo brought back memories of his first sexual encounter with a guy. I had heard this story from Thomas before, but hearing it and seeing Thomas' reactions in person was different. I was also glad that Thomas brought that particular photo, as I could tell that it helped him look back at this experience and story. The image also added more details and richness to his Tel Aviv story, and more colour to what I would say was one of the most significant milestones

for Thomas in terms of his sexuality and identity. We laughed several times in the midst of Thomas's storytelling, and I felt honoured to have heard these special and unique stories from Thomas himself.

After sharing his Tel Aviv story, Thomas scrolled through the following photo. He showed me a picture featuring people he considers his best friends, whom he also regarded as important people in his life. I saw the sincerity and happiness in Thomas' eyes as he talked about them:

These are my best friends right now. They're still my best friends. I've known them since elementary school.

Thomas immediately scrolled to the next photo, which was one of the important times in Thomas' life:

This is when I moved to Edmonton ... My parents took this picture. So, I had, like, packed my moving truck, and I had my car attached to the back. And I drove it to Edmonton ... So, this was from Regina to Edmonton. And this was an eight-hour drive, and I moved by myself. So, it's just like me moving away from home. My parents took this picture, and it's such a funny picture.

Thomas remained smiling while he went through the photos with me and reminisced about the stories behind each image. I was also smiling and happy to have the opportunity to learn more about Thomas through these photos. Lastly, he showed me a photo of a guy:

And this is James⁵⁴, who was kind of, like, my first, I guess. Not like a serious thing, but, like, he was just someone I saw who had, like, a big impact on me, kind of. We met, and we're friends ... And we, like, are friends still, but, like, it was just, like, I don't know ...

⁵⁴ This is a pseudonym and some of the details have been changed for confidentiality.

Not that it didn't work But, like, we're kind of really good friends now, I guess. Kind of. He was just, like, an important, I guess, milestone in my life, kind of.

Talking about James also made Thomas suddenly remember and talk about Chris⁵⁵, though he did not have a photo of him:

And then I don't really have pictures of him, but, like, my best friend who's gay. But also, I don't know. We have like weird chemistry sometimes. I'm like, 'What's going on?' We've, like, known each other for a long time. He's Chris ... We're very close ... We understand each other so well.

Thomas closed his computer, signalling the end of his 'artifact presentation.' I have said at least a couple of times that the Tel Aviv story was my favourite, but I loved looking at all of the photos that Thomas has shared and listening to all the stories and experiences behind them. I was happy to know the people, places, times, and social experiences that were important parts of his life. I was also very thankful for the opportunity to learn more about Thomas, as it helped me understand his experiences and stories better.

Following-Up in the New Year

After our November 2021 meeting at Remedy Café, Thomas and I decided not to connect again until the next year. Thomas had been busy with school, especially towards the end of the previous Fall semester. I have also been busy working on my research. So, after several email exchanges, Thomas and I met again at noon on January 26, 2022. We also decided to connect virtually via Google Meet as it was more convenient for both of us. In addition, it was cold and snowing that day.

⁵⁵ This is also a pseudonym and some of the details have been changed for confidentiality.

For the first time in 2022, I was back in my dining area, sitting on my white and pink dining chair-slash-office chair. In front of me were my MacBook, black-covered notebook, pen, and recorder, all organized on my white dining table-slash-study-table. As I waited for Thomas, I made sure the lighting in the room was good and that Thomas could see me well. After a couple of minutes, Thomas showed up on the other side of the screen. Thomas and I were both wearing warm sweaters, which was more than appropriate for the 0-degree Celsius weather outside. To counter the cold weather, we welcomed each other with a friendly smile, waved at each other, and said our first *Hi!* and *Hello!* and *How are you?* of the year.

The goal for our meeting was just to do a quick check-in and see how Thomas was doing. Overall, I was glad that Thomas' PrEP access experiences remained positive. Thomas advised me that he was still accessing PrEP through Freddie. Also, because the organization's processes had been the same since he started accessing PrEP during the first phases of the COVID-19 pandemic, Thomas has had no issues with his subsequent access. I also asked Thomas about new people, places, and milestones in his life, and he shared that because of all the restrictions related to the pandemic, he could not see anyone or go anywhere. I realized this to be accurate as I was also 'on the same page' as Thomas, mostly at home and spending time only with the family with whom I live in the same house. In the end, Thomas shared that the best thing that happened to him was his recent trips, especially the one in New York.

Me: *You said you always wanted to go to New York for Christmas.*

Thomas: *Yeah ... That would be, I guess, like, a cool thing that I did.*

Me: *It's very, like, Home Alone, kind of thing?*

Thomas: *Yeah. It's very, like, Home Alone. And, like, just very movie-like. Just beautiful.*

Me: *Did you go to the, hmmm ... Rockefeller? Like, you know, like, the big Christmas tree.*

Thomas: *Yeah, I did!*

After talking about his amazing and exciting New York trip, we continued our conversation by talking about his recent sexual activities and behaviours and his PrEP use. Thomas shared:

I would say it's just been, like, pretty quiet ... I have been focusing on me, doing my schoolwork, reorganizing my house, kind of thing. Nothing, nothing crazy.

It was interesting to learn how Thomas' sexual behaviour has changed in the past months.

However, I was also not surprised because Thomas mentioned in our last meeting that his sexual activities were slowing down and that he only met with regular or consistent sexual partners.

Thomas also mentioned earlier that he only engaged with one sexual partner in January 2022 but was still regularly taking PrEP, so, out of curiosity, I wondered and asked Thomas the reason he was still taking the medication. When I asked the question, I intended not to discourage Thomas from continuing to take PrEP but to learn from his experience and decision-making. Thomas was very open to the question and answered:

Yeah ... I have it. Just because I had this, like, the prescriptions, so I've just been taking it. But, like, I wouldn't say it's for a particular reason ... [Also] because I'm on it and I've already, like, I have gone through the process of getting it ... But really, like, I guess

right now, I've even noticed that I have started, like, forgetting to take it or taking it later in the day just because, like, it's not really a priority right now.

Thomas added that he was not worried about missing a dose this time since he was only with one sexual partner and knew and trusted the guy he was sleeping with. This was a change from months ago when Thomas would miss some doses because of getting sick and his busy schedule, and he also realized that the poor adherence might put him more at risk of contracting HIV.

However, I knew he knew and trusted the guy he was engaging in sexual activities with. We continued our conversation that day and reflected on the things Thomas had shared previously.

To end that Wednesday afternoon's meeting, I asked Thomas if there was anything else that he would like to share. Thomas looked at the ceiling, as he usually would do whenever I asked him a big question, and after some seconds, he looked back at the screen and said that there was nothing he could think of at that very moment.

Checking-In, Following-Up, and Co-Composing Stories

My next meeting with Thomas took place in the Summer of 2023. As I advised him, I had been busy writing the participants' narrative accounts for the past year. Additionally, my family had to go through some challenging life and health events in 2022, which also took some of my time from writing. Despite all of these, I still ensured that I continued to connect and check in with all three participants, including Thomas.

Our subsequent follow-up was through text messages. Thomas did not respond to my last email, so I thought I would text him. Thomas and I agreed that we could connect and follow up via text messages since he could be busy and away from his emails or travelling within and outside the country. I respected this and gave Thomas time in June-July 2023 to enjoy his summer. Thomas had been very busy and worked hard to finish his degree (he had already

graduated at this time), and I knew a break would be great before he officially started work. I also kept myself busy writing Thomas' narrative accounts over the summer while working and taking time to rest and enjoy myself when I could. And then, towards the end of July, I felt ready to reconnect with Thomas again to catch up with each other and to start negotiating his narrative accounts. Thomas and I reconnected again via text messages during the last week of July 2023.

After more than a year after our last in-person meeting in Edmonton, Thomas and I decided to meet again in person on another Sunday. This time, we met on August 20, 2023, at another coffee shop in Calgary, Alberta. Thomas moved to Calgary after getting a job there, and I happened to be in the city for a very good friend's wedding that was happening later that afternoon. I was happy that our schedules worked out, as I wanted to meet with Thomas in person again to catch up and negotiate his narrative accounts. Thomas and I initially planned to meet at 11 AM but decided to meet half an hour earlier so he could go for a run in the afternoon, and so I could have enough time to prepare for my friend's wedding. After ensuring the document I needed for our meeting was ready, I emailed a copy to my U of A email, which I planned to forward to Thomas after our meeting. I then grabbed everything I needed and placed them in the same black backpack I always brought with me whenever I was meeting with a research participant. I smiled and left the hotel room I was staying at, hopped in the elevator and while in the elevator, I took a deep breath and told myself, *Let's do this!*

I got off the elevator and headed towards the revolving door that led me to the streets of Downtown Calgary. It was colder than I thought that morning, and I only wore a shirt and a pair of shorts. I walked as fast as I could until I got to the coffee shop. I headed toward the glass door, and as I walked inside, I was greeted by the relaxing smell of fresh-brewed coffee, a mellow old song, and a smile from the bartender. *Today's going to be a good day*, I told myself.

I found a spot at the end of the café, which I thought was private and quiet enough to have and record our conversations. After sitting and putting my black backpack down, I reached for my phone beside the notebook and texted Thomas that I was already at the coffee shop. After a few minutes, he responded and said he was crossing the street. I replied and asked him what he wanted as I thought of getting our beverages before he arrived. After getting his response, I headed to the bar and ordered a regular black Americano for Thomas and a black green tea for myself. I headed back to our spot, sat down, and organized my stuff on the table. After some minutes, I saw a tall guy walk in with eyes circling the café, indicating he was looking for someone. *It's Thomas!* I yelled inside my head as I saw a familiar face walk towards me. I also smiled because I realized that after writing the narrative accounts for more than a year, I now use the participants' pseudonyms to refer to them instead of their actual names. I remained seated as Thomas continued to walk towards me, and when he got to the table, to my surprise, he opened his arms wide for a hug. I stood up and opened my arms, and Thomas and I hugged each other. Thomas initiating and offering the hug was huge for me. As I reciprocated Thomas' hug, I smiled and thanked the universe for the good relationship I had built with Thomas over the years.

Me: Hi. Sit down. How are you?!

*Thomas: I am good. How are you?!
When was our last meeting?*

While sitting down and resting our hands on our table, Thomas and I laughed as we could not believe it had been more than a year since we last saw each other. We both agreed that it felt like it was only yesterday. Overall, I was happy to have that feeling when I had not met a friend for a

long time, and when I met with them, it was as if I had just met and talked to them recently and no time had gone by.

Thank you so much, Thomas said as I placed his black Americano in front of him. I told him he was very welcome and that I wanted to make sure I got him something that morning because he did not let me get him a coffee the last time we met. As we held the warm coffee and tea with our hands to warm them on that chilly morning, I used my right hand to start the recording and placed the recorder in the middle of the brown table. And from there, we started our conversation.

First, I asked Thomas how living in a new, important place in his life had been going. Thomas described the new experience: *It's so nice ... Really positive experience ... Love the vibe of the city*. After hearing this, I jokingly told Thomas, *I'm so jealous*. I shared with him that I always wanted to move to Calgary, too. I also love the city's vibe, and it is closer to the mountains, which caters to my love of hiking and snowboarding. Before starting our follow-up conversations about his PrEP access experiences, Thomas shared that he travelled to the US, the Caribbean, around Canada, and Europe during the summer. Specifically, he went to Atlanta and Savannah (Georgia), Charleston (South Carolina), Miami, Puerto Rico, St. Martin, Anguilla, St. Barts (Barthelemy), and Los Angeles. In Canada, he spent time in Montreal, Edmonton, and Regina, Saskatchewan, to spend time with his family. As he previously shared, Thomas also flew to Europe and travelled to different places, including Amsterdam, Germany, Iceland, Croatia, and Montenegro. In Amsterdam and Frankfurt, Germany, Thomas shared a very exciting experience that made me very awake that Sunday morning- Thomas saw not one but two of Beyoncé's Renaissance concerts. Of course, I moved around excitedly on my seat, my attention as keen as an eagle, and my mouth was wide open as Thomas shared with me his Beyoncé

experiences. Thomas shared some of his and his friends' experiences during the concert without providing specific details, as I was also about to see the Renaissance concert in Vancouver in September 2023. Thomas and I shared many *Oh my God* and were super excited to know we were both big Beyoncé fans. We were also surprised that we just realized that after talking for months. However, we also agreed that learning something new about each other was great.

Me: Oh my God. I'm so happy that you love Beyoncé as well.

Thomas: Oh my God. It was unreal!

After Thomas shared his travel stories, I told him I would also like to travel after finishing my Ph.D. Specifically, I shared with him that I was planning a trip to the Philippines since I had not been back since my family and I moved to Canada. I also shared with him that I would like to see some Asian countries on top of my Philippines trip, such as Thailand, Vietnam, and Indonesia. Thomas got very excited and told me that I should do the trip. He also shared with me some places he had visited in Asia, including Thailand, Vietnam, Cambodia, Malaysia, Singapore, and Korea. Thomas grabbed his phone, opened his Instagram account, and quickly shared some photos he took during his trip to Asia with me. He enthusiastically talked about the places he visited and the fantastic food he ate, among many others. As Thomas scrolled through his Instagram account, I simultaneously looked at him and the photos and smiled after seeing how excited Thomas was whenever he talked about his travels. It was the same excitement I feel whenever I talk and share my travel stories and experiences with family and friends.

Thomas and I had sips of our coffee and tea, and after we finished catching up, we started discussing PrEP-related topics. Thomas began to update me about his PrEP use, which ended in the latter months of 2022.

Around December of last year [2022], I probably just stopped, like, regularly taking my PrEP ... I think school just got kind of busy ... [And I had a really good friend. And then, like, we were kind of, like, sexually active as well, [and] exclusively with him ... This was, like, October maybe that we met ... We actually met through another friend at, like, a party. But, like, we became really good friends and just kind of, like, almost friends with benefits, like, basically, like, October, November, December ... He went back to his parents' house in, like, Northern Alberta ... But timeline-wise ... I stopped taking PrEP, maybe around December last year because I've met him in October, beginning of October, and then we've been together for that time ... Same with January and February. And beginning of February, he moved away, so we kind of stopped. Like, we still talk even to this day. We talk, we're really good friends, but, like, we weren't sexually active anymore ... I guess, like, he was almost, like, my transition out of PrEP because, although we stopped being sexually active at some point ... for the most part, I had to stop taking PrEP ... around December because I was kind of seeing him ... And also, with school ending and wrapping things up.

Listening to Thomas, I learned that being in an exclusive sexual relationship with someone influenced his decision to stop taking PrEP. From his story, I could say that the guy he met in the Fall of 2022 was an important person in his life who played a vital role in what Thomas called his *transition out of PrEP* phase.

Thomas shared that during his recent trip to Europe, he met a new significant person in his life - his new boyfriend. I exclaimed and gave Thomas a huge smile as I congratulated him and told him I was very happy for him and his new guy. Thomas thanked me and told me about how they met.

On my last night [in Amsterdam], I was walking, and I go to cross the street, and I got hit with his bike, he was turning the corner. It was him! ... He was like, 'Oh my God, I'm so sorry!' I was like, 'No, I'm so sorry ... I should have seen the bike.' And he's like, 'No, it's my bad.' He [also] said, 'You're visiting? ... Where are you visiting from?' I was like, 'Oh, I'm Argentinian, but I live in Canada.' We started talking for, like, 15 minutes. [Then] an hour goes by, we're still talking. And then, like, we ended up grabbing dinner. And I was, like, leaving that night. So, it's very much like ... 'Oh, my God, this is really nice!'

Thomas and I continued to talk, and he shared that being in a relationship also influenced his decision to stop taking PrEP. Additionally, deciding to be in a monogamous relationship was another critical factor that led to that decision:

I think the toughest part is gonna be, like, we're not both people who appreciate the convenience or the aspects of an open relationship ... So, we're like a close relationship⁵⁶ ... We think it's healthy for us. But also, it's going to be hard, obviously, with the distance. But that's just kind of, like, what we value right now in our relationship and what we want. And we're kinda on the same page with that ... It's funny because this whole time, I hadn't been on [PrEP]. Because my friend left in February. The friend I

⁵⁶ Thomas and I's understanding of a close relationship is that it is an exclusive relationship. This means that the two people involved are not allowed to engage in any form of sexual relationships, activities, or behaviour with other people.

was, like, seeing kind of consistently but who had become a friend and not really, like, a partner anymore. And right at the end of that month, I had met, uhm ... my boyfriend ... It's been eight months not being on it [PrEP].

I totally understood and respected Thomas' choice to stop taking PrEP, especially now that he is in a serious, monogamous relationship. This made sense to me because I remember Thomas saying in one of our early conversations that being in a monogamous relationship would be one of the reasons for him to stop taking PrEP. Thomas' decision and current situation also made me remember a study finding I read while preparing for my research. The study found that one of the things that MSM and YMSM reported to be a reason for them not accessing PrEP was being in a monogamous relationship.

I continued to have sips of my green tea while Thomas continued to share his stories. He also had sips of his Americano as he scrolled through the photos on his phone to show me a photo of his boyfriend. He showed me a picture of them at a park near the canal in Amsterdam, where they were chilling and reading. The excitement in Thomas' eyes and face remained as he showed me more photos. In the end, I told him with pure sincerity, *I'm gonna follow your love story. I'm rooting for you guys.* I then gave him some advice on handling his situation with his boyfriend, having had some experience with long-distance relationships in my younger years. Thomas looked at me and listened attentively to what I had to say. We talked like good friends at that moment. We continued sipping our coffee and tea and continued our conversation about PrEP and the research.

After talking about all the exciting things that happened in the summer of 2023, Thomas and I decided to talk about the things that had happened before that. After our virtual January

2022 meeting, we continued to connect and communicate through emails but did not talk much about his PrEP use and sexual activities. Having said this, Thomas briefly filled in the gaps:

So, [I was] pretty consistent, I would say ... Maybe two to three partners ... two to three partners a month ... I was busy because, I guess, the summer. Like, previous summer. So, May to August, I was here [in Calgary] ... So, it's pretty busy with work. And, like, pretty consistently, just like met the same 2-3 guys over the month ... Like two or three, and then consistently over the summer. So, for the four months. And then I went to Asia for a month, came back September. I was really busy with the start of school, like, September till the end of October, and then I just met Northern Alberta guy.

Towards the middle of our conversations that day, Thomas and I decided to call the guy he consistently engaged in sexual activities within the Fall of 2022 the Northern Alberta guy. This is the same guy he was engaging with when he initially decided to stop taking PrEP.

Thomas and I continued to briefly follow up and fill in the gaps about his PrEP access experiences by asking how the process was, especially with him being based in Edmonton during school and in Calgary during the summer for work. I also remember Thomas saying when we initially talked about his PrEP access in a different, new city (Calgary) that it had been a challenging experience for him. Thomas shared this time:

You know, it's crazy ... Like, I was based in Edmonton, but also Calgary sometimes. And then, like, I'm from Saskatchewan and [with] Saskatchewan insurance, right? They were always so good about, like, 'Where are you?.... And they're, like ... 'We'll ship it from Saskatoon to wherever you are.' And they switched me to Saskatoon pharmacy. Family pharmacy. So, they were really good. I would, like, get a call, they follow up, and boom, 'Is this [Thomas]? Yeah. Where are you? Are you in Calgary? Edmonton? Oh, I'm

in Calgary now ... Cool, we'll ship it to you. It will be there in, like, a day to two.' ... It's actually, like, crazy how much money all that shit cost. Just like the fact that they would ship it to me and, like, how much the actual medication costs. Like, it was amazing. Like, you don't realize, like ... the privilege behind that.

Thomas also shared how the challenge of being in different cities or geographical locations became easier for him as time went by and as he became familiar with the new places he was in:

It was, like, a challenge ... But, like, within, like, a week, like, you're able to sort it out ... There's the Chumir Center ... they have a lab there ... so I just go there. And it was pretty easy ... It was, like, pretty close. I walk everywhere ... And, like, at work, it was never an issue either ... I remember I had, like, my supervisor. Like, I had to come to her. I had, like, my lab work at three, and I was like, 'Hey. Like, is it OK? Like, I actually have to step out. Like, I have, like, blood work to get done.' And she was like, 'You're an adult. Just say you have an appointment, and you're good to go. Like, don't worry about, like, disclosing anything. Like, you can go wherever you need.'

It was great to hear that Thomas' transition to a new city had been going well. I knew that moving to a different city - was already stressful, and it was good that Thomas could quickly figure out the healthcare resources he needed to continue to access and use PrEP. It was also great to hear that Thomas had amazing support from work, which I thought was important.

Listening to his story, I heard that having supportive people around you could help facilitate one's PrEP access (e.g., work, family, and friends). This also made me wonder: *In what other ways does support positively affect and facilitate a YMSM's PrEP access experiences? How does the lack of support affect a YMSM's PrEP access experiences? Do all YMSM get enough support about accessing PrEP from the people around them?*

Thomas and I continued to talk about how he stopped PrEP. Since we discussed the access processes several times in our past conversations, I thought of asking Thomas how the stopping processes were. Thomas laughed and said he felt like he cheated on Freddie: *I feel like I've cheated on Friday and PrEP ... I kind of just, like, stopped ... And then I just, like, never followed up. I should have, maybe.* We laughed and made a joke that Thomas dumped Freddie after having a good relationship with 'him' for two years. After a good laugh, Thomas and I agreed that he should follow up with Freddie and notify them that he stopped taking the medication in December 2022. After making the plan to notify Freddie about stopping his PrEP use, I asked Thomas if he would still recommend the medication to other YMSM even though he was not on it anymore. Thomas took a sip of his coffee and then answered:

For sure. For sure ... And you know what, it seems, like ... it's a no-brainer. Even, like, for someone who's, like, starting to, like, explore their thing ... Like, random hookups, stuff like that. Like, you never know. And just like having that barrier, like, that safety barrier there is so, I think, important. And, like, especially while you're trying to, like, figure out who you are, what you like to do, and all those sorts of things. It's just like, it's almost, like, you're learning to swim, and [PrEP] is a life jacket.

Me: *I like what you said about, like, 'When you're figuring it out.'*
Like, 'It's good to have it when you're figuring it out.'
Like, what do you mean by that?

