Acceptability of Pre-Exposure Prophylaxis (PrEP) Among a Large Cohort of Young Transgender Women in Two U.S. Cities: Findings from LifeSkills Study

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Abstract #1017

BACKGROUND

- In recent years, transgender women (TW) have been recognized as an at-risk community, with lab-confirmed studies showing average HIV prevalence of 28% (range 16%-68%).
- Truvada as PrEP is an efficacious biomedical HIV prevention modality for HIV-uninfected individuals at-risk for infection, such as young transgender women (YTW).

OBJECTIVE

- In a community-recruited cohort of HIV-uninfected, sexual active YTW in two US cities, the purpose of this study was to: (1) examine PrEP acceptability and related factors; (2) describe reasons for reporting lack of interest in PrEP.

METHODS

- **About the Study**: LifeSkills is the first randomized controlled trial with established efficacy of a culturally-tailored, empowerment-based, behavioral HIV prevention intervention designed for and by YTW in the US. Recruitment materials are shown in Figure B.
- **Recruitment Sites**: Boston, MA and Chicago, IL
- **Study Design**: Empirical qualitative or quantitative research
- **Analyses**: Analysis was restricted to 230 HIV-uninfected YTW enrolled. Characteristics associated with PrEP acceptability were examined using bivariate and multiple linear regression procedures (alpha ≤ 0.05 a priori, and analyses used SPSS version 23.0).
- **Outcome**: PrEP Acceptability: PrEP acceptability was a 10-item measure summed in continuous scores (mean=23.4, range=10.0-30.0). Items included likelihood for taking PrEP (1=’not at all likely,’ 2=’somewhat likely,’ and 3=’very likely’) in various situations like different dosing frequencies & types of partnerships.
- **Predictors examined**:
  - **Socio-demographics**: age, race/ethnicity, employment status, sexual orientation identity, highest education attained (≤ high school vs. ≥ college), history of recent (<4 mos.) sex work (yes/no), incarceration (yes/no), & homelessness (yes/no).
  - **Healthcare Utilization**: insurance (government-issued, private, vs. none), primary care provider or PCP (yes/no), types of healthcare accessed (clinics, private office, hospital, vs. no access), provider meeting YTW’s health needs (always/sometimes vs. never/rare), ever taken hormone replacement therapy (HRT) (yes/no), and ever STI diagnoses (yes/no).
  - **PrEP Interest and Awareness**: Participants were given a brief description of PrEP and were asked if they were aware of PrEP prior to the study (yes/no) and if they were interested in taking/using PrEP (yes/no).

RESULTS

- **Sample Characteristics**: Study site: 58% from Boston, MA, and 42% from Chicago, IL.
- **Race**: 42% black, 13% Latina, 33% white, and 12% other race/ethnicity.
- **Mean age**: 23 years (SD=3.5 years; range 16-29).
- **Sexual identity**: 39% identified as heterosexual, 24% gay, 23% bisexual, 7% lesbian, and 8% other sexual identity.
- **Majority were unemployed (72%) & had high school or less education (59%).**
- **57% of YTW in the sample had government-issued insurance, followed by 24% no insurance, and 18% private insurance.**
- **78% of YTW accessed clinics as their healthcare facility, & 70% had PCP.**
- **30% reported that their provider ‘rarely/never’ meet their health needs.**
- **65% had ever taken HRT; and about one-fifth (18%) had prior STI diagnoses.**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>PrEP Acceptability</th>
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<tbody>
<tr>
<td>Age in Years</td>
<td></td>
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<tr>
<td>16-20</td>
<td>-1.53 (0.1)</td>
<td>-3.0 - 2.3, 0.34</td>
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<tr>
<td>21-25</td>
<td>2.71 (0.3)</td>
<td>2.0 - 3.4, 0.05</td>
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<td></td>
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<tr>
<td>White</td>
<td>1.4 (0.1)</td>
<td>1.0 - 1.8, 0.04</td>
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<tr>
<td>Black</td>
<td>-1.7 (0.1)</td>
<td>-2.6 - 0.8, 0.05</td>
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<tr>
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<tr>
<td>Ever HRT</td>
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</tr>
<tr>
<td>Yes</td>
<td>2.9 (0.1)</td>
<td>1.9 - 3.9, 0.005</td>
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<tr>
<td>Yes</td>
<td>3.7 (0.1)</td>
<td>2.8 - 4.5, 0.005</td>
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Figure 1: Reasons for Not Being Interested in PrEP among young transgender women in the study sample (n=230).

- **Potential areas to bolster impact on PrEP acceptability among YTW**: to be around building trust between providers and YTW, meeting YTW’s other health needs (e.g., hormone therapy), and providing culturally-responsive educational materials, particularly specific to youths or those with a history of recent transactional sex.

CONCLUSION

- To our knowledge, these findings represent the first account of PrEP acceptability in a community-recruited sample of YTW in the US.
- Further research on this topic is needed to elucidate ways to increase PrEP acceptability among YTW.
- Potential areas to bolster impact on PrEP acceptability among YTW could be around building trust between providers and YTW, meeting YTW’s other health needs (e.g., hormone therapy), and providing culturally-responsive educational materials, particularly specific to youths or those with a history of recent transactional sex.

REFERENCES:


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