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DETERMINENTS OF PREP INITIATION IN WOMEN AT HIGH RISK FOR HIV

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BACKGROUND

- **PrEP is underutilized by U.S. women**
  - **3,400 of 176,670** U.S. women who would benefit from PrEP have initiated use[1]
- Determinants of PrEP initiation in U.S. women are poorly understood
- **Objective**: to **identify barriers and facilitators of PrEP initiation** among women at risk for HIV in a high prevalence community
- **Hypothesis:** there would be significant **demographic, behavioral and psychosocial barriers** to PrEP initiation

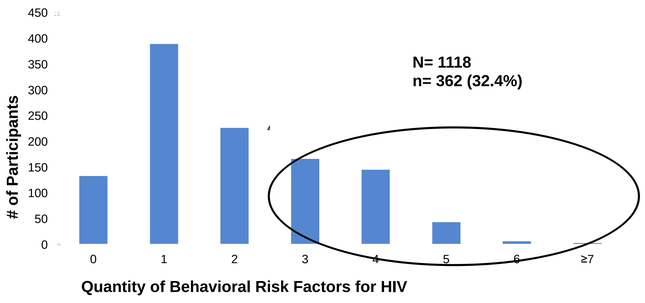
METHODS

- **Study design:** cross-sectional survey of women seeking care at either:
  - Department of health sexual health clinic
  - Tertiary care hospital-based family planning clinic
- **Inclusion criteria**: Cis-gender, HIV-negative women with ≥3 behavioral risk factors (i.e. inconsistent condom use, multiple, non-monogamous, HIV +, or casual sexual partners, IVDU, transactional sex) in addition to living in a high prevalence area
- **Survey Instrument:** Anonymous, previously-validated questionnaire. Inquired into socio-demographics, HIV behavioral risk factors, awareness, attitudes, norms, self-efficacy re. PrEP
- **Statistical Analysis:** Chi-squared & Fisher's exact tests for categorical variables, t-tests for continuous variables, & Mann-Whitney U tests for ordinal variables

RESULTS

- Of 1118 women who completed the survey, 362 (n=32.4%) had ≥3 behavioral risk factors for HIV and were categorized as "high risk"

Figure 1: Distribution of Behavioral Risk Factors for HIV



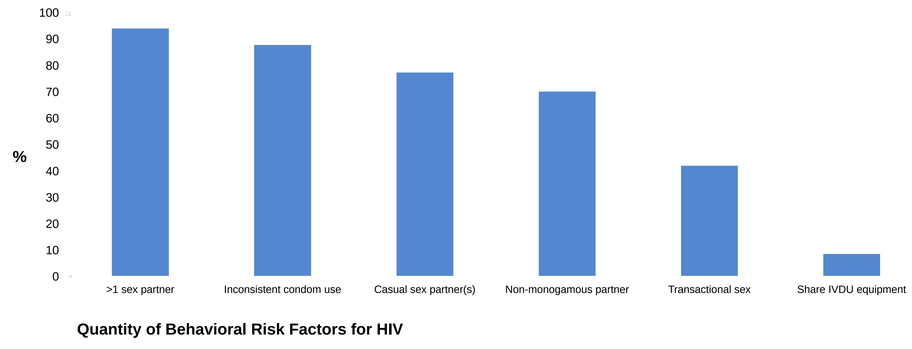
-In a survey of D.C. women at high risk for HIV, demographic factors, behavioral risks, & perceived risk were *not* associated with intention to initiate PrEP

-Psychosocial factors & healthcare provider support were associated with intention to initiate PrEP

RESULTS cont.

- Of women at "high risk", mean age was 27. Majority identified as black (71.6%), single (88.5%), had completed ≥ high school/GED (94.6%), and reported household incomes <$25,000 (51.5%). Figure 2 demonstrates risk factors for HIV

Figure 2: Proportion of Women with Behavioral Risk Factors for HIV



- **Low perceived risk** of HIV: 8.7% perceived moderate-high risk of HIV acquisition in the next 12 months and 15.7% moderate-high lifetime risk.
- 12.3% **a prior knowledge** of PrEP, most commonly from a medical provider
- 48 (13.4%) "committed to **starting PrEP in the next 12 months**"
- Although specific behavioral risk factors for HIV were not associated with uptake intention, total number of reported risk factors for HIV (median 4, range 3-7) was positively associated (Spearman correlation co-efficient 0.11, p=0.04)
- Perceived risk of HIV was ***NOT*** associated with intention to initiate PrEP
- Age, race, marital status, income, distance from clinics, insurance status, transportation, housing, illicit drug use, and prior awareness of PrEP were ***NOT*** associated with uptake intention
- Prior discussion about PrEP with a **medical provider** was associated with intention to initiate (p=0.02)

RESULTS cont.

- **Positive attitudes** toward PrEP positively associated with uptake intention
  - "PrEP is a safe/effective way to prevent HIV infection" (p<0.01)
  - "PrEP is an effective tool to prevent HIV infection" (p<0.01)
  - "Using daily PrEP would make me feel in control of my health" (p<0.01)
- **Perceptions of norms** (injunctive and descriptive) associated with uptake intention
  - Perceived support of doctor, partner, mother, best friend, sister (p<0.01)
  - "People would shame me if they learned that I was taking PrEP" (p<0.01)
- **Efficacy** positively associated with uptake intention
  - "If I really wanted to, I could remember to take the pill every day" (p<0.01)
  - "I could take the pill every day, even if it gave me a stomachache" (p<0.01)
  - "I could use PrEP, even if my main partner didn't want me to" (p<0.01)

CONCLUSIONS

- Demographic factors, behavioral risks, and perceived risk were not associated with intention to initiate PrEP
- **Psychosocial factors and healthcare provider support were positively associated with intention to initiate PrEP**
- Implications for **positive PrEP messaging** and development of interventions that center on the role of **providers in the provision of PrEP** and **social networks in the destigmatization** of PrEP

REFERENCES

1. Smith DK et al. Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States, 2015. *Ann Epidemiol*. 2018;28(12):850-857

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