Thomas continued to share:

I think there's a kind of, like, crossroad of, like, turning maybe, like, seventeen, eighteen where you start drinking and, uhm, start going out more and start exploring your sexuality ... You may think that you're gonna make smart decisions. And I think when

everyone starts to, like, you know, like, they're trying to think, like, 'Oh, I would never have unprotected sex.' Or, 'I'd never do this. I'd never do that.' ... I think there's, like, room for a lot of maybe not safe decisions to be made ... There's a lot of, like, you know, there's a margin for these mistakes to be made. And I think just that even being there, or that chance of like those mistakes occurring is already, I think, a big enough factor to consider having this [PrEP] ... this, I guess, safety net in place. So, I think maybe changing the narrative of, like, you know, 'PrEP is something that people take if they have unprotected sex to protect themselves from HIV/AIDS.' I think just, like, if we market it that way, it's not the best because you're gonna get a lot of people saying, a lot of young people saying, 'Oh, I wouldn't do that. Until they do ... And all it takes is one interaction [for] something negative to occur, perhaps, right? Like, it's not that you have to have sex a million times to get HIV. It's, like, you never know. So, changing it from it being, like, 'A medication that people take to prevent HIV' ... Or changing the narrative of, like, 'It is a medication that people take only when they have unprotected sex' to being, like, 'This is a medication that's, like, that young gay men take or a medication that will ensure this doesn't happen' will maybe promote more people to take [PrEP] ... I think there's hesitancy, again, from those young gay men being like, 'Oh, this is something I would never do so I don't need to take this.' Until they do start doing it, and then they're, like, 'Oh, I should. I should be taking it.' ... In conclusion, I think PrEP should be more of a ... pre-emptive step ... [and] like, not a response ... It should be taken before rather than as a response to. Precautionary and, like, ... preventative rather than reactive ... Preventative, like, taking it before rather than, 'Oh, I've already had unprotected sex, I should probably start taking it.' You know what I mean?

In one of our previous conversations, I remember Thomas talking about the importance of and the need to educate the public about PrEP. This aligned with what Thomas said in our conversation that day in Calgary. Thomas and I also agreed that PrEP could be explained as something like birth control pills - a medication that someone could take daily to prevent something from happening. Moving forward, this need for education, which Thomas thoroughly discussed and talked about, was something that I will remember.

After a few more sips of our coffee/tea, Thomas and I continued talking, and the next thing that I asked him was how PrEP helped him explore his sexuality. I thought of asking this follow-up question after remembering what Thomas said earlier- that PrEP was a good thing to have, especially for YMSM exploring their sexuality. Thomas paused for a bit, thought about the question, and then started sharing:

Yeah. Because I think it just, like, removes any hesitancy from, like, 'I don't know if I should do it' to being, like, 'But I'm on PrEP. It's fine.' Like, 'Let me just go [and] see what this is about.' And then you were, you know, hook up with that person you maybe didn't want to hook up with or do that thing that maybe you didn't wanna do ... Like, it just removes one extra, like rather than going and being, like, 'Do I like that? Or do I not like that?' Also, 'Am I gonna get HIV or AIDS?' Rather than having those two, like, big thoughts, now it's more, like, I would be able to go into it. Like, not having those concerns of being, like, I may get HIV. And the only question that would be left would be, like, 'Did I enjoy that? Or did I not enjoy that?' Rather than being, like, 'I enjoyed it, but I'm also scared of this.' Like, it strips away unnecessary concerns and allows you to be really more focused on the experience of, like, your interaction with another male or,

like, your sexual experience to be like, 'Is this something that I enjoy - yes or no?' And not something that's like, 'Yes, I enjoyed it. But also, there's this fear.'

I thanked Thomas for sharing and told him, *You've shared a lot of great things.* I took mental notes of what Thomas said as we talked about how PrEP took away the fear of having HIV. We also continued to discuss how PrEP allowed him to explore his sexuality with fewer to no worries and how PrEP allowed him to explore the things he liked or did not like when engaging with multiple male sexual partners. To end the conversation with Thomas and before we review and start negotiating the narrative accounts I have written from all our meetings and discussions, I asked Thomas if he would ever return to being on PrEP in the future. Thomas answered even before I finished the question:

Oh, for sure! Yeah. 100% ... I mean, I think if I'm single again, it's gonna be a disaster. So, it would be, like, you know, like, you go through your little hoe phase right after a relationship ends. So, like, if that were ever to happen, I'd be, like, 'Hey, give me PrEP.'

Thomas and I laughed after he said he hoped Freddie would take him back *after I cheated on them.* At the end of this part of our conversation, I was happy to know that Thomas still had 100% faith in PrEP and that he would still go back on the medication if he ever decided to engage in sexual activities with multiple men again. This showed me that PrEP gave Thomas that sense of protection and allowed him to engage in sexual activities and explore his sexuality in a safe way and with less worry.

Presenting Thomas' Narrative Accounts

Thomas and I then headed towards looking at the draft narrative accounts I had written. I watched Thomas read the narrative accounts for the first couple of minutes. I also smiled as he scrolled up and down through the document and remembered being very happy to finally get to

that moment, negotiating the accounts with the last participant. *It was all worth it*, I told myself as I looked back at all the conversations and meetings that Thomas, the other two participants, and I had had in the past months and years. Writing their stories and experiences was an honour and opportunity for which I will forever be grateful.

Thomas ended up taking more than 15 minutes to read some parts of the accounts. I smiled again and told myself that Thomas reading longer than planned meant he was enjoying the accounts so far. I stood up to get more hot water for my tea and allowed Thomas to continue reading with fewer distractions. When I returned to our table and sat on that brown leather seat, Thomas stopped scrolling through the screen, looked at me, and said: *It's so, like, interesting*. He also laughed after reading the part where I wrote about how it took him some time to respond to my initial recruitment emails, which made me nervous and anxious. I laughed with him as we looked back and reminisced. After Thomas said he was done reading, I asked him for his initial thoughts on the accounts. Thomas shared:

Oh, my God! I love it! ... It's really interesting. Just to, like, reflect back on my thoughts and my experiences. Being able to see it all, like, written out [is] so fascinating! ... How much time has gone by, eh? It's crazy! ... I think they're all really true and real experiences ... I still stand by a lot of it, all of it ... Like, having to move to a new city and at first being, like, 'What the fuck is PrEP? ... How do I get that? Where do I go? Is it, like, a scam? Is it legit?' And like learning all those kinds of things throughout that time period, right? ... Especially during COVID. Holy fuck! During a lockdown. It's, like, you need to go to the clinic and do this and do that. And the bloodwork and how do you go there and where do I go? ... It takes time, for sure, to learn all of it, you know? For it to become easy and second nature almost. At first, it definitely takes some dedication to be

able to establish those bridges in order to access PrEP easily and readily ... It was just, like, nostalgic.

I thanked Thomas for his thoughts. I agreed it was good to look back at his experiences- from learning about PrEP, accessing and using it, and stopping it. It was a challenging and unfamiliar experience for him at first, but I saw and learned from our conversations how the access became easier for him as time passed.

Thomas indicated he was looking forward to reading the rest of the accounts. I told him it made me happy to hear that he was willing to allot some time to review the accounts, as I knew he would be busy in the coming weeks with his new job. Thomas handed me the computer back, and as I looked and quickly scrolled at the accounts myself, I asked Thomas about his thoughts on the writing style and how the accounts were presented. Thomas said:

The narrative account, I love it! ... It's easy to read, and I think it humanizes the participant ... You know, like, it doesn't make them just, like, another number or research participant. It makes them, like, a, like a person, you know. Like ... this is actually someone's experiences and someone's story.

Thomas' response made me smile one more time. As Thomas uttered the words he had just said, I could feel my heart jumping with happiness, feeling that I had done something right. It also made me appreciate the beauty of the narrative inquiry research I was doing.

We checked the time and saw that it was already past noon. Thomas and I planned to be done before noon so I could get to my friend's wedding ceremony on time, but our great conversations that day made us forget about the time. Thomas and I negotiated what we would do moving forward. I told him that I would send him a copy of the accounts right after our

meeting so he could start reviewing them. After ensuring that we had accomplished everything that I wanted to achieve that day, Thomas and I started to say our goodbyes.

Me: *Thanks for participating. It's been, like, what?*

Thomas: *Three years?*

Me: *Three years. It's crazy.*

Thomas: *Oh, my God.*

Me: *And I feel like we just met.*

Thomas: *I know.*

Me: *I still can remember the first time that we met.*

Thomas: *I can't believe it's been so long.
That's why when I'm reading it, it was such a nostalgia.
I'm excited for you ... I'm just excited to
see how it continues to progress.*

Thomas and I stood up and told him I would let him go so he could continue on with his day.

Thomas extended his arms again, and this time, I responded by doing the same. We then gave each other a warm hug - a hug that signifies the good relationship we built over the years. A hug that I will forever cherish and be thankful for as I make my way towards the end of my doctoral journey.

I watched Thomas as he walked out of the coffee shop. I also uttered a simple thank you prayer for that great opportunity I had with Thomas that day. And then, once he was out of sight, I sat back down on the brown leather seat and uttered another thank you prayer, this time because I am now officially done meeting with the participants and collecting field notes for my research. This thought also made me very excited to lay side by side and look at Tuck, Taylor, and

Thomas' narrative accounts and identify similar plotlines and narrative threads. It is another important step of this narrative inquiry research that I could not wait to proceed to, especially after more than a year of meeting with all the participants.

My thoughts were interrupted by the music in the coffee shop, the people walking into the shop to get their daily dose of caffeine, and the aromatic smell of coffee. I reached for the recorder and took field notes about what happened that day. I ended my field notes with the following:

It was good ... It's a really good feeling today. It's a Sunday ... I thanked him for, you know, being a part of this research. Like, I wouldn't be able to do this research without him and, of course, without the other two participants. And he left, and I was watching him walk away and with a smile on my face ... It's great. That's great! So, thank you. Thank you. I'm so happy. It's a good day.

Chapter 7: Narrative Threads

Narrative threads are essential parts of the final research texts, and they come after co-composing and negotiating the interim research texts or narrative accounts with participants (Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Clandinin & Huber, 2010; Clandinin, 2013). The narrative threads are “particular plotlines that threaded or wove over time and place through an individual’s narrative account” (Clandinin, 2013, p. 132). The threads also reflect the experiences of both the participants and the researcher in the narrative inquiry study and should be “embedded within social, cultural, familial, linguistic and institutional narratives” (Clandinin, 2013, p. 207). In this chapter, I presented two narrative threads that I identified by laying Tuck’s, Taylor’s, and Thomas’ narrative accounts metaphorically alongside one another and by continuously searching for “resonances and echoes that reverberated across accounts” (Clandinin, 2013, p. 132). These two narrative threads, in relation to PrEP access, are: 1) Narratives of Identity-Making and 2) Narratives of Social Responsibility.

Developing the narrative threads involved reading and rereading Tuck, Taylor, and Thomas’ narrative accounts multiple times (Clandinin & Connelly, 2000). As I read and reread the accounts, I also explored and attended to the participants’ stories and narratives inward, outward, backward, and forward (Clandinin, 2013; Clandinin & Connelly, 2000). These iterative, complicated, and complex processes involved identifying resonant and similar plotlines across Tuck, Taylor, and Thomas’ stories, experiences, and narratives (Clandinin & Connelly, 2000; Clandinin, 2013; Lindsay & Schwind, 2016). By doing all of this, I was able to continue to identify threads, including “names of the characters that appear in field texts, places where actions and events occurred, story lines that interweave and interconnect, gaps or silences that become apparent, tensions that emerge, and continuities and discontinuities” (Clandinin &

Connelly, 2000, p. 131). Also, I was able to identify and unpack the two narrative threads and locate them within a broader and social theoretical landscape and “in the context of other research and theoretical works” (Clandinin & Connelly, 2000, p. 133).

Moreover, I composed the narrative threads presented in this chapter by continuing to live in the midst of Tuck, Taylor, and Thomas’ lives (Caine et al., 2018; Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Clandinin, 2013). By living in the midst of the participants’ lives, I was able to understand their experiences better and connect with them “over time, in a place or series of places, and in social interaction with milieus” (Clandinin & Connelly, 2000, p. 20). I also acknowledge that by living in the midst of Tuck, Taylor, and Thomas’ lives for an extended period of time, I gained the privilege of being a part of their lives and stories (Clandinin & Caine, 2103). By doing so, I became more awake and aware of how their lives were influenced by the three commonplaces or three dimensions of narrative inquiry: temporality, sociality, and place (Caine et al., 2018). By being attentive to the three-dimensional narrative inquiry space, I was also able to understand better how temporality, sociality, and place played vital roles in Tuck, Taylor, and Thomas’ PrEP access stories and experiences. Keeping the three commonplaces in mind also allowed me to understand better the phenomenon of interest in this study (Clandinin & Connelly, 2000; Clandinin & Huber, 2013; Clandinin et al., 2007; Clandinin, 2006).

Lastly, I identified the narrative threads by revisiting the research puzzle, which included the following questions: What are the experiences of Canadian YMSM related to accessing PrEP? What personal and social factors influence YMSM’s decision to access and use PrEP? What barriers and facilitators do YMSM experience when accessing PrEP in different contexts? What are the social, structural, clinical, behavioural, and personal challenges related to PrEP

access that Canadian YMSM experience over time? What roles does PrEP play in Canadian YMSM's overall life, growth, health, and well-being? Revisiting the research puzzle guided me as I carefully and thoughtfully developed the narrative threads.

Before presenting and discussing the narrative threads, I wanted to remind myself and the readers that the goal of this narrative inquiry study is not to provide generalizations, conclusions, or final answers to the research puzzle (Clandinin, 2013; Green, 2013). It is always important to remember that the participants' lives, stories, and experiences in the context of PrEP access are ongoing, always in motion, always unfolding in unexpected ways, and always changing (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin et al., 2018; Clandinin, 2006; Dubnewick et al., 2017; Riley & Hawe, 2005). Hence, no conclusions and final answers can be derived from the narratives presented (Caine et al., 2013; Clandinin & Caine, 2013; Clandinin et al., 2018; Clandinin, 2006; Green, 2013). Instead, the goal is to give readers a new understanding of the phenomenon under study (Wang & Geale, 2015), which is understanding YMSM's experiences in relation to their PrEP access. It is also my hope that the final research texts allow the audience to think about their own experiences. This echoes with what narrative inquirers who came before me had hoped, which is to have the audience "engage in resonant remembering as they lay their experiences alongside the inquiry experiences, [and] to wonder alongside participants and researchers who were part of the inquiry" (Clandinin, 2013, p. 51).

Narrative Thread 1: PrEP Access and Narratives of Identity-Making

As I started to lay Tuck, Taylor, and Thomas' narrative accounts alongside one another, one of the resonant threads that reverberated throughout their accounts was that their PrEP access experiences and stories were more than about obtaining and using the medication. Instead, it became clear that PrEP access and use played a role in Tuck, Taylor, and Thomas' process of

identity-making. Through telling and retelling their stories, the participants came to understand their experiences better (Caine et al., 2013; Clandinin & Connelly, 2000) and created a narrative identity that allowed them to better understand who they are as a person.

Narrative identity, as defined by narrative researchers, is “a person’s internalized and evolving life story, integrating the reconstructed past and imagined future to provide life with some degree of unity and purpose” (McAdams & McLean, 2013, p. 233). In narrative research, narratives allow people to create, discover, and reveal their identities through their stories, which makes stories and identities reciprocal (Adler et al., 2017; Baddeley & Singer, 2007; Tuval-Mashiach, 2006). Through their narratives, people find a way to organize their life experiences and stories and understand how stories form their very sense of identity (Crites, 1971).

Narratives allow people to make sense of their experiences and how they perceive themselves (Adler et al., 2017). As a result, narrative identity is formed through infusing stories and narratives with meaning to uncover and better understand one’s identity (Cohler & Hammack, 2006).

Earlier, I talked about stories to live by, which is the narrative conceptualization of identity in narrative inquiry (Connelly & Clandinin, 1999). Several narrative inquirers argue that stories are essential tools to understand, uncover, and make sense of one’s identity and stories to live by (Chung, 2009; Clandinin & Caine, 2013; Connelly & Clandinin, 1999; Green, 2013; Haydon et al., 2018; Holloway & Freshwater, 2007; Lindsay & Schwind, 2016). In narrative inquiry, narrative identities and stories to live by are explored by looking at how a person, through their narratives, constructs themselves and their identity within different contexts (Clandinin, 2013). In addition, the telling and retelling of stories to live by allows people to

construct and reconstruct their identities and make sense of who they are and are becoming (Haydon et al., 2018; Holloway & Freshwater, 2007; Lindsay & Schwind, 2016).

I read and reread Tuck, Taylor, and Thomas' narrative accounts and uncovered how they started to construct important pieces of their narrative identities. These included stories that are vital parts of who they are: their heritage, their families, and the things they like, among others. Notably, Tuck, Taylor, and Thomas revealed parts of their identities and stories to live by in the found poems that we wrote together. In this first narrative thread, I continued to dig deeper across the three narrative accounts to explore the different ways PrEP access and use helped facilitate and shape Tuck, Taylor, and Thomas' identity-making and stories to live by.

Identity-Making Through Living in Temporality, Sociality, and Place

During my conversations with Tuck, Taylor, and Thomas, I learned that it is crucial to explore their experiences within the three-dimensional narrative inquiry space of temporality, sociality, and place. In this way, exploring the participants' narratives allowed me to create a better meaning and understanding of their experiences and stories and an overall understanding of the phenomenon under study (Clandinin & Connelly, 2000; Clandinin et al., 2007; Clandinin, 2006).

First, temporality or time allows people to create and shape their identities and to know who they are and who they are becoming (Bateson, 1989, 1994; Caine et al., 2013; Connelly & Clandinin, 1999; Crites, 1971; Huber et al., 2004). In narrative inquiry, stories to live by are shaped by the temporality of people's stories and experiences (Caine et al., 2013; Connelly & Clandinin, 1999; Crites, 1971). This means that Tuck, Taylor, and Thomas' narrative identities and stories to live by and are shaped and moulded by their experiences in the past, the present, and the future (Caine et al., 2013; Crites, 1971; de St. Aubin et al., 2006; Huber et al., 2004;

McAdams, 1993). McAdams and McLean (2013) also argued that with and over time, people convey their identities “to themselves and to others who they are now, how they came to be, and where they think their lives may be going in the future” (p. 233). Looking at Tuck, Taylor, and Thomas’ narrative accounts, I saw how their identities before, during, and after PrEP access were shaped by the temporality of their experiences. For example, Tuck shared stories to live by related to how he was uncertain about his sexuality as a young Filipino child.

*I am Tuck, I identify as a young gay man, I knew since I was young.
I initially had to hide my sexuality because I grew up in a conservative Filipino family.
I got older and decided to do my own thing and live an unconventional life.
I chose to be myself, happy and gay, and not live a boring little straight life.*

Through time, with PrEP access and use, and as Tuck grew older, he eventually became more aware, comfortable, and confident of who he was.

I think I've been a little bit more confident about myself the past few years ... or the past year. And I think I can present myself much more comfortably now ... I just tend to be more open about, like, introducing myself or who I am as a person.

Taylor also shared how time allowed him to know more about his sexual identity.

*I am Taylor, and I had my 'first experience' with a guy in 2012.
I decided to be proud of my sexuality in 2015, so I told my family and friends.
I attended my first Pride in June 2016, it was eye-opening and life changing.
I loved it, I loved the feeling of being surrounded by people like me.*

Secondly, the people and different social contexts involved in Tuck, Taylor, and Thomas’s experiences played roles in their identity-making. This is crucial because a person’s stories to live by are shaped by the complex interplay between different people, relationships, and social contexts in their stories and experiences (Caine et al., 2013; Clandinin & Huber, 2002; Connelly & Clandinin, 1990; Huber et al., 2004; McAdams & Logan, 2006; McAdams & McLean, 2013). Therefore, it is also essential to acknowledge the people and immediate social world that helped build the participants’ narrative identities (Cohler & Hammack, 2006;

Connelly & Clandinin, 1990; Huber et al., 2004; McAdams & Logan, 2006; McAdams & McLean, 2013; McLean & Thorne, 2006).

I read and reread Tuck, Taylor, and Thomas' narrative accounts and realized how they had introduced me to different people and social contexts that shaped their identity-making. Also, they introduced me to several people within varying social contexts who were influential in their PrEP access, use, and decision-making. For example, friends are influential in their identity and decision-making, especially related to accessing PrEP:

Tuck: I guess, like, the people who, like, looked out for my safety, especially my friends who want me to be safe. And like, you know, and like, support me along the way. I think that's one of the most of the facilitators [to accessing and using PrEP] I can think of, to be honest.

Taylor: I do have more gay friends and have nice big groups, circle, which I like ... And they're all very nice. They're all on PrEP too. And I have some other friends who aren't gay guys. They're just girls that I'm close with, that I've gotten close with. And that's really good. So, I have a really good group of people in my life that I love and I can reach out to and just do anything with, and I feel comfortable around them, which is really good. And I feel really blessed to have that.

Thomas also talked about family, friends, and people around him in his found poetry.

I eventually told my family and friends, again they were very loving and supportive. I also met members of the LGBTQ+ community who inspired me to be happy with who I am.

Lastly, Tuck, Taylor, and Thomas introduced me to different places where their identity-making took place. Just like temporality and sociality, place plays a vital role in one's process of identity-making because identity or stories to live by are shaped and lived in different places (Caine et al., 2013; Clandinin & Huber, 2002). People's identities are also strongly linked to their experiences in specific places and the stories that come with those experiences (Silko, 1996). In our long-term conversations, Tuck, Taylor, and Thomas brought me to different places in their lives. For example, school was an important place that shaped their identity-making.

Tuck:

*I am Tuck, and I started appreciating boys when I was in Grade 3.
I also had my first official guy crush when I was in high school in Grade 12.
I then went to university and started meeting and talking to guys in person and online.
I also downloaded Grindr in September 2020 and engaged in relationships with men sexually.*

Taylor:

*I am Taylor, and I am gay.
I remember growing up, I was only friends with girls.
I started liking men in junior high school.
I still identified as straight though, but I had a feeling I was not.*

Thomas:

*I am Thomas, I identify as a gay man, a young man who has sex with men.
I started noticing attraction towards men when I was around 10-11.
I was thankful because I had supportive friends in school, they made things easier.
I didn't feel the need to come out or explain myself and my sexuality, I knew I was lucky.*

The examples above showed how narratives and stories served as tools that allowed the participants to construct and reconstruct their identities and stories to live by throughout time and in different social contexts and places (Caine et al., 2013; Clandinin & Huber, 2002; Connelly & Clandinin, 1990; 1999; Haydon et al., 2018; Huber et al., 2004; Lindsay & Schwind, 2016; McAdams & Logan, 2006).

