



Exploring Cisgender Women's HIV Pre-Exposure Prophylaxis (PrEP) Needs and Preferences Across Settings: the Role of Social-Structural Factors

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KEY TAKEAWAYS

- Awareness of PrEP, particularly long-acting (LA) PrEP, was low among cisgender women (CGW). CGW and healthcare providers (HCPs) indicated this may be due to emphasis on PrEP for men who have sex with men (MSM) and transgender women.
- PrEP was seen as a potential empowerment tool by CGW to address social-structural constraints, including gender-related norms, pressures and responsibilities, and inequitable partner dynamics.
- PrEP need was high in the Dominican Republic (DR) and preference for LA PrEP was strong. Female sex workers (FSW) found LA PrEP more compatible with work schedules and dynamics.
- LA PrEP was described by some CGW and HCPs as useful for improving adherence and reducing stigma associated with pill taking.
- Suggested facilitators for PrEP uptake noted across settings included financial and logistical support (e.g., transport, childcare) and HCP training.

BACKGROUND

- As of 2022, CGW account for 46% of new HIV infections globally¹ and 18% of new HIV infections in the United States (US)²; however, CGW comprise only 8% of PrEP users in the US².
- Social-structural factors including stigma, gender norms, and medical provider bias have been linked to oral PrEP inequities among CGW; these merit further attention as additional options emerge, including LA PrEP.
- Research on specific needs and preferences around PrEP options for CGW is limited across geographic settings.

METHODS

- 60 in-depth interviews (IDIs) were conducted with CGW with indications for PrEP (n=40), and HIV & reproductive healthcare providers (HCPs) (n=20) in Washington, DC (DC), US and Santo Domingo, Dominican Republic (DR) who were invited to participate by clinic research coordinators.
- IDIs were conducted between Nov 2021-Feb 2022, prior to and shortly after LA PrEP became available.
- CGW in DR were female sex workers (FSW); those in DC were seeking reproductive health services.
- CGW were purposively sampled to include half never and half prior/current self-identifying PrEP users.
- Domains included PrEP awareness, preferences, and barriers and facilitators to uptake.
- Thematic content analysis included a priori and emergent coding of transcripts in English and Spanish.

Inclusion criteria

- ≥ 18 years old
- HIV negative
- Self-identifying factors for HIV vulnerability
- Receiving care at participating clinic

RESULTS

Table 1. Characteristics of study participants (n=60)

Variables	Cisgender Women (n=40)	
	DC (n=20)	DR (n=20)
Age, mean (range)	33 (20-66)	33 (20-58)
Race and ethnicity	95% (19/20) Black	100% (20/20) Mixed race
	95% (19/20) Not Hispanic/Latina	100% (20/20) Latina
	5% (1/20) Declined to respond	
Education	20% (4/20) Primary school	50% (10/20) Primary school
	65% (13/20) High school	40% (8/20) High school
	15% (3/20) College	10% (2/20) College
Civil Status	50% (10/20) Single	70% (14/20) Single
	50% (10/20) Married/partner	30% (6/20) Married/partner
Children, mean (range)	1.65 (0-8)	2.85 (0-6)
Variables	Healthcare Providers (n=20)	
	DC (n=10)	DR (n=10)
Gender	30% (3/10) Cisgender male	40% (4/10) Cisgender male
	70% (7/10) Cisgender female	60% (6/10) Cisgender female
Provider Type	50% (5/10) Physician	70% (7/10) Physician
	30% (3/10) Nurse Practitioner	20% (2/10) Psychologists
	20% (2/10) Nurse	10% (1/10) Health administrator

DC: Washington, DC, United States; DR: Santo Domingo, Dominican Republic

PrEP was often seen as an empowerment tool

Both oral and LA PrEP were seen as tools to increase women's agency and position of power. CGW described challenges negotiating condom use and lack of control regarding male partner behavior in both settings.

I mean it's definitely worth taking, because even if you are in a relationship, you can't always a hundred percent guarantee that they're not going to step out on you. - DC CGW

I am the type of woman who says that I can have my husband at home and a boyfriend in the streets. I don't know who my boyfriend is also having sex with so that is how it [HIV] starts and spreads. - DR CGW

FSW particularly interested in LA PrEP given work dynamics

FSW described how their HIV vulnerability and challenges with oral PrEP adherence including late night work schedules, drinking as part of work and the potential for client-related violence could be potentially addressed by LA PrEP.

Low PrEP awareness and limited CGW messaging

CGW awareness of PrEP was low. DR CGW were more aware of oral PrEP due to their occupation. DC CGW who knew of PrEP often saw it as intended for MSM or transgender women.

From what I know, PrEP is like a drug that you can take to prevent your partner from transmitting HIV is what I think it is. I think that was explained to me... I have friends that are gay so they take it. - DC CGW

DC HCPs echoed a lack of PrEP knowledge among CGW citing lack of representation in marketing and felt it was exacerbated by PrEP medications not intended for use in CGW.

Well, all the messaging is not directed at them.. it's just not. - DC HCP

LA PrEP awareness among CGW was very low. HCPs who knew of LA PrEP reported not having enough information to confidently speak to patients about it.

LA PrEP may address gender-specific factors

Social-structural factors specific to CGW often drove preferences for LA PrEP. Given multiple demands of caretaking and balancing work and home life, participants saw advantages of LA PrEP.

It's [LA PrEP] going to be very convenient because you have to understand, a lot of these women have a lot of competing priorities, right... Caregivers, wives, moms, career women, so I think overall it would be a huge convenience. - DC HCP

Both CGW and HCPs across settings discussed long-acting methods as being familiar to many women due to LA or implantable contraception.

I arrive home very late because I work in the streets. Sometimes during the day, I have no time, I must take care of my child. I know I won't forget to take a medicine for my own health. But I forget things like that. I told myself that when I took birth control pills, I wouldn't come out pregnant. I got pregnant while taking those pills because sometimes I would forget to take them and take two pills the next day. - DR CGW

RESULTS

LA PrEP may help reduce PrEP-related stigma and discrimination

LA PrEP was of particular interest to CGW who were concerned about "physical evidence" being seen by others e.g., in the form of pill bottles.

Sometimes people will see the pills and ask, "what are those pills for?" They are going to think one takes the pills for AIDS. With the injection, one won't have to leave the health center with bottles. - DR CGW

Stigma reduction potential of LA was reinforced by some HCPs.

For folks that feel the stigma of being in need of PrEP...if that's something that's important to them and valuable that they want to reduce that stigma, an injection would allow that to be reduced...for somebody who's worried about the stigma of using PrEP, I would expect them to be more on board with the injection. - DC HCP

Supports and services needed to optimize PrEP uptake

Financial and logistical supports were recommended to facilitate PrEP uptake among CGW including childcare and transportation, appointment reminders, assistance with cost and insurance coverage as relevant.

Because myself, I'm not just rolling around in finances, so every penny is accounted for daily. It gets spread around for all types of bills, and adding an extra bill would have to be something that's added into finances, to be able to budget. Once again, I think something like this should be, help fund it in some way. - DC CGW

CONCLUSIONS

- There was low awareness by some CGW that PrEP is for them and a lack of confidence among HCPs to engage in LA PrEP discussions.
- LA PrEP may help address CGW specific needs and challenges and be particularly relevant for FSW given work-related PrEP preferences.
- Supports and services must address social-structural factors among CGW overall to support equitable PrEP uptake, including efforts to ensure equitable access in low- and middle-income settings.
- Next steps: results of this study have informed the fielding of a larger structured survey to better understand PrEP preferences among CGW.



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