Identity-Making Through Facing and Mitigating Fear of HIV

I continued to look across Tuck, Taylor, and Thomas' narrative accounts and saw the other ways their stories to live by (Clandinin & Caine, 2013; Clandinin, 2013) were shaped. One of the resonant threads related to identity-making that became more visible was how their identities were shaped in relation to their fear of HIV.

Tuck, Taylor, and Thomas were all sexually active YMSM who accessed and used PrEP so that they could engage in sexual activities with whomever they wanted and whenever they wanted. By doing so, they were also able to better understand their sexuality and overall sexual

identity. However, they had to face and mitigate their fear of HIV first, which they did through PrEP access and use.

Tuck: PrEP, I think, it removes that sense of, like, fear or trepidation. Like, exploring or exploring something with new people, you know? ... I think PrEP somehow enables me to do things that I want to try without getting too scared.

Taylor: I always had this little [fear] ... So, then I worried, and then, of course, you know, like you get tested, and then all of a sudden something doesn't feel right ... [A]nd then I'm like, 'Oh my God, I have this, I have this.'

Thomas: Yeah, I think, like, obviously, like, engaging in unsafe sex, like, there's always the thought of, like ... the fear of your HIV status. But PrEP definitely just removes that fear, I would say. Like, that, like, a little bit of anxiety that you could have post, like, unprotected sex.

Other reports highlighted that gay men of all ages who engaged in risky sexual activities felt scared and anxious about HIV before accessing and using PrEP (da Silva-Brandao & Ianni, 2022; Hughes et al., 2018; Hulstein et al., 2022). YMSM/MSM also reported that being on PrEP is a way of letting go of the fear of HIV that they had throughout the years (da Silva-Brandao & Ianni, 2022). In line with this, I remembered how Tuck felt after the stealthing incident that he had experienced, especially the fear that he felt right after.

I was really scared. I was very scared. First of all, my parents did not have any idea ... that I participate in this kind of activity. I'm just scared of my future, really.

In their narrative accounts, Tuck, Taylor, and Thomas all shared different stories of their fear of contracting HIV. I also came to learn that before PrEP access and use, this fear of HIV served as a hindrance to their ability to explore who they were and what they wanted as young gay men. In the end, Tuck, Taylor, and Thomas acknowledged that the decision-making to access and use PrEP was one of the effective means to alleviate their fears of HIV and to continue to explore their sexual identity. By creating new experiences related to PrEP access in response to their fear

of HIV, the participants were able to organize their life stories and experiences narratively to further form a sense of their personal identities (Crites, 1971).

Tuck, Taylor, and Thomas' stories and experiences also resonated with the literature. Several researchers reported that PrEP access and use helped alleviate the fear of acquiring HIV among YMSM/MSM, especially during risky and unprotected sexual encounters (da Silva-Brandao & Ianni, 2022; Chakrapani et al., 2015; Hubach et al., 2017; Quinn et al., 2020; Yeo, 2023). Several researchers also reported that PrEP access and use led to more enjoyable and worry-free sexual experiences for many YMSM/MSM (Collins et al., 2017; da Silva-Brandao & Ianni, 2022; Hughes et al., 2018; Yeo, 2023). This included more enjoyable and pleasurable sexual encounters during unprotected and condomless anal sex (da Silva-Brandao & Ianni, 2022; Devarajan et al., 2020; Hughes et al., 2018; Quinn et al., 2020; Yeo, 2023). Looking back at how Tuck felt after the stealthing incident, it was apparent that PrEP access and use allowed him to engage in sexual activities and explore his sexuality without fear.

I started to search about PrEP even further ... I [read], like, some scientific journals. Because I'm a nerd, it was very interesting. Like, [I] researched about every single fact about it, like, including the side effects ... and the clinical trials. And, you know, I came up with a decision that, 'Yeah, I think this is gonna fit me, or this is gonna suit me.' It's to, first of all, protect myself and also not to have that anxiety anymore. And like get back, to be back out there, like, meeting other people ... and I would not have that much fear anymore.

Identity-Making Through Claiming Safety, Protection, Liberation, and Empowerment

As I continued to reflect, I also realized that by facing and mitigating their fears of HIV through PrEP access over time, Tuck, Taylor, and Thomas were also able to further create identities with a sense of safety, protection, liberation, and empowerment. This exemplifies Dewey's (1938) temporal notion of experience, which argued that “[e]very experience both takes up something from those which have gone before and modifies in some way the quality of those

which come after” (p. 35). Additionally, it is also in line with Dewey’s (1938) criteria of continuity, which suggested that present experiences are influenced by the past and affect future experiences. Dewey (1938) added that “experiences grow out of other experiences, and experiences lead to further experiences” (p. 2). Additionally, all of the participants’ learnings from their past and present experiences echo Clandinin et al.’s (2007) notion of temporality, which says, “every experience both takes up something from the present moment and carries it into future experiences” (p. 34). In the participants’ cases, the unfolding and enfolding of their experiences over time (Caine et al., 2018) allowed Tuck, Taylor, and Thomas not only to face and mitigate their fear of HIV but also claim safety, protection, liberation, and empowerment through PrEP use. In the subsequent paragraphs, I will continue to explore and discuss how claiming safety, protection, liberation, and empowerment through PrEP access and use over time further contributed to Tuck’s, Taylor’s, and Thomas’ identity-making processes.

Several researchers and scholars reported that PrEP access and use allows users to claim a feeling of safety and protection by providing them with a sense of protection when engaging in high-risk sexual activities (Bourne et al., 2017; Chakrapani et al., 2015; Quinn et al., 2020; Yeo, 2023). Before PrEP use, YMSM/MSM would worry about their safety from HIV and being on the medication allowed them to worry less and enjoy the sexual encounter with their partners instead (Devarajan et al., 2020; Quinn et al., 2020; Yeo, 2023). Across the three narrative accounts, it was clear that Tuck, Taylor, and Thomas claimed a sense of safety and protection after being on PrEP. Being on PrEP made Tuck feel safe and protected, especially after the stealthing incident. In addition, Taylor and Thomas were also able to claim that feeling of safety and protection after being on PrEP and how it contributed to figuring out their sexuality. Thomas linked PrEP to being a life jacket.

Thomas: *[F]or someone who's, like, starting to, like, explore their thing ... Like, random hookups, stuff like that. Like, you never know. And just like having that barrier, like, that safety barrier there is so, I think, important. And, like, especially while you're trying to, like, figure out who you are, what you like to do, and all those sorts of things. It's just like, it's almost like you're learning to swim, and [PrEP] is a life jacket.*

Moreover, PrEP access and claiming safety and protection enabled Tuck, Taylor, and Thomas to be more confident about their sexual behaviours and choices. The narrative accounts showed how all three participants created a stronger sense of the sexual health choices that they made for themselves. This included confidently engaging in unprotected or condomless anal sex, which was also reported to be more likely for YMSM/MSM after being on PrEP (Devarajan et al., 2020; Yeo, 2023). Thomas also talked about feeling protected while mainly engaging in unprotected sexual encounters.

Thomas: *I thought if I was gonna be sexually promiscuous and, like, sleeping around and the potential of, like, having unprotected sex was there, I might as well be protected ... Before [PrEP], mostly. Like, always, I think, protected for the most part. After [PrEP], I would say, like, 90% unprotected, 10% protected.*

The feeling of safety that came with PrEP access and use also contributed to more enjoyable sexual encounters that focused on the sexual experience itself and not on whether one would acquire HIV or not (Devarajan et al., 2020; Quinn et al., 2020; Yang et al., 2020; Yeo, 2023). Being on PrEP also allowed Tuck, Taylor, and Thomas to engage with multiple sexual partners without worrying about their HIV status. In addition to this, claiming safety and having a sense of protection also increased PrEP users' willingness to engage in sexual activities with YMSM/MSM who are HIV seropositive (Devarajan et al., 2020; Yeo, 2023). All of these then further helped in shaping one's identity-making by being sexually confident and by having increased openness and expanded options in terms of who to engage in sexual activities with. In one of our conversations, Taylor shared his thoughts about this.

Taylor: *I've never had sex with anyone with HIV just because I haven't come into contact with anyone who has disclosed that ... If that does happen one day, I'm not going to discriminate them ... Or say, 'Oh, no sir, I'm not interested.' ... I do feel safer on PrEP now.*

Furthermore, Tuck, Taylor, and Thomas' PrEP access stories and experiences, in addition to safety and protection, also uncovered meanings that relate to them claiming liberation and empowerment in their lives. By continuously telling and retelling their PrEP narratives, the participants were able to further assign, unpack, and make meanings of their stories and experiences (Bruner, 1986; Green, 2013; Moen, 2006; Riley & Hawe, 2005; Yang, 2011). For example, Tuck and Thomas showed in their narratives that their continuous PrEP access and use over time made them feel more liberated.

Tuck: *Liberation is, like, definitely one thing ... in terms of, like, you know, like having less restriction. [With], like, you know, who you wanna, like, sleep with. That is, for sure, I think, is, like, liberating. Like, you can free yourself from, like, the scare of it all, kind of thing.*

Thomas: *I feel like ... I have the autonomy to just, like, make my own decisions and, like, decide what I want for myself.*

The process of claiming a sense of liberation secondary to PrEP use also echoes reports from several YMSM/MSM in different PrEP studies (da Silva-Brandao & Ianni, 2022; Schwartz & Grimm, 2019; Yeo, 2023). This feeling of liberation, just like the feelings of safety and protection, provided PrEP users with an opportunity to have more enjoyable and pleasurable sexual encounters (da Silva-Brandao & Ianni, 2022; Yeo, 2023). This included not worrying about being in the receptive part of the sexual encounter (bottoming) during a condomless anal sex (Collins et al., 2017; Yeo, 2023). The feeling of liberation also came from the strong sense of decreased probability of acquiring HIV and decreased HIV risk perception (Collins et al., 2017; Yeo, 2023).

Lastly, PrEP use and access also allowed Tuck, Taylor, and Thomas to shape more empowered identities. With PrEP use, the participants reported feeling like a more empowered YMSM. This aligns with what is reported in the literature, which indicates that PrEP allows its users to feel empowered as individuals and members of the YMSM/MSM community (da Silva-Brandao & Ianni, 2022). Claiming a feeling of empowerment equates to having feelings of freedom, fearlessness, and shamelessness, which opens up more possibilities and opportunities to explore one's intimacy needs and sexuality (da Silva-Brandao & Ianni, 2022). The feeling of empowerment also leads to a sense of self-worth, strength, autonomy, a more positive outlook, power, ownership of one's own body, and control of one's sexual health and HIV status (da Silva-Brandao & Ianni, 2022; Yeo, 2023). These are positive and important components of one's identity that many YMSM/MSM did not report before accessing and using PrEP (da Silva-Brandao & Ianni, 2022; Yeo, 2023). In two separate conversations, Tuck talked about claiming and having a sense of empowerment:

Somewhat, it [PrEP access and use] feels empowering. Because, again, it's meant to, like ... it's just giving someone, like, the freedom to take control of their sexual health. And I think, like, that really means something to me. You know, hmmm, we see a lot of stigma around HIV. Like, it affects other areas of the globe, and I think it's, like, you know, sad to see. And I think having this tool now or, like, having the access, I think it's not just great for me, but the humanity itself.

Empowered ... I think, yeah, for sure. Coz, I feel, like, finally we have something. We have, like, an instrument to, you know, like, control this. And after, like, decades of struggling with HIV within the community, I feel like it's, finally, we have some sort of, like, a solution. Even though, like, we have so much work to do. I feel like it is empowering to know that things are getting done. And you can have much more control with how you decide your sexual journey, kind of thing, as a gay or queer person.

Overall, the narratives of empowerment and claiming safety, protection, and liberation allowed Tuck, Taylor, and Thomas to create, discover, and reveal stronger narrative identities and stories to live by (Adler et al., 2017; Baddeley & Singer, 2007; Clandinin & Caine, 2013;

Clandinin, 2013; Tuval-Mashiach, 2006). These processes of narrative identity-making and stories to live by (Clandinin & Caine, 2013; Clandinin, 2013) were also instrumental in naming social responsibilities related to PrEP access, which will be the focus of the second narrative thread.

Narrative Thread 2: PrEP Access and Narratives of Social Responsibility

By living within the three-dimensional narrative inquiry space, facing and mitigating their fears of HIV, and claiming safety, protection, liberation, and empowerment, Tuck, Taylor, and Thomas created narrative identities that also allowed them to name and identify areas of social responsibility related to PrEP access. In thinking with notions of social responsibility, I was drawn to Jane Addams' (1902) principles of social democracy and ethics. Addams was a pragmatist, feminist, and social reformer known as the first woman to be awarded the Nobel Peace Prize in 1931 (Shields, 2006). Her pragmatist principles and theories surrounding social responsibility, social ethics, and democracy were based on lived experiences (Fischer, 2004; Seigfried, 1999, 2002; Shields, 2006). Addams based her social views on the experiences of people around her and the society she lived within (Fischer, 2004; Shields, 2006), which allowed her to argue that democracy is social ethics (Fischer, 2019) and "a way of life" (Seigfried, 1999, p. 219). For Addams, knowledge results from reflecting on and learning from concrete and contextualized experiences (Fischer, 2004). Her pragmatist views on social responsibility and ethics, which were grounded in lived experiences, also allowed Addams to understand human beings and the social issues around them (Seigfried, 1999). Addams's pragmatist views also posited that through experiences and storytelling, people can position themselves socially and identify and contribute to social issues around them (Seigfried, 2002).

Addams' social views resonated with me because I saw how the processes of Tuck, Taylor, and Thomas' telling, retelling, living, and reliving of experiences allowed them to identify areas of social responsibility and PrEP-related social issues. It demonstrates Addams' belief that an individual, with their experiences and stories, can be a "source of social power" and a generator, contributor, and creative agent of valuable social changes (Fischer, 1997, p. 54). In the following sections, I explored and uncovered the resonances and similar plotlines revolving around social responsibility in Tuck's, Taylor's, and Thomas' narrative accounts. Guided by Addams' (1902) principles and other PrEP and narrative inquiry literature, I also continued to unpack how Tuck, Taylor, and Thomas' PrEP access stories and experiences lead to realizing and understanding the different ways to foster social responsibility and change.

Social Responsibility Through Acknowledging and Responding to HIV Risk

Addams' pragmatist views on social ethics and responsibility start with self-awareness and self-identification of the problem through experience and then acting and contributing to solving that problem (Fischer, 2004; Seigfried, 2002). Addams also argued that people can transform their self-identified environmental and societal issues into an opportunity and desire to uplift the spirit, dignity, and well-being of others (Seigfried, 2002; Whipps, 2004). As I read and reread Tuck, Taylor, and Thomas' narrative accounts, it became more evident and transparent that the factors that contributed to their decision-making to access and use PrEP were: 1) the acknowledgment of their increased HIV risk and 2) the need to respond to their increased HIV risk through PrEP use to protect themselves and others.

As seen in their narrative accounts, Tuck, Taylor, and Thomas became more aware of their increased HIV risk, mainly because of the high-risk sexual activities and behaviours that they engaged in. They were aware that condomless or unprotected anal sex significantly

increases the risk of contracting HIV (Coelho et al., 2021; Macapagal et al., 2020; Valente et al., 2022).

Tuck: [I engaged in] mostly unprotected sex ... which I guess is pretty stupid ... There were just these guys, you know, who are into something else ... into unprotected sex. And I'm just kinda not alarmed with that because, like, I'm in the moment ... I get pretty swayed by these people who kind of like convinced me to, like, do something risky.

Taylor: I've had sex with a lot of unprotected sex with a lot of people in a short timeframe and kind of like, 'Oh, that might not have been the smartest idea, and maybe I should use protection.'

Thomas: I would say [I'm] active ... I would say I maybe did engage in, like, unprotected sex maybe 30% of the time. Maybe 40%. Out of, like, maybe ten partners, like, four.

For Tuck, Taylor, and Thomas, the personal decision to access and use PrEP was a response to their increased perceived HIV risk. This shows Addams' sense of social responsibility and ethics by being self-aware of unsafe practices and personally identifying ways to address them (Fischer, 2004; Seigfried, 2002). PrEP use related to increased HIV risk perception was also seen in other research (Hulstein et al., 2022; Yellin et al., 2023). Specifically, YMSM ages 16-25 who have moderate to high perceived risk of acquiring HIV are five times more likely to consider accessing and using PrEP (Yellin et al., 2023). Researchers also found that the access to and use of PrEP lowers YMSM's HIV risk perception (Hulstein et al., 2022; Yellin et al., 2023). Tuck, Taylor, and Thomas' narratives echo this. In one of our conversations, the three participants and I talked about their HIV risk perception on a scale of 0-10. The following are the participants' ratings when asked about their HIV risk perception before and after PrEP use (Before PrEP vs. After PrEP): Tuck (8 vs. 0), Taylor (7 vs. 2), and Thomas (7 vs. 0).

Moreover, Tuck, Taylor, and Thomas' narrative accounts also showed that their decision-making to access and use PrEP due to their increased perceived HIV risk was also influenced by their desire to protect others. People whom they wanted to protect included the ones they met

and named in their shared stories and experiences in the narrative accounts. Through this, the participants demonstrated Addams' sense of social responsibility and the desire to live out social ethics by learning from their own experiences and acting on the potential problems that could result from those experiences (Fischer, 2004; Seigfried, 1999, 2002; Shields, 2006). The participants' belief and awareness of their risk also resulted in a sense of individual morality, which eventually turned into Addams' sense of social morality and democracy (Fischer, 2004). I noticed that this sense and ownership of responsibility to protect oneself and others came without any perceived external pressure from those around Tuck, Taylor, and Thomas. This aligns with Addams' view that autonomy and responsibility are intertwined (Fischer, 1997). This also shows the importance of listening to others and having a sympathetic understanding of one's own needs and those of others (Shields, 2006; Whipps, 2004). Through the telling and retelling of his stories, Tuck realized the responsibility and the need to protect others from contracting HIV.

Tuck: We live in an age where HIV still exists. And you know, I think it's good to have, like, you know, that you have that, like, weapon [PrEP] kind of thing to not spread it [HIV] ... Like, it's like some sort of, like, social responsibility to not just have yourself protected but others as well, especially the ones who you have encountered with sexually.

PrEP use also helped the participants to take care of their bodies and those they engaged in sexual activities with. For example, Thomas shared:

I think PrEP should be more of a ... pre-emptive step ... [and] like, not a response ... It should be taken before rather than as a response to. Precautionary and like, ... preventative rather than reactive ... Preventative, like, taking it before rather than, 'Oh, I've already had unprotected sex, I should probably start taking it.'

Lastly, the participants' decision-making demonstrates Addams' social principles of taking responsibility to learn from personal experiences and turn them into opportunities that can bring about social action and change (Seigfried, 2002). This sense of taking social responsibility

through PrEP access and use was one of the many things that Tuck expounded in our conversations.

I think, at least for me, as I view it [PrEP access and use] ... socially, it's your responsibility. It's more like a social responsibility. Like, you know, HIV is something that we want to eradicate for, like, a long time now, or at least to minimize or mitigate. And, but again, we're not really quite there yet. PrEP is just one thing. But you know, like, people actually are actively, proactively thinking of what ways they can be responsible towards other people ... to not transmit HIV ... Like, you know, I don't want to be sleeping with someone, and I give them, like, a disease.

Social Responsibility Through Recognizing HIV and PrEP-Related Stigmas

In their narrative accounts, Tuck, Taylor, and Thomas discussed some barriers YMSM face when accessing PrEP. All three participants named stigma as one of the biggest challenges that YMSM/MSM face when accessing PrEP. Specifically, they are facing two types of stigmas when accessing PrEP: HIV stigma and PrEP-related stigma.

Several researchers report that HIV stigma remains an ongoing issue and serves as one of the most significant barriers to PrEP access among YMSM/MSM globally (da Silva-Brandao & Ianni, 2022; Elopre et al., 2018; Haddad et al., 2021; Hess et al., 2019; Hubach et al., 2017; Maksut et al., 2018; Munasinghe et al., 2023; Pico-Espinosa et al., 2023; Underhill et al., 2015; Valente et al., 2022). As the participants engaged in ‘world’-travelling amidst the larger social community, they became more wakeful (Lugones, 1987) of the bigger social issues, including HIV stigma. They were also able to ‘world’-travel and “name both the actual and imagined political, racial, and social inequities amid the multiple colliding ‘worlds’” (Dewart et al., 2020). For example, Tuck shared in his narrative accounts some personal insights related to current societal problems associated with HIV stigma in Alberta:

We live in such a conservative province. Very socially conservative. Even though the city is not too bad, but a lot of the areas outside or outside the cities ... they're still pretty conservative. And, like, you know, having, like, you know, an information about HIV can still be pretty sensitive or taboo to some other people. ... Some people are, they don't

even want to talk about HIV ... Some people, like, feel disgusted by it. Some people are enraged by it.

Another form of stigma that became very resonant across Tuck, Taylor, and Thomas' narrative accounts was PrEP-related stigma. In many parts of the narrative accounts, they talked about the stigma and judgment that many YMSM had to face because of their PrEP use. One form of this stigma and judgment was what the participants called slut-shaming⁵⁷ related to PrEP use. Specifically, this stigmatization within the YMSM/MSM community is an ongoing problem that serves as a barrier to PrEP access and use among many YMSM/MSM (Bourne et al., 2017; Schwartz & Grimm, 2019).

Tuck: Those people think that, you know, once you're on PrEP, hmmm, some of them even slut-shame ... That [being on PrEP] means you have sex with everybody. But, you know, in reality, it's not. It's just a personal choice to not worry about contracting HIV, nothing more really ... It's just like, you know, the judgmental aspect of a lot of gay men.

Taylor: I've seen it on, like ... on Twitter... Like, people will slut-shame people 'PrEP is a positive thing, and it's life-changing... why are you slut-shaming?' ... I've seen it online.

Thomas: The only thing that comes to mind is potentially, uhm ... social perception that sometimes comes with taking PrEP. Like, people might think that I wanna be on it because they think it means something ... or you will be judged for it ... That you are maybe, perhaps, more promiscuous.

Considering what the three participants shared, it is vital to remember that Lugones' (1987) metaphor of 'world'-travelling also means travelling into spaces where marginalized, discriminated, overlooked people, groups of people, and communities are located (Dewart et al.,

⁵⁷ Slut-shaming, as defined in the literature: "Slut-shaming is defined as a form of social stigma applied to those who are perceived to violate traditional expectations for sexual behavior" (Dubov et al., 2018; Poole, 2013). "PrEP discourse within the MSM community has many instances of slut-shaming that are different from mere disagreement or criticism ... Often this slut-shaming comes from other gay men believing that PrEP promotes reckless sexual behavior, and it is only to be used by sluts or whores" (Dubov et al., 2018, p. 1833).

2020). Having said this, by continuing to ‘world’-travel into these spaces (Dewart et al., 2020; Lugones, 1987), I saw that Tuck, Taylor, and Thomas were also able to identify HIV and PrEP-related stigma as a present societal and communal issue. The participants also recognized the ongoing problems related to oppression, especially among marginalized groups (Dewart et al., 2020). This shows their ability to ‘world’-travel with some sense of wakefulness (Lugones, 1987), that is, to be aware and understanding of what is happening in other people’s lives.

Moreover, acknowledging social responsibility through recognizing HIV and PrEP-related stigmas links to Addams’ views on social ethics and democracy (Lengermann & Niebrugge, 2014; Shields, 2006). The participants’ ability to name the problems related to HIV and PrEP stigmas and suggest means to address the issues can be a socially ethical and democratic way to improve the world and the lives of others (Lengermann & Niebrugge, 2014; Shields, 2006). It is also important to continue to identify and address the stigmatizing public attitudes towards HIV and PrEP. These negative attitudes, which Addams called ethical failure or belated ethics, should be considered as old societal rules or standards of conduct that are no longer sufficient or beneficial to society (Lengermann & Niebrugge, 2014).

Furthermore, thinking with Addams’ (1902) ideas, I realized that aiming for a socially democratic and ethical world is essential so people can continue to address HIV and PrEP-related stigmas as a community instead of being divided and constructed as belonging to opposing groups. Calling for a more socially ethical world free from stigma can allow people to work together to form a more heterogeneous community geared towards a common good (Lengermann & Niebrugge, 2014). Thus, it is crucial to work together as part of a larger group and to rely on each other to understand the ongoing problems in society (Fischer, 1997, 2004, 2019; Lengermann & Niebrugge, 2014; Whipps, 2004). Addams also argued that social democracy

could be attained if different groups worked together while understanding each other (Shields, 2006; Whipps, 2004). This is an important argument because having an understanding of each other and other's experiences could help alleviate the ongoing societal stigmas towards HIV and PrEP. Addams also suggested that having a sense of sympathetic understanding allows people to make sense of others' experiences by facilitating more meaningful conversations and communications between different groups (Fischer, 2004; Shields, 2006). Additionally, having a sense of sympathetic understanding of each other could also create an opportunity for people to share power in the communities and societies they live in (Shields, 2006; Whipps, 2004).

Lastly, Addams pointed out the importance of working together to achieve a more inclusive society that honours diversity (Whipps, 2004). This is crucial because Tuck, Taylor, and Thomas made it visible in their narrative accounts that HIV and PrEP-related stigmas result from division between different groups in society. Thus, working together as a community is valuable because a common good can only be achieved and secured if shared and extended to everyone and not just to a particular class (Seigfried, 2002). Addams also believed that working together can create and achieve a community that values the equality and dignity of people of different races, genders, and classes (Seigfried, 2002). It will also help create a new sense of community where new social changes and norms are valued (e.g., PrEP use), and conservation of old values and beliefs (e.g., old beliefs around HIV) are given less importance (Whipps, 2004). All in all, I can see that when different groups take social responsibility and work together as a community to fight against HIV and PrEP-related stigmas, it can bring a social change that is more understanding of the experiences of those whose lives are affected by or at risk for HIV.

Social Responsibility Through Promoting and Advocating for HIV and PrEP Education

Education is a powerful tool that can be utilized to address and possibly end the current global HIV stigma (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2023). In their narrative accounts, Tuck, Taylor, and Thomas discussed the importance of promoting and advocating for HIV and PrEP education. They were able to identify the need for education by continuing to attend to other people's lives, especially those YMSM/MSM whose lives were affected by the ongoing HIV and PrEP-related stigmas. Tuck, Taylor, and Thomas also attended to others with a sense of wakefulness (Lugones, 1987) - that is, with increased awareness and understanding of the social issues present in their community or the larger society. Also, by being wakeful to the problems related to HIV and PrEP stigmas, as well as the increasing rates of HIV infections among YMSM/MSM, the participants became more wakeful to and mindful of the opportunities for social changes that they could partake in.

Tuck, Taylor, and Thomas' recommendation to educate others about HIV and PrEP echoes several HIV and PrEP researchers and scholars. Many HIV and PrEP researchers also argued that increasing public and community awareness about HIV and PrEP is one of the best ways to act against the ongoing HIV crisis and to fight the stigmas related to HIV and PrEP (da Silva-Brandao & Ianni, 2022; Schwartz & Grimm, 2019). Taylor shared in separate conversations his personal views on HIV and PrEP education as a socially responsible way to address the ongoing HIV stigma:

[I]f there was just like less stigma and more like, 'Hey, like there's a medication that can help prevent HIV that is 99% effective' ... I think if there's more information like that, people would be more inclined to do more of their own research ... And we'll be better versus just kind of being a society and be like, 'Oh, yeah, HIV is bad.'

Also, I think just getting the education out there helps lower that stigma because there are still people out there who think, 'Oh, you have HIV, like, it's terrible' ... So, I think if we can help lower that stigma. I think that'd be really good.

Tuck, Taylor, and Thomas also talked about the lack of knowledge and education about PrEP among healthcare providers. This is concerning because healthcare providers' lack of knowledge about PrEP is known to be a barrier to PrEP access among YMSM/MSM worldwide (Jaiswal et al., 2018; Sun et al., 2019; Tan et al., 2017; Valente et al., 2022). Jaiswal et al. (2018) also reported that YMSM who have concerns or are uncomfortable talking to their primary healthcare providers are less likely to access and use PrEP. All of these were apparent in Tuck, Taylor, and Thomas' narrative accounts.

Tuck: I got my [HIV and flu] vaccines, like, a couple of weeks ago. And I told them that I was on PrEP. They didn't even know what PrEP was ... I said, 'Yeah, I'm on PrEP.' They said, like, 'Well, what is that?' So, it's kind of like an awkward conversation, I would say, to, like, you know, kind of like educate the healthcare provider.

Taylor: Like, obviously, I am super comfortable talking with my doctor [with general medical concerns]. I was just like, she is an older Asian lady ... so I didn't really think she'd be the best person, or I didn't know she would know about it [PrEP].

Thomas: [A] friend I know ... wanted to go on it [PrEP]. And he had a family physician and, like, went to his family physician, and his family physician was like, 'What is that?'

The participants also noted in their stories that the lack of knowledge among healthcare providers also contributed to the ongoing stigma related to HIV and PrEP. They identified the need to educate and target healthcare providers, especially those potentially involved in YMSM's PrEP access processes. The participants also alluded to the importance of having a knowledgeable healthcare provider because it makes a difference to YMSM's overall PrEP access experiences.

Tuck: Like, how can you even encourage for people to have it [PrEP] or to be on it if a lot of healthcare professionals out there don't even know about it? Like, how can they trust this pill or this medication to do them good if a lot of [healthcare providers] don't know about it? ... Education, I think, is such an important thing.

Taylor: There should be education towards them [healthcare providers] ... Just saying, people are coming, asking you about what this is, what it is [PrEP] ... I feel like the very least [thing to do] if someone asks you ... They can be like, 'Hey, I don't know a lot about

that. But however, I do know that you can go here to find more information. Like here it is.'

As I continued to think about Tuck, Taylor, and Thomas' call for promoting and advocating for HIV and PrEP education, I also returned to Addams' (1902) principles of social responsibility, ethics, and democracy. Specifically, Addams suggested that it is crucial for people to set aside their own personal belief systems in order for them to have a better perspective and understanding of other people and their experiences (Shields, 2006). Education is a way to promote Addams' idea of communitarianism, where different voices and perspectives are heard and understood in order for a community to come with a shared truth and a sense of fellowship (Whipps, 2004). Additionally, a community with a shared belief and truth is formed when there is a shared dialogue between every member - a dialogue that disregards hierarchies of power and aims for equality, understanding, and social change (Fischer, 2004; Lengermann & Niebrugge, 2014; Whipps, 2004).

Furthermore, Tuck, Taylor, and Thomas all agreed that the most effective way to create dialogues to address the issues related to HIV and PrEP stigmas is through public education that starts in schools. For Addams (1902), education effectively addresses the ethical failures, belated ethics, and social ills in the larger society. By addressing the lack of knowledge about particular societal issues (e.g., HIV and PrEP-related stigmas), positive ethical changes can also occur and could help provide solutions to ongoing social ills (Lengermann & Niebrugge, 2014). As Tuck, Taylor, and Thomas shared in their narrative accounts, school was a significant place in their lives where they first learned about HIV and sexual health education. However, it was also resonant in their stories and narratives that the information provided to them in school was insufficient. Tuck and Taylor, for example, talked about their personal learning experience about HIV at school.

Tuck: Yeah, I learned about HIV and AIDS at a very young age. HIV is, hmmm, I think I was in sixth grade ... And I guess junior high ... they start to teach us about puberty and sexual health ... And yeah, I started to learn more about HIV. But I think back then, what I learned about HIV/AIDS at that early, early point in my life was not that super accurate at all.

Taylor: I learned it [HIV] from school ... like in sex education. I remember when I was younger, when they were explaining it, it was like if you catch chlamydia-gonorrhoea, you take a pill or medication, you're fine, it goes away after a while. But HIV was the one where if you get it, it was bad, and I remember thinking about it, they never talked about how there are treatments for it ... So, when I was younger, I always thought it was bad, and I was kind of, like, scared.

Hence, Tuck, Taylor, and Thomas all expounded on the importance of educating the younger generation with hopes of increasing their knowledge about HIV and PrEP. The participants' recommendations are also in line with what several HIV and PrEP researchers suggested. Young adulthood is when individuals undergo self and sexual exploration (Closson et al., 2019). It is also the stage when people often adopt and form behaviours that influence them later in their lives (Starks et al., 2019). Biello et al. (2019) also described that YMSM are in a critical stage in their lives, as this is a stage where they may be experiencing and dealing with “a variety of unique psychosocial (e.g., sexual identity formation, depression, and substance use) and sociostructural (e.g., stigma, bullying, unstable housing, and family trauma) concerns” (p. 2). These experiences could impact PrEP access, uptake, and adherence among YMSM (Biello et al., 2019). These experiences among YMSM could also lead to increased susceptibility to sexually transmitted infections (STIs), including HIV (Closson et al., 2019). Several researchers also reported that across Canada, there is limited information provided to students in the classroom regarding diverse sexual orientation and gender identity (Closson et al., 2019). It was also reported that Canadian classrooms focus primarily on penile-vaginal sex, with limited opportunities to learn about other gender identities and sexual behaviours (Closson et al., 2019; Kubicek et al., 2015). This restricted information in the classrooms regarding gender and

sexuality does not provide YMSM with opportunities to learn about themselves and understand their identity (Closson et al., 2019). In addition, the lack of education and information that addresses the sexual needs of Canadian YMSM could result in reduced knowledge about HIV prevention strategies, including PrEP (Closson et al., 2019). Lastly, the lack of knowledge about their identity and lack of information about various biomedical preventions (e.g., PrEP) further puts Canadian YMSM at increased risk of contracting HIV (Closson et al., 2019).

Weaving the Resonant Threads of Identity-Making and Social Responsibility Together

The continuous reading and rereading of Tuck, Taylor, and Thomas' narrative accounts allowed me to write how their PrEP access stories and experiences brought forward resonant narrative threads of identity-making and social responsibility. As I continued to write and rewrite the narrative threads presented in this chapter, I also realized that the two threads are woven and intertwined instead of being separate from each other.

In the first narrative thread, it became visible the resonant PrEP access stories and experiences that influenced Tuck, Taylor, and Thomas' identity-making and stories to live by. We also have seen how the telling and retelling of their stories became more than plain narratives of PrEP access and use. As I continued to explore and attend to Tuck, Taylor, and Thomas' narrative accounts inward, outward, backward, and forward (Clandinin & Connelly, 2000; Clandinin, 2013), I started to unpack and realize that their PrEP access stories and experiences did not only influence them on a personal level, nor it stopped in identity-making. Eventually, it led to the second narrative thread, where it became transparent how the direction of their narratives gradually shifted from being motivated by personal reasons to protect oneself to accessing PrEP as a more extensive acknowledgment of communal and societal responsibility to protect others. By creating narrative identities within the three-dimensional narrative inquiry

space, facing and mitigating their fears of HIV, and claiming safety, protection, liberation, and empowerment, Tuck, Taylor, and Thomas were able to name and identify areas of social responsibility related to PrEP access.

Moreover, through the telling and retelling of their PrEP access stories and experiences and through their own experiences of ‘world’-traveling (Lugones, 1987), Tuck, Taylor, and Thomas came to know different societal issues. Specifically, Tuck, Taylor, and Thomas started to become more aware of the present communal and societal issues around HIV and PrEP-related stigmas. Their narratives also uncovered how their stories became driving forces that can be used to call for social action and change (Squire, 2012).

Overall, the narrative threads of identity-making and social responsibility allowed me to understand better the vast and extensive stories and experiences that Tuck, Taylor, and Thomas shared with me in our long-term conversations. Together, the writing of the two narrative threads also brought profound meaning “among a spectrum of possible meanings” (Bruner, 1986, p. 25) in Tuck, Taylor, and Thomas’ PrEP access experiences. As a narrative inquirer, writing the two threads also allowed me to make sense of the participants’ experiences and place meaning on the different ways they experience and live in the world (Bruner, 1986; Caine et al., 2013; Green, 2013; Yang, 2011). It also allowed me to better understand the research puzzle in this narrative inquiry study and the overall phenomenon under study (Clandinin et al., 2018; Connelly & Clandinin, 2006). Although the goal of the narrative threads in this study is not to provide conclusions or final answers to the research puzzle (Clandinin, 2013; Green, 2013), I have learned extensively and tremendously about the experiences related to PrEP access among Canadian YMSM. All of this also led and allowed me to realize, understand, and write the personal, practical, and social justifications of this narrative inquiry research.

Chapter 8: Justifications and Conclusion

In this final chapter, I wrote the justifications and concluding thoughts and reflections about my journey of engaging in this narrative inquiry research alongside and in the midst of Tuck's, Taylor's, and Thomas's lives. As a narrative inquirer, it is essential for me to discuss the reasons why this narrative study is important (Clandinin & Caine, 2013; Clandinin & Huber, 2010; Clandinin et al., 2018). It is also vital for me to answer the questions related to the significance and purpose of this study (Clandinin, 2013). By writing about and attending to the personal, practical, and social justifications of this narrative inquiry research about YMSM's experiences related to PrEP access, I answer the critical questions of 'So What?' and 'Who Cares?' (Clandinin, 2007; Clandinin et al., 2018).

I also continued to revisit the research puzzle as I reflected on the significance of this narrative inquiry study. Revisiting and reflecting on the research puzzle helped me to uncover the significance of this research by allowing a "sense of search, a 're-search,' a searching again" (Clandinin & Connelly, 2000, p. 124). As I continued to look carefully at the research puzzle, I was encouraged to continue to think narratively (Caine et al., 2013; Clandinin, 2013) when writing the significance and justifications of the phenomenon under this study (Clandinin, 2013; Haydon et al., 2018). The justifications derived from the participants' stories, experiences, and narratives added clarity, answers, and pieces to the research puzzle (Haydon et al., 2018; Lindsay & Schwind, 2016). To present the three justifications narratively and in a way that continues to show that I live in the midst of people's lives (Clandinin & Connelly, 2000), I decided to write a set of three letters⁵⁸: A Letter to Susan (personal justifications), A Letter to My Fellow

⁵⁸ To keep the traditional letter format, all the references in the three letters will be written and formatted as footnotes.

Healthcare Providers and Healthcare Leaders (practical justifications), and A Letter to Leaders in Society (social justifications).

Personal Justifications

Writing the personal justification is an opportunity to situate myself in this narrative inquiry study and to think about how conducting this research influenced my life and practice (Clandinin & Caine, 2013; Clandinin et al., 2007). It also explains why this narrative inquiry research matters to me (Clandinin, 2013). As I embarked on this narrative inquiry journey with Tuck, Taylor, and Thomas, I saw how my practice, belief, and understanding evolved and how I went through the process of “being, and becoming, within the inquiry” (Clandinin, 2013, p. 36). In addition, thinking about the personal justifications of this study allowed me to become more awake to the ways I attended (Clandinin, 2013) to Tuck, Taylor, and Thomas’ experiences. It also made me more attentive to how I positioned myself alongside the participants’ stories. Lastly, thinking and writing about the personal justification of this research allowed me to enter into my own inquiry and better understand the phenomenon under study (Clandinin et al., 2007; Lindsay & Schwind, 2016). In this section about practical justifications, I write a letter to Susan, a person I introduced in my narrative beginnings and someone who inspired me to do this work.

A Letter to Susan

Dear Susan,

I cannot believe it has been at least five years since we met in the emergency room at the Royal Alexandra Hospital. I can still remember how you were lying on the hospital stretcher that was covered with a blue fitted sheet. As I entered the room, I saw you in a fetal position, with your body wrapped in a white hospital blanket that one of the nurses provided you with when you arrived. I recall placing my right fingers on your left wrist to check your pulse and assess the

pain that you had in your infected left forearm. As I write this letter, I also think of how you wanted to tough out your 10/10 pain because you did not want to bother the nurses. You told me that you have HIV and shared that you thought healthcare providers saw you as dirty because of it. I remember struggling with this when you told me. At that very moment, you made me stop and think about who we are as healthcare providers. During the time you spent in the emergency room, we built a good rapport and had great conversations. I will never forget your love of cats and how much you liked the chicken sandwiches from the hospital. Most importantly, I will never forget how you thanked me for sitting with you, talking to you, and holding your hands without gloves despite your HIV diagnosis.

Susan, our paths only crossed for less than twelve hours, but you and your story has stayed with me. As I watched you leave the emergency room on that same hospital stretcher after getting admitted to one of the units, a passion to continue hearing the stories and understanding the experiences of those whose lives are affected by or at risk for HIV ignited within me. After more than five years, I wanted to tell you that I was able to engage in HIV-related research by working with Tuck, Taylor, and Thomas, who were three Canadian YMSM at risk for HIV and had experiences accessing PrEP. In the last two years of working with them, I have learned things that will forever change my practice and that also changed who I am personally.

While I was drawn to listening to people's stories, it was during this narrative inquiry research that I began to appreciate the power of people's stories. I also saw value in my experiences and in the stories of who I am. In nursing school, I was taught how to communicate and engage in conversations with patients and their families. Most of the time, I was taught how to ask the proper assessment questions to ensure I was providing good care. I was taught about therapeutic communication, but I have to say that it was not one of the skills that we focused on

when we got to the clinical setting. As an emergency nurse at the RAH-ER, which is one of the busiest emergency departments in the province, it was hard to prioritize listening to people's stories. It was also hard to share my experiences with others in ways that allowed us to build a relationship and engage in more relational care.

The opportunity to engage in a narrative inquiry with Tuck, Taylor, and Thomas allowed me to understand the value that people's narratives hold and the impact that they could have. Working with them made me realize the importance of inquiring into people's stories and experiences and attending to their details with more intention and attention. As I listened to their stories, I realized how vital it is to always remember that people's stories take place within diverse contexts, places, and over time.⁵⁹ This means that people's stories and experiences are influenced by the past, the present, and the future, the social environment and contexts surrounding them, and the different places where their stories take place.⁶⁰ I can see my own life unfolding and continuing to unfold in this way. I recall how my life was shaped by growing up in the Philippines. I also remember some of the social norms and religious beliefs that shaped my relationship with my family and how afraid I was to share my sexual identity with them.

Having said this, if I could get a chance to have a conversation with you again, I would like to sit down, hold your hands (without gloves), and ask you more questions. How did your past experiences related to living with HIV influence where you are now? How do your current experiences of living with HIV influence the future decisions that you will make for yourself? What are your dreams for your future? How do you think society perceives you as a person and a PLWH? How does society's perception of you as a PLWH affect and influence the stories and

⁵⁹ Clandinin et al., 2007; Connelly & Clandinin, 2000

⁶⁰ Connelly & Clandinin, 2000

experiences you share with others? What places are important to you? As a healthcare provider, how can I continue to make things better for you and those whose lives are affected by or at risk for HIV? I would love to ask you all these questions and to hear more about your ordinary and extraordinary life.

I would also like to share with you that Tuck, Taylor, and Thomas helped me better understand what it means to live in the midst⁶¹- that lives are always in the making, that each one of us is still developing, never quite reaching the end of one's journey. Who I am now will always be changing. This helped me realize that all my learnings will shape who I am becoming. Moving forward, I will take this learning into my practice and always remember that I meet people in the midst of their lives at different places and social interactions⁶²- that life is not fixed. As a nurse, this could mean meeting and living in the midst of people's lives - of those who are going through various battles in their lives (e.g., health-related battles). It, too, means that life can be scary at times, but there can be hope that things will be different one day.

Moreover, during our conversations several years ago, you taught me to slow down and hold your hand. I always remembered this as I engaged with Taylor, Tuck and Thomas. There were times when I saw myself going too fast and thinking that I had to answer all the questions in my research puzzle when what I needed to do was to slow down and really listen. By slowing down, I learned that it is an honour and a privilege to be a part of other people's stories and lives. I also became more aware that as I immerse myself in the middle of people's lives, I eventually become a part of the stories and narratives they can share with others in the future. I will take this

⁶¹ Clandinin & Caine, 2013; Clandinin & Connelly, 2000; Clandinin & Huber, 2010

⁶² Clandinin & Connelly, 2000

learning and realization as a challenge to always strive to leave a good memory and story to those whose lives I enter, just like how you left a good memory and story in me.

Additionally, I would like to share with you how doing this research introduced me to the idea of ‘world’-travelling.⁶³ Before doing this research, I would simply say that I met many new people in my life and work. However, I began to understand that meeting and working with others also means having the privilege to ‘world’-travel to their lives. Thinking about my interaction with you, I now know that I ‘world’-travelled into your life at that moment. By sitting down with you and holding your hands, I realized now that I was able to travel into your world, which then gave me the opportunity to hear about your experiences of living with HIV. As narrative inquirers, we are called to ‘world’-travel in loving ways - that is, with respect, understanding, and a genuine desire to create enriching relationships and come to know who people are.⁶⁴ We are also called to ‘world’-travel into people’s lives with playfulness, which means having an openness to ambiguities and uncertainties.⁶⁵ This sense of love makes me think about my parents and how they, too, had to learn to ‘world’-travel to my world - a world that collided with their beliefs. Lastly, I learned to ‘world’-travel in my practice with a sense of wakefulness⁶⁶ to the different societal issues and problems that people are facing in their worlds. This means that when continuing to work with people like you, Tuck, Taylor, and Thomas, I will wakefully ‘world’-travel into their lives to better understand their stories and narratives and to help name the problems, issues, and challenges that they are facing.

Susan, thank you so much for sharing your stories, inspiring me, and allowing me to sit with you and hold your hand. Thank you for letting me live in the midst and ‘world’-travel to

⁶³ Lugones, 1987

⁶⁴ Lugones, 1987

⁶⁵ Clandinin et al., 2018; Lugones, 1987

⁶⁶ Clandinin et al., 2018; Dewart et al., 2022; Lugones, 1987

your life. I do not know where you are now. I hope you are doing well and were able to go through a medical detox and find a home for yourself, just like you wished. I also hope you are healthy and are having fewer hospital visits. And if you do, I hope they are giving you enough chicken sandwiches because I know how much you love them. I hope you have a cat now, too. Thank you so much again, Susan. Wherever you are, I hope I am making you proud.

Kindly,

Jose

Practical Justifications

I present the practical justifications of this narrative inquiry study by writing a letter to my fellow healthcare providers and healthcare leaders. I thought of and wrote about the practical significance of this research by reflecting on the question related to “what difference this research might make to practice” (Clandinin, 2013, p. 35). Thinking about the practical justifications also encouraged me to reflect on how the findings of this study can shift or change practice (Clandinin & Caine, 2013; Clandinin, 2013). In my case, I was encouraged to think about how this narrative inquiry research about YMSM’s experiences related to PrEP access could shift and change healthcare practice. This is important because I believe this research brought forward new learnings, knowledge, and practice implications that could make healthcare providers “reimagine the ways in which they practice” (Clandinin, 2013, p. 51). Overall, I hope that the practical justifications presented in this section become instrumental in changing healthcare practice, especially amongst those who work closely with people like Tuck, Taylor, and Thomas and those who could benefit from accessing and using PrEP.

A Letter to My Fellow Healthcare Providers and Healthcare Leaders

Dear Fellow Healthcare Providers and Healthcare Leaders,

Over the past months, I have been thinking about the PrEP access experiences of three Canadian YMSM in different Canadian healthcare settings, as well as my own experiences as a gay man. I am writing to you to share some of what I have learned by engaging in this narrative inquiry study with them. Specifically, I wanted to share with you some of the practical significance of this narrative inquiry study. While I have no intention to generalize the findings of this research, it still raises many questions and wonders for me about healthcare practice in relation to YMSM's sexual health and PrEP access. I believe that as healthcare providers and leaders, we can play a role in improving PrEP access among YMSM and help in addressing the increasing rate of new HIV infection among this particular group.

Let me start by saying that there is a documented need for healthcare providers to increase their knowledge about PrEP.⁶⁷ This is also a suggestion by Tuck, Taylor, and Thomas—the three YMSM I engaged with in this narrative inquiry study. In my practice as an emergency registered nurse and as a nurse educator, I also realized the need to increase knowledge about PrEP and how to support access to PrEP for different groups who would benefit from it. During my conversations with nurses and nursing students, only a few knew what PrEP was and who could benefit from accessing it. From these personal practice experiences, I realized a significant need to expand healthcare providers' knowledge about PrEP and what access means for those making the personal decisions to use the medication. This is particularly true for those who work with populations at risk for HIV, including those who work closely with YMSM. Expanding healthcare providers' knowledge about PrEP could be done by seeking educational opportunities

⁶⁷ Jaiswal et al., 2018; Sun et al., 2019; Tan et al., 2017; Valente et al., 2022

in and out of clinical settings. This could also be a topic that can be considered during professional development opportunities. For example, nurses in Alberta, especially those working in the areas of sexual health, could consider learning about PrEP to meet their annual Continuing Competence Standard required by the College of Registered Nurses of Alberta (CRNA).⁶⁸ Nurses and other healthcare providers could also learn about PrEP using the information and materials provided by different organizations, such as those offered by provincial health authorities.⁶⁹ I also encourage healthcare leaders to provide these educational opportunities and support to healthcare providers to ensure that learning about PrEP takes place at a systems level. This also helps ensure that learning and obtaining knowledge about PrEP is accomplished by all staff, especially those working in the area of sexual health, instead of a dedicated few. Additionally, nursing and healthcare faculties and leaders can also begin to include information and education about PrEP in their current and future curriculum and course developments (e.g., Human Sexuality, Pharmacology). Doing this can help improve healthcare students' literacy about sexual health and PrEP early in their careers.⁷⁰ With adequate knowledge about PrEP, current and future generations of healthcare providers could help facilitate PrEP access among YMSM and better support those currently taking it. This is crucial because it has been documented that healthcare providers with increased knowledge and understanding of PrEP are more likely to be trusted by those who would like to access PrEP, such as YMSM/MSM.⁷¹ I, too, could hear this in the stories that Tuck, Taylor, and Thomas shared with me.

I would also like to expound that being educated about PrEP does not stop at knowing that it is a medication used to prevent HIV transmission. I must admit that this simplistic view of

⁶⁸ College of Registered Nurses of Alberta, 2023

⁶⁹ Alberta Health Services (AHS, 2024)

⁷⁰ López-Díaz et al., 2020

⁷¹ Jaiswal et al., 2021; Montess, 2023

PrEP was what I carried with me for years before embarking on this narrative inquiry study. However, I have learned from Tuck, Taylor, and Thomas that PrEP access and use facilitated YMSM's stories to live by and narrative identity-making.⁷² It allows them to explore who they are and are becoming, and it acknowledges that sexual practices are part of identity-making. It is also vital for healthcare providers to know that PrEP use and access is also a way for YMSM to mitigate their fear of HIV and to claim safety, protection, liberation, and empowerment in their lives.⁷³ Access to PrEP allows YMSM to engage in different sexual activities and explore their sexuality and identity without having worries about contracting HIV. Thus, when working with a YMSM or anyone wanting to access and use PrEP, it is essential to go beyond checking off items in a list to determine one's eligibility for PrEP (e.g. using the HIV Incidence Risk Index for MSM or HIRI-MSM).⁷⁴ It is also crucial that healthcare providers and leaders create meaningful conversations with YMSM and ask significant questions about PrEP access, such as: Why is it important for you to access and use PrEP? What does PrEP access mean to you? What does PrEP access for YMSM or those who are at risk for HIV mean to you? What are the personal and social factors that influenced your decision to access and use PrEP? Who are you, and how does PrEP help form your identity as a person and as a young MSM? By asking these questions, we will be able to navigate the different ways that PrEP makes a difference in people's identity-making and life-making, in addition to its role in preventing the transmission of HIV.

Moreover, I also think that it is essential for us, healthcare providers and leaders, to know that accessing and using PrEP is also YMSM's way of being self-aware of their HIV risk and

⁷² Adler et al., 2017; Baddeley & Singer, 2007; Clandinin & Caine, 2013; Green, 2013; Lindsay & Schwind, 2016

⁷³ Bourne et al., 2017; Chakrapani et al., 2015; da Silva-Brandao & Ianni, 2022; Devarajan et al., 2020; Hubach et al., 2017; Quinn et al., 2020; Schwartz & Grimm, 2019; Yeo, 2023

⁷⁴ BC Centre for Disease Control, 2019

taking social responsibility for themselves and others.⁷⁵ Tuck, Taylor, and Thomas exemplified this and acknowledged that, without PrEP, their sexual behaviours could put themselves and others at a higher risk of contracting HIV. Having said this, I think it is vital for healthcare providers and healthcare leaders to see themselves working together with YMSM and other groups as they assume this sense of social responsibility through PrEP access and use. By engaging in meaningful conversations and working with YMSM and those who want to access and use PrEP, healthcare providers and leaders can be a part of an ethical, democratic, and responsible society where people's stories and experiences are valued and considered an instrument of social power and change.⁷⁶ Engaging in meaningful conversations that listen to people's challenges and needs is also a way of showing sympathetic understanding - another critical aspect of an ethical and democratic society.⁷⁷ Therefore, in addition to asking meaningful questions about PrEP access and identity-making, healthcare providers and healthcare leaders could ask YMSM questions to understand how their PrEP access and use relates to taking social responsibility. These could include the following: Do you think accessing and using PrEP is a social responsibility? How does PrEP access and use contribute to your well-being and the well-being of others? What does social responsibility through PrEP access and use mean to you? When asking these questions, one should carefully listen and be attentive to how YMSM assign meaning to their narratives, stories, and experiences⁷⁸ around PrEP access and social responsibility. This will allow healthcare providers and leaders to understand better the

⁷⁵ Fischer, 2004; Hulstein et al., 2022; Seigfried, 2002; Yellin et al., 2023

⁷⁶ Fischer, 1997; Seigfried, 2002

⁷⁷ Fischer, 2004; Shields, 2006; Whipps, 2004

⁷⁸ Bruner, 1986; Clandinin & Caine, 2013; Green, 2013; Yang, 2011

importance of PrEP access and use among YMSM and their potential desire to take active social roles to protect themselves and others from HIV.

Before ending this letter, I also want to say that healthcare providers and leaders must be allies and advocates for PrEP access among YMSM and those who would benefit from it. With a common good in mind, we can work together as a community to form a more ethical, responsible, and democratic society⁷⁹ that promotes PrEP access for everyone and addresses longstanding issues of HIV and PrEP stigma and discrimination. I hope that the findings in this narrative inquiry research provide you with a better understanding of PrEP, not only as a medication to prevent HIV transmission but as an important instrument that uncovers meanings of identity-making and social responsibility for YMSM. I also hope that learning about the deeper meanings of PrEP access among YMSM inspired you to revisit your practice and reflect on the different ways you can improve to attend to the needs of people like Tuck, Taylor, and Thomas. Lastly, I encourage you to share your new learnings and knowledge about the practical significance of this research with other healthcare providers and leaders you will come across, especially those who work in the area of sexual health and those who work closely with people whose lives are at risk for HIV.

Sincerely,

Jose

Social Justifications

Lastly, I wrote about social justifications by thinking about how this narrative inquiry research could contribute to making society more just through policies and social action (Clandinin & Caine, 2013; Clandinin, 2013). I also thought about my work with Tuck, Taylor,

⁷⁹ Fischer, 1997, 2004, 2019; Lengermann & Niebrugge, 2014; Seigfried, 2002; Shields, 2006; Whipps, 2004

and Thomas and reflected on how this narrative inquiry research about Canadian YMSM's PrEP access experiences contributes to new methodological and theoretical understandings (Clandinin & Huber, 2010; Clandinin, 2013) of different social issues surrounding HIV and PrEP. All in all, I present the social justifications of this study while thinking about how my iterative narrative inquiry work with Tuck, Taylor, and Thomas could "occupy a significant place in shaping the discourse of policy and practice" (Clandinin et al., 2007, p. 33). In this final justification, I wrote a letter to leaders in society. In this letter, I discussed how my PrEP-related work with Tuck, Taylor, and Thomas could contribute to a more just society through social actions and new methodological and theoretical understandings of narrative inquiry and HIV and PrEP research.

A Letter to Leaders in Society

Dear Leaders in Society,

I carefully reflected back and forth, thinking about to whom I should address this letter of social justifications. After some time, I initially thought it would be relevant to write this letter to leaders in society- those in positions of power and influence who can make decisions about PrEP access. Over the course of the study, I learned much from Tuck, Taylor, and Thomas, and together, we identified the different ways the findings and learnings from this study can contribute to society and help make social changes.

First, my conversations with Tuck, Taylor, and Thomas uncovered the need to improve PrEP-related practice guidelines and policies. Many researchers suggest that there is still a need to further enhance practice guidelines and policies surrounding PrEP delivery, including those concerning YMSM/MSM.⁸⁰ When thinking about specific practice guidelines and policies we should focus on, the most crucial ones are those related to PrEP education. Tuck, Taylor, and

⁸⁰ Jaiswal et al., 2018; Nunn et al., 2017; Spinner et al., 2016

Thomas identified that people's lack of education and knowledge about PrEP leads to other important societal issues, such as PrEP misinformation and HIV and PrEP-related stigmas. Thus, it is timely and relevant to be wakeful⁸¹, be more aware of the specific societal problems, and find ways to partake in creating social change.⁸² I have also learned from working with Tuck, Taylor, and Thomas that it is crucial to develop practice guidelines and policies that provide healthcare providers with competence, understanding, and knowledge of people's sexuality and who they are. Working with the three participants taught me that it is important to know and understand who people are and the meanings and narrative identities⁸³ they create when accessing and using PrEP. The lack of understanding of people's sexuality among healthcare providers also made Tuck, Taylor, and Thomas call for more 2SLGBTQ+-friendly clinics where young people could go without worrying about being judged because of their sexual identity and practices.

There is also a need to create policies and initiatives that will help educate the public about PrEP. There is a need to develop platforms to increase the public's awareness and knowledge about PrEP. For example, Tuck, Taylor, and Thomas alluded to the power of social media⁸⁴ and how it can provide the public with essential PrEP information and the roles that PrEP plays in HIV prevention. Tuck, Taylor, and Thomas also believed that using other measures such as television and radio advertisements, posters, and billboards to increase the public's knowledge about PrEP could help address and change society's negative attitudes towards PrEP. In addition, Tuck, Taylor, Thomas, and I all know that it is imperative that we create policies that will facilitate PrEP education as part of sexual health education in schools.

⁸¹ Lugones, 1987

⁸² Dewart et al., 2020; Seigfried, 1999, 2002

⁸³ Adler et al., 2017; Baddeley & Singer, 2007; McAdams & McLean, 2013; Tuval- Mashiach, 2006

⁸⁴ Kakalou et al, 2019; Walsh-Buhi et al., 2021

Many agree with using schools as venues to educate people about PrEP and HIV at a very young age.⁸⁵ It is also important to remember that places, including schools, play a vital role in people's experiences, especially in how they shape their beliefs, themselves, and how they see the world.⁸⁶

Moreover, Tuck, Taylor, and Thomas all suggested that there is a need for a more effective and improved PrEP program delivery for YMSM and people who would benefit from accessing it. The three participants, who all had positive PrEP access experiences through Freddie⁸⁷, advocated for increased virtual and online options. This recommendation is also supported by several HIV/PrEP researchers who reported that many YMSM/MSM preferred online or telemedicine methods of accessing PrEP.⁸⁸ In Alberta, for example, there is a list of designated PrEP healthcare providers who people wanting to access and use PrEP could visit in person.⁸⁹ Although this is a great way to deliver PrEP, Tuck, Taylor, and Thomas shared that many YMSM and members of the 2SLGBTQ+ community are not confident about going to these clinics. They also voiced concerns related to confidentiality and providers' lack of knowledge about one's sexuality and sexual desires and needs. Thus, I believe that it is essential to look at how online and virtual delivery options can be utilized and optimized to facilitate PrEP access for YMSM and everyone.

All in all, when developing, designing, and implementing educational opportunities, practice guidelines, and policies around HIV and PrEP, it is important to include members of the community, especially PLWH, those who are at risk for HIV, members of the 2SLGBTQ+

⁸⁵ BC Center for HIV/AIDS, 2019; Bunting et al., 2020; Higuera, 2019

⁸⁶ Caine et al., 2013; Clandinin & Huber, 2002; Clandinin et al., 2007; Wang & Geale, 2015

⁸⁷ Freddie, 2022

⁸⁸ Giorlando et al., 2023; Rousseau et al., 2021; Wong et al., 2020

⁸⁹ AHS, 2023

community, and those who have lived experiences related to accessing PrEP like Tuck, Taylor, and Thomas. This promotes and respects the principle, ‘Nothing About Us Without Us’, where “people with lived experience of a disease or social reality should be the central voice in decision-making about directions in policy and programming that affect them.”⁹⁰ In addition, the inclusion of key people and groups “gives real knowledge about the conditions that policy and programming seek to address, providing a human-rights and socially responsible perspective.”⁹¹ By doing all of this, we can foster social responsibility that respects people’s knowledge and actual experiences of the current social issues related to PrEP as agents and drivers of social change.⁹² In addition, having a shared understanding and working together as a community to address the ongoing issues and gaps related to PrEP delivery can help facilitate a more socially just, ethical, and democratic community and society.⁹³

Lastly, for those of you who are in the field of HIV and PrEP leadership, research, and policymaking, I want to discuss how this narrative inquiry research about Canadian YMSM’s PrEP access experiences contributes to new methodological and theoretical understandings of different social issues surrounding HIV and PrEP. My long-term conversations with Tuck, Taylor, and Thomas allowed us to better understand what PrEP access means for YMSM, recognize social problems related to HIV and PrEP, and identify ways to mobilize social action and change. By engaging with Tuck, Taylor, and Thomas, I also learned the value of spending time with people and hearing their stories more attentively to better understand their experiences.⁹⁴ More importantly, it shows the value of narrative inquiry in PrEP research - it

⁹⁰ Pacific AIDS Network (PAN, 2024), para. 1

⁹¹ PAN, 2024, para. 1

⁹² Fischer, 1997, 2004; Seigfried, 2002

⁹³ Fischer, 1997, 2004, 2019; Lengermann & Niebrugge, 2014; Seigfried, 1999, 2002; Shields, 2006; Whipps, 2004

⁹⁴ Haydon et al., 2018

starts with the lives and stories of people, and from these stories and narratives, social issues and problems become more visible.⁹⁵

Narrative inquiry is also a way to educate others and transform practice and policy.⁹⁶ It allows insights into experiences in a meaningful way⁹⁷, which, in return, helps stay focused on people's specific needs and the social issues and problems they are facing. Narrative inquiry also looks at an experience as a phenomenon.⁹⁸ In this narrative inquiry research, I saw PrEP access as an important phenomenon of experience⁹⁹ that relates to identity-making and social responsibility. Thus, I would encourage others to adopt the narratives concepts and ideas of living in the midst¹⁰⁰ and 'world'-travelling¹⁰¹ when connecting and working with people.

Finally, narrative inquiry also encourages us to understand people's stories while being attentive to how their experiences are influenced by time, the social contexts around them, and the places where their stories take place.¹⁰² This will also allow us to look at people such as YMSM and PLWH as essential agents and parts of society who could help name the ongoing social problems instead of being constructed as the problems.¹⁰³ Overall, Tuck, Taylor, Thomas, and I believe that by listening attentively to the stories of those who have actual lived experiences related to PrEP access and HIV, we can become a more just, democratic, ethical, and responsible society.

Respectfully,

Jose

⁹⁵ Caine et al., 2018; Fischer, 1997; Seigfried, 1999, 2002

⁹⁶ Haydon et al., 2018; Lindsay & Schwind, 2016

⁹⁷ Connelly & Clandinin, 1990

⁹⁸ Clandinin et al., 2007

⁹⁹ Caine et al., 2013; Clandinin et al., 2007

¹⁰⁰ Clandinin & Connelly, 2000

¹⁰¹ Dewart et al., 2020; Lugones, 1987

¹⁰² Haydon et al., 2018

¹⁰³ Caine et al., 2018, PAN, 2024

Limitations of This Narrative Inquiry Study

Before I write my concluding thoughts and reflections about my overall journey doing this narrative inquiry research alongside Tuck, Taylor, and Thomas, I would like to present the following limitations of this study:

- **Small Number of Participants:** There were only three participants in this study, which is typical in a narrative inquiry study to allow for long-term and in-depth engagement and conversations with the participants (Clandinin & Connelly, 2000; Clandinin, 2013; Haydon et al., 2018). Having said this, Tuck, Taylor, and Thomas' stories, experiences, and narratives in this study are not representative of all Canadian YMSM.
- **Limited YMSM Representation:** This narrative inquiry study cannot claim to represent YMSM from all backgrounds, ages, education, socioeconomic status, and geographical location. For example, this study only included the narratives of three YMSM aged 21-24 from Edmonton, Alberta, Canada, who had virtual PrEP access experiences through Freddie. Their narratives also only come from the perspectives of one Asian (Tuck), one White (Taylor), and one Latino (Thomas) Canadian YMSM. Hence, they are not representative of all YMSM from these backgrounds. This acknowledges the need to conduct future research to explore and understand the PrEP experiences of other YMSM whose lives continue to be disproportionately affected by HIV (e.g., Black and Indigenous YMSM) (Ayangeakaa et al., 2023; Mosley et al., 2018).
- **Focus Only on YMSM:** In this narrative inquiry study, I only focused on and explored the PrEP access experiences of Canadian YMSM. I understand that there are other members of the 2SLGBTQ+ community who could also benefit from PrEP and have experienced challenges accessing PrEP in different settings (Connolly et al., 2020; Sun,

Anderson, Toevs, et al., 2019). Therefore, I recognize that conducting future research exploring their respective PrEP access stories and experiences is as important.

- **Inability to Generalize:** As I previously mentioned, the goal of this narrative inquiry study is not to provide generalizations, conclusions, or final answers (Clandinin, 2013; Green, 2013). The primary intent of this narrative inquiry research is to uncover new knowledge, understanding, and ways to look at Canadian YMSM's PrEP access stories and experiences. Tuck, Taylor, and Thomas' PrEP access narratives and the narrative threads that reverberated from them are intended only to inform, motivate, and influence future practices, policies, education, and research.

Conclusion

In this narrative inquiry study, I explored the experiences of three Canadian YMSM in relation to their PrEP access. As I end this dissertation, I turned to the twelve touchstones of narrative inquiry (Clandinin & Caine, 2012; Clandinin, 2013) to ensure that I have met all the important methodological and relational commitments of this study. These twelve touchstones are: relational responsibilities; in the midst; negotiation of relationships; narrative beginnings; negotiating entry to the field; moving from field to field texts; moving from field texts to interim and final research texts; representing narratives of experience in ways that show temporality, sociality, and place; relational response communities; justifications- personal, practical, social; attentive to multiple audiences; and, commitment to understanding lives in motion (Clandinin & Caine, 2012). Reflecting on my narrative inquiry journey with Tuck, Taylor, and Thomas, I saw myself going back and forth between these twelve touchstones in different directions instead of in a linear way. By doing this, I was able to shape my inquiry and continue to think narratively throughout the course of this research work.

Overall, I believe that this narrative inquiry study addressed and achieved what I had hoped for in my narrative beginnings, where I wrote:

As a young gay man, I felt the importance of understanding the experiences of those like me and those who come after me. After learning that there is little known about PrEP access, barriers, and facilitators among YMSM, I also felt that it is timely to conduct research specifically alongside this population. It is important for me to understand the experiences of YMSM and the challenges that they are facing, especially when accessing PrEP. It is also important for me to find ways to improve PrEP access among YMSM so they can be protected from HIV and not suffer from the disease at a young age - just like my dear friend, David.

This narrative inquiry journey with Tuck, Taylor, and Thomas encouraged me to look inward, outward, backward, and forward in relation to their PrEP access experiences. By living in the midst and ‘world’-travelling into their lives with relational ethics at the heart of our encounters and conversations, I was able to uncover new meaning, knowledge, and understanding of PrEP access among Canadian MSM, especially in the contexts of identity-making and social responsibility. Additionally, this narrative inquiry study enabled me to illuminate personal, practical, and social significance, which I hope to inform future PrEP programs, research, education, policies, and practice guidelines that will continue to support the sexual health and well-being of Canadian YMSM. I also hope that the findings and new knowledge made visible from this research open up wonders, opportunities, and possibilities for further inquiries that will continue to improve PrEP access experiences and help decrease the rate of new HIV infections among Canadian YMSM.

References

- Addams, J. (1902). *Democracy and social ethics*. McMillan Company.
- Adler, J. M., Dunlop, W. L., Fivush, R., Lilgendahl, J. P., Lodi-Smith, J., McAdams, D. P., McLean, K. C., Pasupathi, M., & Syed, M. (2017). Research methods for studying narrative identity: A primer. *Social Psychological and Personality Science*, 8(5), 519–527. <https://doi.org/10.1177/1948550617698202>
- Alberta Health Services. (2024). *HIV pre-exposure prophylaxis (PrEP): Information for health professionals*. <https://www.albertahealthservices.ca/info/Page16048.aspx>
- Amico, K. R., Miller, J., Balthazar, C., Serrano, P. A., Brothers, J., Zollweg, S., & Hosek, S. (2019). Integrated next step counseling (iNSC) for sexual health and PrEP use among young men who have sex with men: Implementation and observations from ATN110/113. *AIDS and Behavior*, 23(7), 1812-1823. <https://doi.org/10.1007/s10461-018-2291-2>
- Arkell, C., & Harrigan, C. (2023). *CATIE fact sheet: Pre-exposure prophylaxis*. Canadian AIDS Treatment Information Exchange. <https://www.catie.ca/sites/default/files/2023-06/fs-prep-06152023-en.pdf>
- Arnold, T., Brinkley-Rubinstein, L., Chan, P. A., Perez-Brumer, A., Bologna, E. S., Beauchamps, L., Johnson, K., Mena, L., & Nunn, A. (2017). Social, structural, behavioral and clinical factors influencing retention in pre-exposure prophylaxis (PrEP) care in Mississippi. *PloS One*, 12(2), 1-10. <https://doi.org/10.1371/journal.pone.0172354>
- Asiago-Reddy, E. A., McPeak, J., Scarpa, R., Braksmajer, A., Ruszkowski, N., McMahon, J., & London, A. S. (2022). Perceived access to PrEP as a critical step in engagement: A

- qualitative analysis and discrete choice experiment among young men who have sex with men. *PloS One*, 17(1), e0258530. <https://doi.org/10.1371/journal.pone.0258530>
- Ayangeakaa, S. D., Kerr, J., Combs, R. M., Harris, L. M., Sears, J. S., Parker, K., & Sterrett-Hong, E. (2023). Sociocultural and structural influences on HIV pre-exposure prophylaxis (PrEP) engagement and uptake among African American young adults. *BMC Public Health*, 23(1), 1427. <https://doi.org/10.1186/s12889-023-16273-8>
- Baddeley, J., & Singer, J. A. (2007). Charting the life story's path: Narrative identity across the lifespan. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 177-202). SAGE Publications.
- Baker, Z., Javanbakht, M., Mierzwa, S., Pavel, C., Lally, M., Zimet, G., & Gorbach, P. (2018). Predictors of over-reporting HIV pre-exposure prophylaxis (PrEP) adherence among young men who have sex with men (YMSM) in self-reported versus biomarker data. *AIDS and Behavior*, 22(4), 1174-1183. <https://doi.org/10.1007/s10461-017-1958-4>
- Bateson, M. C. (1989). *Composing a life*. The Atlantic Monthly Press.
- Bateson, M. C. (1994). *Peripheral visions: Learning along the way*. Harper Collins Publishers.
- Bauermeister, J. A., Tingler, R. C., Demers, M., Connochie, D., Gillard, G., Shaver, J., Chavanduka, T., & Harper, G. W. (2019). Acceptability and preliminary efficacy of an online HIV prevention intervention for single young men who have sex with men seeking partners online: The myDEX project. *AIDS and Behavior*, 23(11), 3064-3077. <https://doi.org/10.1007/s10461-019-02426-7>
- BC Center for HIV/AIDS. (2019, May 9). *Education key to HIV awareness among youth*. <https://www.bccfe.ca/blog/education-key-hiv-awareness-among-youth>

BC Centre for Disease Control. (2019). *HIV pre exposure prophylaxis (PrEP)*.

<http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/PrEP-DST.pdf>

Beach, L. B., Greene, G. J., Lindeman, P., Johnson, A. K., Adames, C. N., Thomann, M., Washington, P. C. T., & Phillips, G. (2018). Barriers and facilitators to seeking HIV services in Chicago among young men who have sex with men: Perspectives of HIV service providers. *AIDS Patient Care and STDs*, 32(11), 468-476.

<https://doi.org/10.1089/apc.2018.0094>

Bell, J. S. (2002). Narrative inquiry: More than just telling stories. *TESOL Quarterly*, 36(2), 207-213. <https://doi.org/10.2307/3588331>

Biello, K. B., Psaros, C., Krakower, D. S., Marrow, E., Safren, S. A., Mimiaga, M. J., Hightow-Weidman, L., Sullivan, P., & Mayer, K. H. (2019). A pre-exposure prophylaxis adherence intervention (LifeSteps) for young men who have sex with men: Protocol for a pilot randomized controlled trial. *JMIR Research Protocols*, 8(1), e10661.

<https://doi.org/10.2196/10661>

Bourgeois, A. C., Edmunds, M., Awan, A., Jonah, L., Varsaneux, O., & Siu, W. (2017). HIV in Canada- surveillance report, 2016. *Canada Communicable Disease Report*, 43(12), 248-256. <https://doi.org/10.14745/ccdr.v43i12a01>

Bourne, A., Cassolato, M., Wei, C. K. T., Wang, B., Pang, J., Lim, S. H., Azwa, I., Yee, I., & Mburu, G. (2017). Willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Malaysia: Findings from a qualitative study. *African Journal of Reproduction and Gynaecological Endoscopy*, 20(1). <http://dx.doi.org/10.7448/IAS.20.1.21899>

- Bruner, J. (1986). *Actual minds, possible worlds*. Harvard University Press.
- Bunting, S. R., Garber, S. S., Goldstein, R. H., Ritchie, T. D., Batteson, T. J., & Keyes, T. J. (2020). Student education about pre-exposure prophylaxis (PrEP) varies between regions of the United States. *Journal of General Internal Medicine*, *35*(10), 2873-2881.
<https://doi.org/10.1007/s11606-020-05736-y>
- Cahill, S., Taylor, S. W., Elsesser, S. A., Mena, L., Hickson, D., & Mayer, K. H. (2017). Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. *AIDS Care*, *29*(11), 1351-1358.
<https://doi.org/10.1080/09540121.2017.1300633>
- Caine, V., Estefan, A., & Clandinin, D. J. (2013). A return to methodological commitment: Reflections on narrative inquiry. *Scandinavian Journal of Educational Research*, *57*(6), 574-586. <https://doi.org/10.1080/00313831.2013.798833>
- Caine, V., Steeves, P., Clandinin, D. J., Estefan, A., Huber, J., & Murphy, M. S. (2018). Social justice practice: A narrative inquiry perspective. *Education, Citizenship and Social Justice*, *13*(2), 133–143. <https://doi.org/10.1177/1746197917710235>
- Canadian Foundation for AIDS Research. (2023). *Ending HIV in Canada*.
<https://canfar.com/about-us/our-priorities>
- Centers for Disease Control and Prevention. (2021, July 22). *Sexually transmitted infections treatment guidelines, 2021: Men who have sex with men*.
[https://www.cdc.gov/std/treatment-guidelines/msm.htm#:~:text=HIV%20Risk%20Among%20Men%20Who,one%20in%20253%20\(191\)](https://www.cdc.gov/std/treatment-guidelines/msm.htm#:~:text=HIV%20Risk%20Among%20Men%20Who,one%20in%20253%20(191))

Centers for Disease Control and Prevention. (2023a, February 16). *HIV and all gay and bisexual men*. <https://www.cdc.gov/hiv/group/msm/index.html>

Centers for Disease Control and Prevention. (2023b, June 21). *HIV diagnoses*. <https://www.cdc.gov/hiv/statistics/overview/in-us/diagnoses.html>

Chakrapani, V., Newman, P. A., Shunmugam, M., Mengle, S., Varghese, J., Nelson, R., & Bharat, S. (2015). Acceptability of HIV pre-exposure prophylaxis (PrEP) and implementation challenges among men who have sex with men in India: A qualitative investigation. *AIDS patient care and STDs*, 29(10), 569-577. <https://doi.org/10.1089/apc.2015.0143>

Challacombe, L. (2021). *The epidemiology of HIV in Canada*. Canadian AIDS Treatment Information Exchange. <https://www.catie.ca/sites/default/files/epi-hiv-02242021-en.pdf>

Challacombe, L. (2023). *The epidemiology of HIV in Canada*. Canadian AIDS Treatment Information Exchange. <https://www.catie.ca/sites/default/files/2023-04/fs-epi-hiv-04032023-en.pdf>

Chung, S. (2009). A reflective turn: Towards co-composing a curriculum of lives. *LEARNing Landscapes*, 2(2), 123-137. <https://doi.org/10.36510/learnland.v2i2.299>

Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education*, 27(1), 44-54. <https://doi.org/10.1177/1321103X060270010301>

Clandinin, D. J. (2007). *Handbook of narrative inquiry: Mapping a methodology*. SAGE Publications.

Clandinin, D. J. (2013). *Engaging in narrative inquiry*. Left Coast Press.

- Clandinin, D. J., & Caine, V. (2012). Narrative inquiry. In A. A. Trainor & E. Graue (Eds.), *Reviewing qualitative research in the social sciences* (pp. 166-179). Routledge.
- Clandinin, D. J., & Caine, V. (2013). Narrative inquiry. In A. A. Trainor & E. Graue (Eds.), *Reviewing qualitative research in the social sciences* (pp. 166-179). Routledge.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass Publishers.
- Clandinin, D. J., & Huber, J. (2002). Narrative inquiry: Toward understanding life's artistry. *Curriculum Inquiry*, 32(2), 161-170. <https://doi.org/10.1111/1467-873X.00220>
- Clandinin, D. J., & Huber, J. (2010). Narrative inquiry. *Qualitative Research*, 436-441. <https://journals.sagepub.com>
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35-75). SAGE Publications.
- Clandinin, D. J., Caine, V., & Lessard, S. (2018). *The relational ethics of narrative inquiry*. Routledge.
- Clandinin, D. J., Cave, M. T., & Berendonk, C. (2017). Narrative inquiry: A relational research methodology for medical education. *Medical Education*, 51(1), 89-96. <https://doi.org/10.1111/medu.13136>
- Clandinin, D. J., Pushor, D., & Orr, A. M. (2007). Navigating sites for narrative inquiry. *Journal of Teacher Education*, 58(1), 21-35. <https://doi.org/10.1177/0022487106296218>
- Closson, K., Chown, S., Armstrong, H. L., Wang, L., Bacani, N., Ho, D., Jollimore, J., Olarewaju, G., Moore, D. M., Roth, E. A., Hogg, R. S., & Lachowsky, N. J. (2019). HIV leadership programming attendance is associated with PrEP and PEP awareness among

- young, gay, bisexual, and other men who have sex with men in Vancouver, Canada. *BMC Public Health*, 19(1), 1-11. <https://doi.org/10.1186/s12889-019-6744-y>
- Coelho, L. E., Torres, T. S., Veloso, V. G., Grinsztejn, B., Jalil, E. M., Wilson, E. C., & McFarland, W. (2021). The prevalence of HIV among men who have sex with men (MSM) and young MSM in Latin America and the Caribbean: A systematic review. *AIDS and Behavior*, 25(10), 3223-3237. <https://doi.org/10.1007/s10461-021-03180-5>
- Cohler, B. J., & Hammack, P. L. (2006). Making a gay identity: Life story and the construction of a coherent self. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 151-172). American Psychological Association.
- College of Registered Nurses of Alberta. (2023). *Continuing competence standards*. <https://www.nurses.ab.ca/media/i4ifzuyw/continuing-competence-standards-2022.pdf>
- Collins, S. P., McMahan, V. M., & Stekler, J. D. (2017). The impact of HIV pre-exposure prophylaxis (PrEP) use on the sexual health of men who have sex with men: A qualitative study in Seattle, WA. *International Journal of Sexual Health*, 29(1), 55-68. <http://dx.doi.org/10.1080/19317611.2016.1206051>
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2-14. <https://doi.org/10.3102/0013189X019005002>
- Connelly, F. M., & Clandinin, D. J. (1999). *Shaping a professional identity: Stories of educational practice*. Teachers College Press.
- Connelly, F. M., & Clandinin, D. J. (2006). Narrative inquiry. In J. Green, G. Camilli, & P. Elmore (Eds.), *Handbook of complementary methods in education research* (pp. 477–488). Laurence Erlbaum.

- Connolly, M. D., Dankerlui, D. N., Eljallad, T., Dodard-Friedman, I., Tang, A., & Joseph, C. L. M. (2020). Outcomes of a PrEP demonstration project with LGBTQ youth in a community-based clinic setting with integrated gender-affirming care. *Transgender Health, 5*(2), 75–79. <https://doi.org/10.1089/trgh.2019.0069>
- Cox, J., Apelian, H., Moodie, E. E., Messier-Peet, M., Hart, T. A., Grace, D., Moore, D. M., Lachowsky, N. J., Armstrong, H. L., Jollimore, J., Skakoon-Sparling, S., Rodrigues, R., Tan, D. H., Maheu-Giroux, M., Noor, S. W., Lebouché, B., Tremblay, C., Olarewaju, G., & Lambert, G. (2021). Use of HIV pre-exposure prophylaxis among urban Canadian gay, bisexual and other men who have sex with men: A cross-sectional analysis of the Engage cohort study. *Canadian Medical Association Open Access Journal, 9*(2), E529-E538. <https://doi.org/10.9778/cmajo.20200198>
- Crites, S. (1971). The narrative quality of experience. *American Academy of Religion, 39*(3), 291–311. <https://doi.org/10.1093/jaarel/XXXIX.3.291>
- da Silva-Brandao, R. R., & Ianni, A. M. Z. (2022). Othering discourse and stigma amidst the identity formation process among gays, bisexuals and other men who have sex with men on HIV pre-exposure prophylaxis (PrEP). *Ciencia & Saude Coletiva, 27*(5), 1965–1974. <https://doi.org/10.1590/1413-81232022275.12692021>
- de St. Aubin, E., Wandrei, M., Skerven, K., & Coppolillo, C. M. (2006). A narrative exploration of personal ideology and identity. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 223-248). American Psychological Association.
- dela Cruz, A., Patten, S., Abdulmalik, I., Harrowing, J., Hall, M., Afzal, A. R., Abate, T. D., Carter, A., Spies, P., Mapfumo, S., & Caine, V. (2020). Mandatory HIV screening,

- migration and HIV stigma in Canada: Exploring the experiences of sub-Saharan African immigrants living with HIV in western Canada. *Health Promotion & Chronic Disease Prevention in Canada: Research, Policy & Practice*, 40(2).
<https://doi.org/10.24095/hpcdp.40.2.02>
- Devarajan, S., Sales, J. M., Hunt, M., & Comeau, D. L. (2020). PrEP and sexual well-being: A qualitative study on PrEP, sexuality of MSM, and patient-provider relationships. *AIDS Care*, 32(3), 386–393. <https://doi.org/10.1080/09540121.2019.1695734>
- Dewart, G., Kubota, H., Berendonk, C., Clandinin, J., & Caine, V. (2020). Lugones’s metaphor of “world travelling” in narrative inquiry. *Qualitative Inquiry*, 26(3–4), 369–378.
<https://doi.org/10.1177/1077800419838567>
- Dewey, J. (1938). *Experience and education*. Kappa Delta Pi Publications.
- Dewey, J. (1981a). *The later works, 1925-1953: Vol. 10. art as experience* (J. A. Boydston, Ed.). Southern Illinois University Press.
- Dewey, J. (1981b). *The later works, 1925–1927: Vol. 2. essays, the public and its problems* (J. A. Boydston, Ed.). Southern Illinois University Press.
- Doblecki-Lewis, S., Liu, A., Feaster, D., Cohen, S. E., Cardenas, G., Bacon, O., Andrew, E., & Kolber, M. A. (2017). Healthcare access and PrEP continuation in San Francisco and Miami after the US PrEP demo project. *Journal of Acquired Immune Deficiency Syndromes*, 74(5), 531–538. <https://doi.org/10.1097/QAI.0000000000001236>
- Dubnewick, M., Clandinin, D. J., Lessard, S., & McHugh, T. L. (2017). The centrality of reflexivity through narrative beginnings: Towards living reconciliation. *Qualitative Inquiry*, 24(6), 413–420. <https://doi.org/10.1177/1077800417727762>

- Dubov, A., Galbo, P., Jr., Altice, F. L., & Fraenkel, L. (2018). Stigma and shame experiences by MSM who take PrEP for HIV prevention: A qualitative study. *American Journal of Men's Health, 12*(6), 1832–1843. <https://doi.org/10.1177/1557988318797437>
- Eaton, L. A., Kalichman, S. C., Price, D., Finneran, S., Allen, A., & Maksut, J. (2017). Stigma and conspiracy beliefs related to pre-exposure prophylaxis (PrEP) and interest in using PrEP among black and white men and transgender women who have sex with men. *AIDS and Behavior, 21*(5), 1236–1246. <https://doi.org/10.1007/s10461-017-1690-0>
- Edmonton Men's Health Collective. (2016). *emhc: Edmonton Men's Health Collective*. <https://yegmenshealth.ca>
- Elopre, L., McDavid, C., Brown, A., Shurbaji, S., Mugavero, M. J., & Turan, J. M. (2018). Perceptions of HIV pre-exposure prophylaxis among young, black men who have sex with men. *AIDS Patient Care & STDs, 32*(12), 511–518. <https://doi.org/10.1089/apc.2018.0121>
- Evolution Wonderlounge. (2022). *Welcome! Evolution Wonderlounge*. <https://yourgaybar.com>
- Fischer, M. (1997). Jane Addams on autonomy and responsibility. *The University of Dayton Review, 25*(1), 51-55. https://ecommons.udayton.edu/phl_fac_pub/127
- Fischer, M. (2004). Democracy and social ethics, and: The long road of woman's memory (review). *Journal of Speculative Philosophy, 18*(1), 85-88. <https://doi.org/10.1353/jsp.2004.0004>
- Fischer, M. (2019). *Jane Addams's evolutionary theorizing: Constructing "democracy and social ethics."* The University of Chicago Press.
- Fitzpatrick, J. J. (2017). Narrative nursing: Applications in practice, education, and research. *Applied Nursing Research, 37*, 67. <https://doi.org/doi:10.1016/j.apnr.2017.08.005>

- Fonner, V. A., Dalglish, S. L., Kennedy, C. E., Baggaley, R., O'Reilly, K. R., Koechlin, F. M., Rodolph, M., Hodges-Mameletzis, I., & Grant, R. M. (2016). Effectiveness and safety of oral HIV preexposure prophylaxis for all populations. *AIDS*, *30*(12), 1973-1983.
<https://doi.org/10.1097/QAD.0000000000001145>
- Freddie. (2022). *About us: Awkward doctor's visits are a thing of the past*.
<https://www.gofreddie.com/about-us>
- Frescura, L., Godfrey-Faussett, P., Feizzadeh A. A., El-Sadr, W., Syarif, O., Ghys, P. D., on and behalf of the 2025 testing treatment target Working Group. (2022). Achieving the 95 95 95 targets for all: A pathway to ending AIDS. *PLoS One*, *17*(8), e0272405.
<https://doi.org/10.1371/journal.pone.0272405>
- Fujimoto, K., Wang, P., Flash, C. A., Kuhns, L. M., Zhao, Y., Amith, M., & Schneider, J. A. (2019). Network modeling of PrEP uptake on referral networks and health venue utilization among young men who have sex with men. *AIDS and Behavior*, *23*(7), 1698-1707. <https://doi.org/10.1007/s10461-018-2327-7>
- Galindo, G. R., Walker, J. J., Hazelton, P., Lane, T., Steward, W. T., Morin, S. F., & Arnold, E. A. (2012). Community member perspectives from transgender women and men who have sex with men on pre-exposure prophylaxis as an HIV prevention strategy: Implications for implementation. *Implementation Science*, *7*(1), 1-13. <https://doi.org/10.1186/1748-5908-7-116>
- Giorlando, K. K., Arnold, T., Barnett, A. P., Leigland, A., Whiteley, L., Brock, J. B., & Brown, L. K. (2023). Acceptability and comfort regarding remotely delivered PrEP services in Mississippi. *Journal of the International Association of Providers of AIDS Care*, *22*, 1-7.
<https://doi.org/10.1177/23259582231186868>

- Government of Alberta. (2021). *COVID-19 vaccine program*. <https://www.alberta.ca/covid19-vaccine.aspx>
- Government of Alberta. (2024). *COVID-19 vaccine information*.
<https://www.alberta.ca/covid19-vaccine>
- Grace, D., Jollimore, J., MacPherson, P., Strang, M. J., & Tan, D. H. (2018). The pre-exposure prophylaxis-stigma paradox: Learning from Canada's first wave of PrEP users. *AIDS Patient Care and STDs*, 32(1), 24-30. <https://doi.org/10.1089/apc.2017.0153>
- Green, B. (2013). Narrative inquiry and nursing research. *Qualitative Research Journal*, 13(1), 62-71. <https://doi.org/10.1108/14439881311314586>
- Greenwald, Z. R., Maheu-Giroux, M., Szabo, J., Robin, J. A. B., Boissonnault, M., Nguyen, V. K., & Thomas, R. (2019). Cohort profile: L'actuel pre-exposure prophylaxis (PrEP) cohort study in Montreal, Canada. *BMJ open*, 9(6), e028768.
<https://doi.org/10.1136/bmjopen-2018-028768>
- Haddad, N., Li, J. S., Totten, S., & McGuire, M. (2018). HIV in Canada- surveillance report, 2017. *Canada Communicable Disease Report*, 44(12), 324-332.
<https://doi.org/10.14745/ccdr.v44i12a03>
- Haddad, N., Weeks, A., Roberr, A., & Totten, S. (2021). HIV in Canada—surveillance report, 2019. *Canada Communicable Disease Report*, 47(1), 77–86.
<https://doi.org/10.14745/ccdr.v47i01a11>
- Hannaford, A., Lipshie-Williams, M., Starrels, J. L., Arnsten, J. H., Rizzuto, J., Cohen, P., Jacobs, D., & Patel, V. V. (2018). The use of online posts to identify barriers to and facilitators of HIV pre-exposure prophylaxis (PrEP) among men who have sex with men:

- A comparison to a systematic review of the peer-reviewed literature. *AIDS and Behavior*, 22(4), 1080–1095. <https://doi.org/10.1007/s10461-017-2011-3>
- Haydon, G., Browne, G., & van der Riet, P. (2018). Narrative inquiry as a research methodology exploring person centred care in nursing. *Collegian*, 25(1), 125-129. <https://doi.org/10.1016/j.colegn.2017.03.001>
- Hess, K. M., Crawford, J., Eanes, A., Felner, J. K., Mittal, M. L., Smith, L. R., Hoenigl, M., & Amico, K. R. (2019). Reasons why young men who have sex with men report not using HIV Pre-exposure prophylaxis: Perceptions of burden, need, and safety. *AIDS Patient Care and STDs*, 33(10), 449-454. <https://doi.org/10.1089/apc.2019.0150>
- Hibbard, S. (2017, June 09). B.C. residents at risk of contracting HIV turn to online buyer's club to afford pricey lifesaving drug. *CBC News*. <https://www.cbc.ca/news/canada/british-columbia/b-c-residents-at-risk-of-contracting-hiv-turn-to-online-buyer-s-club-to-afford-pricey-lifesaving-drug-1.4150345>
- Higueruela, J. (2019). PrEP school: A proposal for teaching about pre-exposure prophylaxis in New Jersey public schools. *Law School Student Scholarship*, 972. https://scholarship.shu.edu/student_scholarship/972
- HIV Edmonton. (2023). *About HIV Edmonton*. <https://hivedmonton.com/about/>
- Holloway, I. W., Tan, D., Gildner, J. L., Beougher, S. C., Pulsipher, C., Montoya, J. A., Plant, A., & Leibowitz, A. (2017). Facilitators and barriers to pre-exposure prophylaxis willingness among young men who have sex with men who use geosocial networking applications in California. *AIDS Patient Care and STDs*, 31(12), 517-527. <https://doi.org/10.1089/apc.2017.0082>

- Holloway, I., & Freshwater, D. (2007). Vulnerable story telling: Narrative research in nursing. *Journal of Research in Nursing, 12*(6), 703-711.
<https://doi.org/10.1177/1744987107084669>
- Hosek, S., Rudy, B., Landovitz, R., Kapogiannis, B., Siberry, G., Rutledge, B., Liu, N., Brothers, J., Mulligan, K., Zimet, G., Lally, M., Mayer, K., Anderson, P., Kiser, J., Rooney, J., Wilson, C. M., & the Adolescent Trials Network (ATN) for HIV/AIDS Interventions. (2017). An HIV pre-exposure prophylaxis (PrEP) demonstration project and safety study for young MSM. *Journal of Acquired Immune Deficiency Syndromes, 74*(1), 21-29.
<https://doi.org/10.1097/QAI.0000000000001179>
- Hosien, S. R. (2023, July 7). *Some views on injectable long-acting HIV pre-exposure prophylaxis*. Canadian AIDS Treatment Information Exchange.
<https://www.catie.ca/catie-news/some-views-on-injectable-long-acting-hiv-pre-exposure-prophylaxis-prep#:~:text=Long%2Dacting%20PrEP&text=This%20drug%20is%20injected%20deep,be%20approved%20sometime%20in%202024.>
- Hubach, R. D., Currin, J. M., Sanders, C. A., Durham, A. R., Kavanaugh, K. E., Wheeler, D. L., & Croff, J. M. (2017). Barriers to access and adoption of pre-exposure prophylaxis for the prevention of HIV among men who have sex with men (MSM) in a relatively rural state. *AIDS Education and Prevention, 29*(4), 315–329.
<https://doi.org/10.1521/aeap.2017.29.4.315>
- Huber, M., Huber, J., & Clandinin, J. (2004). Moments of tension: Resistance as expressions of narrative coherence in stories to live by. *Reflective Practice, 5*(2), 181–198.
<https://doi.org/10.1080/14623940410001690965>

- Huebner, D. M., Barnett, A. P., Baucom, B. R., & Guilamo-Ramos, V. (2023). Effects of a parent-focused HIV prevention intervention for young men who have sex with men: A pilot randomized clinical trial. *AIDS and Behavior*, *27*(5), 1502-1513.
<https://doi.org/10.1007/s10461-022-03885-1>
- Hughes, S. D., Sheon, N., Andrew, E. V. W., Cohen, S. E., Doblecki-Lewis, S., & Liu, A. Y. (2018). Body/selves and beyond: Men's narratives of sexual behavior on PrEP. *Medical Anthropology*, *37*(5), 387–400. <https://doi.org/10.1080/01459740.2017.1416608>
- Hull, M., & Tan, D. (2017). Setting the stage for expanding HIV pre-exposure prophylaxis use in Canada. *Canada Communicable Disease Report*, *43*(12), 272–278.
<https://doi.org/10.14745/ccdr.v43i12a05>
- Hulstein, S. H., Zimmermann, H. M., de la Court, F., Matser, A. A., Schim van der Loeff, M. F., Hoornenborg, E., Davidovich, U., Prins, M., & de Vries, H. J. (2022). Factors associated with the intention to use HIV preexposure prophylaxis for young and older men who have sex with men. *Sexually Transmitted Diseases*, *49*(5), 343-352.
<https://doi.org/10.1097/OLQ.0000000000001599>
- Jaiswal, J., Griffin, M., Singer, S. N., Greene, R. E., Acosta, I. L. Z., Kaudeyr, S. K., Kapadia, F., & Halkitis, P. N. (2018). Structural barriers to pre-exposure prophylaxis use among young sexual minority men: The P18 cohort study. *Current HIV Research*, *16*(3), 237–249. <https://doi.org/10.2174/1570162X16666180730144455>
- Jaiswal, J., LoSchiavo, C., Meanley, S., Hascher, K., Cox, A. B., Dunlap, K. B., Singer, S. N., & Halkitis, P. N. (2021). Correlates of PrEP uptake among young sexual minority men and transgender women in New York City: The need to reframe “risk” messaging and

normalize preventative health. *AIDS and Behavior*, 25, 3057-3073.

<https://doi.org/10.1007/s10461-021-03254-4>

Joint United Nations Programme on HIV/AIDS. (2009). *UNAIDS action framework: Universal access for men who have sex with men and transgender people*.

http://www.unaids.org/sites/default/files/media_asset/jc1720_action_framework_msm_en_0.pdf

Joint United Nations Programme on HIV/AIDS. (2020). *Fact sheet- World AIDS Day 2020*.

https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

Joint United Nations Programme on HIV/AIDS. (2023). *Fact sheet 2023*.

https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

Kakalou, C., Lazarus, J. V., & Koutkias, V. (2019). Mining social media for perceptions and trends on HIV pre-exposure prophylaxis. *Studies in Health Technology and Informatics*, 264, 959-963. <https://doi.org/10.3233/SHTI190366>

Kesler, M. A., Kaul, R., Myers, T., Liu, J., Loutfy, M., Remis, R. S., & Gesink, D. (2016).

Perceived HIV risk, actual sexual HIV risk and willingness to take pre-exposure prophylaxis among men who have sex with men in Toronto, Canada. *AIDS Care*, 28(11), 1378-1385. <https://doi.org/10.1080/09540121.2016.1178703>

King, H. L., Keller, S. B., Giancola, M. A., Rodriguez, D. A., Chau, J. J., Young, J. A., Little, S.

J., & Smith, D. M. (2014). Pre-exposure prophylaxis accessibility research and evaluation (PrEPARE study). *AIDS and Behavior*, 18(9), 1722–1725.

<https://doi.org/10.1007/s10461-014-0845-5>

Klassen, B. J., Lachowsky, N. J., Lin, S. Y., Edward, J. B., Chown, S. A., Hogg, R. S., Moore,

D. M., & Roth, E. A. (2017). Gay men's understanding and education of new HIV

- prevention technologies in Vancouver, Canada. *Qualitative Health Research*, 27(12), 1775–1791. <https://doi.org/10.1177/1049732317716419>
- Knox, D. C., Pilarski, R., Dhunna, H. S., Kaushal, A., & Adachi, J. D. (2022). Clinical considerations in the selection of preexposure prophylaxis for HIV prevention in Canada. *Canadian Journal of Infectious Diseases and Medical Microbiology*, 2022. <https://doi.org/10.1155/2022/3913439>
- Koss, C. A., Hosek, S. G., Bacchetti, P., Anderson, P. L., Liu, A. Y., Horng, H., Benet, L. Z., Kuncze, K., Louie, A., Saberi, P., Wilson, C. M., & Gandhi, M. (2018). Comparison of measures of adherence to human immunodeficiency virus preexposure prophylaxis among adolescent and young men who have sex with men in the United States. *Clinical Infectious Diseases*, 66(2), 213-219. <https://doi.org/10.1093/cid/cix755>
- Kubicek, K., Arauz-Cuadra, C., & Kipke, M. D. (2015). Attitudes and perceptions of biomedical HIV prevention methods: Voices from young men who have sex with men. *Archives of Sexual Behavior*, 44(2), 487-497. <https://doi.org/10.1007/s10508-014-0398-8>
- Kuhns, L. M., Hotton, A. L., Schneider, J., Garofalo, R., & Fujimoto, K. (2017). Use of pre-exposure prophylaxis (PrEP) in young men who have sex with men is associated with race, sexual risk behavior and peer network size. *AIDS and Behavior*, 21(5), 1376-1382. <https://doi.org/10.1007/s10461-017-1739-0>
- Kularadhan, V., Gan, J., Chow, E. P., Fairley, C. K., & Ong, J. J. (2022). HIV and STI testing preferences for men who have sex with men in high-income countries: A scoping review. *International Journal of Environmental Research and Public Health*, 19(5), 3002. <https://doi.org/10.3390/ijerph19053002>

- Lam, C. (2015, December 22). The other reason why everyone is talking about Miss Philippines. *NBC News*. <https://www.nbcnews.com/news/asian-america/other-reason-why-everyone-talking-about-miss-philippines-n484606>
- Leggo, C. (2004). Narrative inquiry: Honouring the complexity of the stories we live. *Brock Education: A Journal of Educational Research and Practice*, 14(1), 97-111. <https://doi.org/10.26522/brocked.v14i1.59>
- Lelutiu-Weinberger, C., & Golub, S. A. (2016). Enhancing PrEP access for Black and Latino men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes*, 73(5), 547–555. <https://doi.org/10.1097/QAI.0000000000001140>
- Lengermann, P., & Niebrugge Gillian. (2014). *The explanatory power of ethics: The sociology of Jane Addams*. Macmillan Publishers Ltd.
- Leonard, S., Sotindjo, T., Brophy, J., Tan, D. H., & Nashid, N. (2023). HIV pre-exposure prophylaxis: It is time to consider harm reduction care for adolescents in Canada. *Paediatrics & Child Health*, 28(6), 28, 338–343. <https://doi.org/10.1093/pch/pxac115>
- Lima, V. D., Zhu, J., Card, K. G., Lachowsky, N. J., Chowell-Puente, G., Wu, Z., & Montaner, J. S. (2021). Can the combination of TasP and PrEP eliminate HIV among MSM in British Columbia, Canada? *Epidemics*, 35, 100461. <https://doi.org/10.1016/j.epidem.2021.100461>
- Lindsay, G. M., & Schwind, J. K. (2016). Narrative inquiry: Experience matters. *Canadian Journal of Nursing Research*, 48(1), 14-20. <https://doi.org/10.1177/0844562116652230>
- Liu, A. Y., Vittinghoff, E., von Felten, P., Amico, K. R., Anderson, P. L., Lester, R., Andrew, E., Estes, I., Serrano, P., Brothers, J., Buchbinder, S., Hosek, S., & Fuchs, J. D. (2019).

- Randomized controlled trial of a mobile health intervention to promote retention and adherence to preexposure prophylaxis among young people at risk for human immunodeficiency virus: The EPIC study. *Clinical Infectious Diseases*, 68(12), 2010-2017. <https://doi.org/10.1093/cid/ciy810>
- López-Díaz, G., Rodríguez-Fernández, A., Domínguez-Martís, E. M., Mosteiro-Miguéns, D. G., López-Ares, D., & Novío, S. (2020). Knowledge, attitudes, and intentions towards HIV pre-exposure prophylaxis among nursing students in Spain. *International Journal of Environmental Research and Public Health*, 17(19), 7151. <https://doi.org/10.3390/ijerph17197151>
- Lugones, M. (1987). Playfulness, “world”-travelling, and loving perception. *Hypatia*, 2(2), 3-19. <https://www.jstor.org/stable/3810013>
- Macapagal, K., Kraus, A., Korpak, A. K., Jozsa, K., & Moskowitz, D. A. (2020). PrEP awareness, uptake, barriers, and correlates among adolescents assigned male at birth who have sex with males in the US. *Archives of Sexual Behavior*, 49, 113-124. <https://doi.org/10.1007/s10508-019-1429-2>
- MacFadden, D. R., Tan, D. H., & Mishra, S. (2016). Optimizing HIV pre-exposure prophylaxis implementation among men who have sex with men in a large urban centre: A dynamic modelling study. *Journal of the International AIDS Society*, 19(1), 20791. <https://doi.org/10.7448/IAS.19.1.20791>
- Maksut, J. L., Eaton, L. A., Siembida, E. J., Fabius, C. D., & Bradley, A. M. (2018). Health care discrimination, sex behavior disclosure, and awareness of pre-exposure prophylaxis among Black men who have sex with men. *Stigma and Health*, 3(4), 330–337. <https://doi.org/10.1037/sah0000102>

- Marks, S. J., Merchant, R. C., Clark, M. A., Liu, T., Rosenberger, J. G., Bauermeister, J., & Mayer, K. H. (2017). Potential healthcare insurance and provider barriers to pre-exposure prophylaxis utilization among young men who have sex with men. *AIDS Patient Care and STDs*, 31(11), 470-478. <https://doi.org/10.1089/apc.2017.0171>
- McAdams, D. P. (1993). *The stories we live by*. The Guilford Press.
- McAdams, D. P., & Logan, R. L. (2006). Creative work, love, and the dialectic in selected life stories of academics. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 89-108). American Psychological Association.
- McAdams, D. P., & McLean, K. C. (2013). Narrative Identity. *Current Directions in Psychological Science*, 22(3), 233–238. <https://doi.org/10.1177/0963721413475622>
- McLean, K. C., & Thorne, A. (2006). Identity light: Entertainment stories as a vehicle for self-development. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 111-127). American Psychological Association.
- Moen, T. (2006). Reflections on the narrative research approach. *International Journal of Qualitative Method*, 5(4), 56-69. <https://doi.org/10.1177/160940690600500405>
- Montess, M. (2023). Creating the conditions for trust around PrEP as HIV prevention: The relationships of MSM with sexual and romantic partners and healthcare providers. *IJFAB: International Journal of Feminist Approaches to Bioethics*, 16(1), 77-102. <https://doi.org/10.3138/ijfab-16.2.03>
- Morgan, E., Moran, K., Ryan, D. T., Mustanski, B., & Newcomb, M. E. (2018). Threefold increase in PrEP uptake over time with high adherence among young men who have sex with men in Chicago. *AIDS and Behavior*, 22(11), 3637-3644. <https://doi.org/10.1007/s10461-018-2122-5>

- Morgan, E., Ryan, D. T., Newcomb, M. E., & Mustanski, B. (2018). High rate of discontinuation may diminish PrEP coverage among young men who have sex with men. *AIDS and Behavior*, 22(11), 3645-3648. <https://doi.org/10.1007/s10461-018-2125-2>
- Morgan, J., Ferlatte, O., Salway, T., Wilton, J., & Hull, M. (2018). Awareness of, interest in, and willingness to pay for HIV pre-exposure prophylaxis among Canadian gay, bisexual, and other men who have sex with men. *Canadian Journal of Public Health*, 109, 791-799. <https://doi.org/10.17269/s41997-018-0090-1>
- Mosley, T., Khaketla, M., Armstrong, H. L., Cui, Z., Sereda, P., Lachowsky, N. J., Hull, M. W., Olarewaju, G., Jollimore, J., Edward, J., Montaner, J. S. G., Hogg, R. S., Roth, E. A., & Moore, D. M. (2018). Trends in awareness and use of HIV PrEP among gay, bisexual, and other men who have sex with men in Vancouver, Canada 2012–2016. *AIDS and Behavior*, 22(11), 3550–3565. <https://doi.org/10.1007/s10461-018-2026-4>
- Muessig, K. E., & Cohen, M. S. (2014). Advances in HIV prevention for serodiscordant couples. *Current HIV/AIDS Reports*, 11, 434-446. <https://doi.org/10.1007/s11904-014-0225-9>
- Munasinghe, L. L., Toy, J., Lepik, K. J., Moore, D. M., Hull, M., Bacani, N., Sereda, P., Barrios, R., Montaner, J. S. G., & Lima, V. D. (2023). Process description of developing HIV prevention monitoring indicators for a province-wide pre-exposure prophylaxis (PrEP) program in British Columbia, Canada. *Plos One*, 18(3), e0283025. <https://doi.org/10.1371/journal.pone.0283025>
- Mustanski, B., Ryan, D. T., Hayford, C., Phillips, G., Newcomb, M. E., & Smith, J. D. (2018). Geographic and individual associations with PrEP stigma: Results from the RADAR

- cohort of diverse young men who have sex with men and transgender women. *AIDS and Behavior*, 22(9), 3044-3056. <https://doi.org/10.1007/s10461-018-2159-5>
- Myers, J. J., Dufour, M. S. K., Koester, K. A., Udoh, I., Frazier, R., Packard, R., Kennedy, K., Erguera, X., Horowitz, J., Grant, R., & Burack, J. H. (2019). Adherence to PrEP among young men who have sex with men participating in a sexual health services demonstration project in Alameda County, California. *Journal of Acquired Immune Deficiency Syndromes*, 81(4), 406-413. <https://doi.org/10.1097/QAI.0000000000002051>
- Newcomb, M. E., Moran, K., Feinstein, B. A., Forscher, E., & Mustanski, B. (2018). Pre-exposure prophylaxis (PrEP) use and condomless anal sex: Evidence of risk compensation in a cohort of young men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes*, 77(4), 358-364. <https://doi.org/10.1097/QAI.0000000000001604>
- Nunn, A. S., Brinkley-Rubinstein, L., Oldenburg, C. E., Mayer, K. H., Mimiaga, M., Patel, R., & Chan, P. A. (2017). Defining the HIV pre-exposure prophylaxis care continuum. *AIDS*, 31(5), 731-734. <https://doi.org/10.1097/QAD.0000000000001385>
- Ojikutu, B. O., Bogart, L. M., Mayer, K. H., Stopka, T. J., Sullivan, P. S., & Ransome, Y. (2019). Spatial access and willingness to use pre-exposure prophylaxis among Black/African American individuals in the United States: Cross-sectional survey. *JMIR Public Health and Surveillance*, 5(1), 1-8. <https://doi.org/10.2196/12405>
- Pacific AIDS Network. (2024). *Nothing about us without us principles*. <https://paninbc.ca/resources-2/advocacy-policy-public-health/nothing-us-without-us-principles/>

- Patrick, L. D. (2016). Found poetry: Creating space for imaginative arts-based literacy research writing. *Literacy Research: Theory, Method, and Practice*, 65(1), 384-403.
<https://doi.org/10.1177/2381336916661530>
- Pérez -Figuerola, R. E., Kapadia, F., Barton, S. C., Eddy, J. A., & Halkitis, P. N. (2015). Acceptability of PrEP uptake among racially/ethnically diverse young men who have sex with men: The P18 study. *AIDS Education and Prevention*, 27(2), 112–125.
<https://doi.org/10.1521/aeap.2015.27.2.112>
- Peters, L. (2018, March 20). PrEParing alternatives to HIV infection in Alberta. *Calgary Journal*. <https://calgaryjournal.ca/2018/03/20/preparing-alternatives-to-hiv-infection-in-alberta/>
- Pico-Espinosa, O. J., Hull, M., MacPherson, P., Grace, D., Lachowsky, N., Gaspar, M., Mohammed, S., Robinson, T., & Tan, D. H. (2023). Reasons for not using pre-exposure prophylaxis for HIV and strategies that may facilitate uptake in Ontario and British Columbia among gay, bisexual and other men who have sex with men: A cross-sectional survey. *Canadian Medical Association Open Access Journal*, 11(3), E560-E568.
<https://doi.org/10.9778/cmajo.20220113>
- Poole, E. (2013). Hey girls, did you know? Slut-shaming on the internet needs to stop. *University of San Francisco Law Review*, 48(1), 221–260.
<https://repository.usfca.edu/usflawreview/vol48/iss1/7/>
- Public Health Agency of Canada. (2022a, July 30). *Canada takes action by endorsing global declaration on Undetectable = Untransmittable (U=U)*.
<https://www.canada.ca/en/public-health/news/2022/07/canada-takes-action-by-endorsing-global-declaration-on-undetectable--untransmittable-uu.html>

- Public Health Agency of Canada. (2022b). *Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2020*.
<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/estimates-hiv-incidence-prevalence-canada-meeting-90-90-90-targets-2020/estimates-hiv-incidence-prevalence-canada-meeting-90-90-90-targets-2020.pdf>
- Public Health Agency of Canada. (2023a, December 01). *HIV in Canada: 2022 surveillance highlights*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-2022-surveillance-highlights.html>
- Public Health Agency of Canada. (2023b, January). *HIV in Canada surveillance report to December 31, 2020*. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/hiv-canada-surveillance-report-december-31-2020/hiv-canada-surveillance-report-december-31-2020.pdf>
- Public Health Agency of Canada. (2023c, June 28). *HIV in Canada: 2021 surveillance highlights*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-2021-surveillance-highlights.html>
- Public Health Agency of Canada. (2023d, November 24). *HIV and AIDS: For health professionals*. <https://www.canada.ca/en/public-health/services/diseases/hiv-aids/health-professionals.html#>
- Queer & Trans Health Collective. (2019). *About QTHC*. <https://ourhealthyeg.ca/about-us>
- Quinn, K. G., Christenson, E., Sawkin, M. T., Hacker, E., & Walsh, J. L. (2020). The unanticipated benefits of PrEP for young black gay, bisexual, and other men who have sex with men. *AIDS and Behavior*, 24, 1376-1388. <https://doi.org/10.1007/s10461-019-02747-7>

- Rana, J., Wilton, J., Fowler, S., Hart, T. A., Bayoumi, A. M., & Tan, D. H. (2018). Trends in the awareness, acceptability, and usage of HIV pre-exposure prophylaxis among at-risk men who have sex with men in Toronto. *Canadian Journal of Public Health, 109*, 342-252. <https://doi.org/10.17269/s41997-018-0064-3>
- Refugio, O. N., Kimble, M. M., Silva, C. L., Lykens, J. E., Bannister, C., & Klausner, J. D. (2019). PrEPTECH: A telehealth-based initiation program for HIV pre-exposure prophylaxis in young men of color who have sex with men. A pilot study of feasibility. *Journal of Acquired Immune Deficiency Syndromes, 80*(1), 40-45. <https://doi.org/10.1097/QAI.0000000000001873>
- Riddell, J., Amico, K. R., & Mayer, K. H. (2018). HIV preexposure prophylaxis: A review. *JAMA, 319*(12), 1261-1268. <https://doi.org/10.1001/jama.2018.1917>
- Riley, T., & Hawe, P. (2005). Researching practice: The methodological case for narrative inquiry. *Health Education Research, 20*(2), 226-236. <https://doi.org/10.1093/her/cyg122>
- Rousseau, E., Julies, R. F., Madubela, N., & Kassim, S. (2021). Novel platforms for biomedical HIV prevention delivery to key populations - Community mobile clinics, peer-supported, pharmacy-led PrEP delivery, and the use of telemedicine. *Current HIV/AIDS Reports, 18*(6), 500. <https://doi.org/10.1007/s11904-021-00578-7>
- Savin-Baden, M., & Niekerk, L. V. (2007). Narrative inquiry: Theory and practice. *Journal of Geography in Higher Education, 31*(3), 459-472. <https://doi.org/10.1080/03098260601071324>
- Schwartz, J., & Grimm, J. (2017). PrEP on Twitter: Information, barriers, and stigma. *Health Communication, 32*(4), 509–516. <https://doi.org/10.1080/10410236.2016.1140271>

- Schwartz, J., & Grimm, J. (2019). Stigma communication surrounding PrEP: The experiences of a sample of men who have sex with men. *Health Communication, 34*(1), 84–90.
<https://doi.org/10.1080/10410236.2017.1384430>
- Seigfried, C. H. (1999). Socializing democracy: Jane Addams and John Dewey. *Philosophy of the Social Sciences, 29*(2), 207–230. <https://doi.org/10.1177/004839319902900203>
- Seigfried, C. H. (2002). Introduction to the Illinois edition. In Jane Addams, *Democracy and social ethics* (pp. ix-xxxiv). University of Illinois Press.
- Shields, P. M. (2006). Democracy and the social feminist ethics of Jane Addams: A vision for public administration. *Administrative Theory & Praxis, 28*(3), 418-443.
<https://doi.org/10.1080/10841806.2006.11029540>
- Siegler, A. J., Brock, J. B., Hurt, C. B., Ahlschlager, L., Dominguez, K., Kelley, C. F., Jenness, S. M., Wilde, G., Jameson, S. B., Bailey-Herring, & Mena, L. A. (2019). An electronic pre-exposure prophylaxis initiation and maintenance home care system for nonurban young men who have sex with men: Protocol for a randomized controlled trial. *JMIR Research Protocols, 8*(6), e13982. <https://doi.org/10.2196/13982>
- Silko, L. M. (1996). *Yellow woman and a beauty of the spirit: Essays on Native American life today*. Touchstone Books.
- Sparkes, A. C. (2004). Bodies, narratives, selves, and autobiography: The example of Lance Armstrong. *Journal of Sport and Social Issues, 28*(4), 397-428.
<https://doi.org/10.1177/0193723504269907>
- Spinner, C. D., Boesecke, C., Zink, A., Jessen, H., Stellbrink, H. J., Rockstroh, J. K., & Esser, S. (2016). HIV pre-exposure prophylaxis (PrEP): A review of current knowledge of oral

- systemic HIV PrEP in humans. *Infection*, 44(2), 151-158. <https://doi.org/10.1007/s15010-015-0850-2>
- Squire, C. (2012). Narratives, connections and social change. *Narrative Inquiry*, 22(1), 50-68. <https://doi.org/10.1075/ni.22.1.04squ>
- Starks, T. J., Robles, G., Pawson, M., Jimenez, R. H., Gandhi, M., Parsons, J. T., & Millar, B. M. (2019). Motivational interviewing to reduce drug use and HIV incidence among young men who have sex with men in relationships and are high priority for pre-exposure prophylaxis (project PARTNER): Randomized controlled trial protocol. *JMIR Research Protocols*, 8(7), e13015. <https://doi.org/10.2196/13015>
- Strauss, B. B., Greene, G. J., Phillips, G., Bhatia, R., Madkins, K., Parsons, J. T., & Mustanski, B. (2017). Exploring patterns of awareness and use of HIV pre-exposure prophylaxis among young men who have sex with men. *AIDS and Behavior*, 21(5), 1288-1298. <https://doi.org/10.1007/s10461-016-1480-0>
- Sun, C. J., Anderson, K. M., Bangsberg, D., Toevs, K., Morrison, D., Wells, C., Clark, P., & Nicolaidis, C. (2019). Access to HIV pre-exposure prophylaxis in practice settings: A qualitative study of sexual and gender minority adults' perspectives. *Journal of General Internal Medicine*, 34(4), 535-543. <https://doi.org/10.1007/s11606-019-04850-w>
- Sun, C. J., Anderson, K. M., Toevs, K., Morrison, D., Wells, C., & Nicolaidis, C. (2019). "Little tablets of gold": An examination of the psychological and social dimensions of PrEP among LGBTQ communities. *AIDS Education and Prevention*, 31(1), 51-62. <https://doi.org/10.1521/aeap.2019.31.1.51>
- Sun, Z., Gu, Q., Dai, Y., Zou, H., Agins, B., Chen, Q., Li, P., Shen, J., Yang, Y., & Jiang, H. (2022). Increasing awareness of HIV pre-exposure prophylaxis (PrEP) and willingness to

- use HIV PrEP among men who have sex with men: A systematic review and meta-analysis of global data. *Journal of the International AIDS Society*, 25(3), e25883.
<https://doi.org/10.1002/jia2.25883>
- Tan, D. H. S., Hull, M. W., Yoong, D., Tremblay, C., O'Byrne, P., Thomas, R., Kille, J., Baril, J. G., Cox, J., Giguere, P., Harris, M., Hughes, C., MacPherson, P., O'Donnell, S., Reimer, J., Singh, A., Barrett, L., Bogoch, I., Jollimore, J., ... Shafran, S. (2017). Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis. *Canadian Medical Association Journal*, 189(47), E1448–E1458.
<https://doi.org/10.1503/cmaj.170494>
- Tuval-Mashiach, R. (2006). "Where is the story going?": Narrative forms and identity construction in the life stories of Israeli men and women. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 249-268). American Psychological Association.
- Underhill, K., Morrow, K. M., Colleran, C., Holcomb, R., Calabrese, S. K., Operario, D., Galárraga, O., & Mayer, K. H. (2015). A qualitative study of medical mistrust, perceived discrimination, and risk behavior disclosure to clinicians by US male sex workers and other men who have sex with men: Implications for biomedical HIV prevention. *Journal of Urban Health*, 92(4), 667-686. <https://doi.org/10.1007/s11524-015-9961-4>
- United Nations Educational, Scientific and Cultural Organization. (2023, April 20). *The power of education to end HIV-related stigma and discrimination*.
https://www.unesco.org/en/articles/power-education-end-hiv-related-stigma-and-discrimination?TSPD_101_R0=080713870fab200057ac0113e84b96f688e2c1d5fa1be734

77b11a0dad00808e3538cb1f343fb6c608e3731e0914300072e411e557cc39a5eedd36af21
a112803162a8921007089f2b014d58a0e3210b06bd1c3f040899264b70c2ed68594591

University of Alberta. (2024). *Capacity for children to consent to participate in research*.

<https://www.ualberta.ca/research/research-support/research-ethics-office/human-research-ethics/informed-consent/capacity-children.html>

Valente, P. K., Bauermeister, J. A., Lin, W. Y., Operario, D., Rusley, J., Hightow-Weidman, L., Mayer, K. H., & Biello, K. B. (2022). Next generation pre-exposure prophylaxis for young men who have sex with men: Lessons from system and provider-level barriers to oral PrEP. *AIDS and Behavior*, 26(10), 3422-3435. <https://doi.org/10.1007/s10461-022-03665-x>

Walsh-Buhi, E., Houghton, R. F., Lange, C., Hockensmith, R., Ferrand, J., & Martinez, L. (2021). Pre-exposure prophylaxis (PrEP) information on Instagram: Content analysis. *JMIR Public Health Surveillance*, 7(7): e23876. <https://doi.org/10.2196/23876>

Wang, C. C., & Geale, S. K. (2015). The power of story: Narrative inquiry as a methodology in nursing research. *International Journal of Nursing Sciences*, 2(2), 195-198. <https://doi.org/10.1016/j.ijnss.2015.04.014>

Whipps, J. D. (2004). Jane Addams's social thought as a model for a pragmatist–feminist communitarianism. *Hypatia*, 19(2), 118-133. <https://doi.org/10.1111/j.1527-2001.2004.tb01292.x>

Wilton, J., Kain, T., Fowler, S., Hart, T. A., Grennan, T., Maxwell, J., & Tan, D. H. (2016). Use of an HIV-risk screening tool to identify optimal candidates for PrEP scale-up among men who have sex with men in Toronto, Canada: Disconnect between objective and

- subjective HIV risk. *Journal of the International AIDS Society*, 19(1), 20777.
<https://doi.org/10.7448/IAS.19.1.20777>
- Wong, K. Y. K., Stafylis, C., & Klausner, J. D. (2020). Telemedicine: A solution to disparities in human immunodeficiency virus prevention and pre-exposure prophylaxis uptake, and a framework to scalability and equity. *MHealth*, 6, 21.
<https://doi.org/10.21037/mhealth.2019.12.06>
- World Health Organization. (2015, January 1). *Technical brief: HIV and young men who have sex with men*. <https://www.who.int/publications/i/item/WHO-HIV-2015.8>
- World Health Organization. (2023, July 13). *HIV and AIDS*. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
- World Health Organization. (2024). *Global HIV, hepatitis and STIs programmes: Men who have sex with men*. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men>
- Yang, C. (2011). The quality of narrative research: On a theoretical framework for narrative inquiry. *STUT Journal of Humanities and Social Sciences*, 6, 195-241.
<https://society.stust.edu.tw/en/node/volume6>
- Yang, C., Krishnan, N., Kelley, E., Dawkins, J., Akolo, O., Redd, R., Olawale, A., Max-Browne, C., Johnsen, L., Latkin, C., Page, K. R., & Davey-Rothwell, M. (2020). Beyond HIV prevention: A qualitative study of patient-reported outcomes of PrEP among MSM patients in two public STD clinics in Baltimore. *AIDS Care*, 32(2), 238–241.
<https://doi.org/10.1080/09540121.2019.1622639>
- Yellin, H., Levy, M. E., Magnus, M., Kuo, I., & Siegel, M. (2023). HIV risk perception, willingness to use PrEP, and PrEP uptake among young men who have sex with men in

Washington, DC. *AIDS & Behavior*, 27(9), 2844–2854. <https://doi.org/10.1007/s10461-023-04008-0>

Yeo, T. E. D. (2023). Reconciling intimacy and safety: A qualitative systematic review of HIV pre-exposure prophylaxis implementation among gay and bisexual men. *Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2023.2270004>

Yoong, D. (2022). *Provincial/territorial coverage of ARV drugs for HIV prevention across Canada: Pre-exposure prophylaxis (PrEP)*. University Health Network Toronto General Hospital. https://hivclinic.ca/wp-content/uploads/2022/02/2022-Jan_ARV-access-for-PrEP.pdf

Yusuf, H., Fields, E., Arrington-Sanders, R., Griffith, D., & Agwu, A. L. (2020). HIV preexposure prophylaxis among adolescents in the US: A review. *JAMA Pediatrics*, 174(11), 1102-1108. <https://doi.org/10.1001/jamapediatrics.2020.0824>

Appendix A: Recruitment Material

RESEARCH PARTICIPANTS NEEDED

A Narrative Inquiry Study into the Experiences Related to Pre-Exposure Prophylaxis (PrEP) Access Among Young Men Who Have Sex with Men (YMSM) in Canada

I am interested in learning about your experiences related to accessing PrEP!

Your stories will be utilized to help improve PrEP access for young MSM in Canada!

You are invited to participate in the study if you are someone who:

- Is 16-24 years of age
- Identifies as MSM
- Has experiences accessing PrEP in Canada (for HIV-prevention purposes)
- Speaks and understands English, and
- Is planning to live in Edmonton in the next 12 months



I will meet with you 10-13 times over a period of 6-9 months. You will receive \$25 after each meeting!

There will be no cost for you to participate! Snacks and beverages will be provided for free!

All the information that you will share will remain strictly confidential!

CONTACT INFORMATION

If you are interested or have further questions regarding this study, please contact the researcher at [REDACTED] and/or [REDACTED]



Appendix B: Information Letter and Participation Consent Form

Title of the Study: A Narrative Inquiry into the Experiences Related to Pre-Exposure Prophylaxis (PrEP) Access Among Young Men Who Have Sex with Men (YMSM) in Canada

Principal Investigator:

Jose Benito Tovillo.
Ph.D. Student, Faculty of Nursing
University of Alberta

Supervisor:

Dr. Vera Caine
Professor, Faculty of Nursing
University of Alberta

Background: I am inviting you to be a part of a research study entitled, *A Narrative Inquiry into the Experiences Related to Pre-Exposure Prophylaxis (PrEP) Access Among Young Men Who Have Sex with Men (YMSM) in Canada*. I, Jose Benito Tovillo, will conduct the study with supervision from Dr. Vera Caine. The results of this study will be used in support of my doctoral research. Before you decide and provide consent, I will go over this form with you and explain the details of the study. You are encouraged to ask questions if you feel anything needs to be made clearer. I will provide you with a copy of this signed form at the end for your records.

Criteria for Participation: You can participate in the study if you are someone who 1) is 16-24 years of age, 2) identifies as MSM, 3) has experiences accessing PrEP for HIV-prevention purposes in a Canadian province, 4) speaks and understands English, and 5) is living in Alberta, Canada.

Purpose of the Study: The study aims to inquire into the experiences related to accessing PrEP among YMSM in Canada. I am interested in learning about how your experiences have influenced your access to PrEP and how your stories can be utilized to improve PrEP access for other Canadian YMSM.

Study Procedures: As a study participant, I will meet with you 10-13 times, in-person and virtually, over a period of 6-9 months. These meetings will occur at least once every two weeks, and each meeting will take about one to two hours. The initial meetings will be for the data collection, while the last three meetings will be utilized to talk about the stories I have written based on your experiences. We will negotiate the number, dates, times, and locations of the meetings. If meeting virtually, we will explore online platforms that will work best for both of us (e.g., Zoom, Google Meet). I will audio-record all our in-person and virtual one-on-one conversations and dialogues (no videos will be recorded). You will also be invited to share other things with me, such as photographs, memory box artifacts, journals, and relevant documents.

We will observe and follow the Government of Alberta and the University of Alberta's COVID-19 guidelines and protocols that will be in place during the times of the meetings (e.g., masking

and hand hygiene, social distancing, meeting in public places, meeting in outdoor or well-ventilated spaces, etc.).

Benefits: There will be no personal benefits from participating in this study. However, you will have an opportunity to share your stories and experiences related to accessing PrEP in Canada. Your stories can help us understand the experiences and challenges that YMSM face when accessing PrEP. Your stories can also help inform stakeholders and decision-makers responsible for advancing and promoting the sexual health of YMSM in Canada. Lastly, your stories will contribute to study findings that can help improve PrEP access among YMSM in Canada.

Risks: There are no known risks or any anticipated discomforts to participating in this study. However, telling your stories might bring up negative emotions. I will be present to support you and will be ready to connect you with the appropriate supports, resources, and services when needed.

Cost of Participation: There will be no cost for you to participate in the study.

Compensation/Remuneration: I will provide you with a \$25 honorarium after each meeting to compensate for your time and transportation expenses. I will also provide small snacks and beverages during each session. If you choose to withdraw from the study, you will still receive the final honorarium during our last meeting.

Voluntary Participation: You are under no obligation to participate in this study. Your participation is completely voluntary. You are also not obliged to answer all the questions or any specific questions, even if you participate in the study. Additionally, even if you agree to be in the study, you can opt out or withdraw from the study without any consequences or penalties. The last chance to withdraw is two weeks after we have negotiated what I have written about your experiences. If you withdraw, I will continue using the data that I have collected with your consent and permission.

Confidentiality & Anonymity: All the information that you will share will remain strictly confidential. I will use the information from our meetings to write my doctoral dissertation. I will also use the information in different knowledge dissemination activities, including research publications, conference presentations, education sessions and materials, website and social media posts, and executive summaries for policymakers. You may choose to allow me to use your first name when I write the research texts and dissemination materials. If not, we can assign a mutually-agreed pseudonym for you to maintain confidentiality and anonymity. Lastly, no videos will be recorded if we meet virtually.

Data Access and Storage: The only people who will have access to the data will be my supervisor, my supervisory/advisory committee, the person who will be transcribing parts of the recorded conversations, and myself. I will also ensure that all information, written and recorded, will be secured and treated with confidentiality. I will keep all written and printed materials related to the study in a locked filing cabinet in my supervisor's office. All electronic data will be kept in a password-protected computer and with the files encrypted. As per the University of

Alberta policy, all study data, including personal information about you, will be securely stored for a minimum of 5 years after the study is over, at which time it will be destroyed.

Information About the Research Findings: You can request for a copy of the reports or publications on research findings once the study is done. Please notify me before or during our last meeting if you would like to have this information.

Additional Contact Information: If you have any further questions regarding this study, please contact Jose Benito Tovillo at [REDACTED]

The plan for this study has been reviewed and approved by the Research Ethics Board (REB) at the University of Alberta (ID: Pro00110526_AME1). If you have any questions regarding your rights as a research participant or how the research is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office is independent of the researcher.

Consent Statement:

I have read this form, and the research study has been explained to me. I have been given the opportunity to ask questions, and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above. I will receive a copy of this information letter and participation consent form after I sign it.

Participant's Name (Printed) and Signature

Date

Name (Printed) and Signature of Person Obtaining Consent

Date

Appendix C: Guiding Questions

1. Can you tell me about yourself and describe your life's journey? What are the most important and most memorable milestones in your life?
2. How do you identify yourself? Can you tell me about your sexuality and identity journey?
3. What forms/formed your identity as a person and as a young MSM?
4. What are your life experiences as a young MSM in Canada?
5. Can you please describe your different communities and sources of support?
6. What health services are essential to you as a young MSM? What health services have you accessed as a young adult and as a young MSM?
7. How did the COVID-19 pandemic affect your day-to-day life as a young MSM and your access to different healthcare services?
8. What do you know about HIV/AIDS? Where did you learn about HIV/AIDS? Is there anything that puts you at risk of contracting HIV?
9. What do you know about PrEP? How, when, and where did you learn about PrEP?
10. What are the personal and social factors that influenced your decision to access and/or use PrEP?
11. How, when, and where did you access PrEP or try to access PrEP?
12. What does PrEP access mean to you? What does PrEP access for YMSM mean to you?
13. Can you tell me about the experiences that you have had related to accessing PrEP? Thinking about these experiences: what went well, what did not go so well, and what can be done differently?
14. What are the facilitators that positively influenced your access to PrEP?
15. What are the social, structural, clinical, behavioral, and personal challenges and barriers that you experienced over time when accessing PrEP?
16. How do society and societal norms play a role in your PrEP access experiences?
17. Can you share any document or object that relates to your PrEP access experiences?
18. Do you think your experiences related to PrEP access as a young MSM are different from other populations? How so?
19. How were your PrEP access experiences before the COVID-19 pandemic?
20. How did the COVID-19 pandemic influence your PrEP access experiences in Canada?
21. What do you think of the PrEP programs in Alberta and Canada (especially for YMSM)? Is there anything that you would like to change or continue in terms of their design and implementation?