



AU Women and PrEP Focus Group Study Fact Sheet

Background

Approximately 24% of all people living with HIV in the US are women, and women accounted for 20% of new HIV infections and 25% of new AIDS diagnoses in 2011.^{1,2} Although the Food and Drug Administration (FDA) approved oral Truvada (emtricitabine/tenofovir disoproxil fumarate) for PrEP for at-risk women in the US in July 2012,³ no clinical trials have been conducted with US women. PrEP's potential as an HIV prevention strategy for American women, particularly those most at risk of infection, is unknown.

Through its network of community-based organizations conducting HIV prevention and care for women throughout the U.S., AIDS United conducted a series of focus groups with at-risk women. Focus groups were conducted in a total of ten U.S. cities. Phase I was conducted from March 2012 to June 2012, prior to Truvada approval, and included eight focus groups in four cities. Phase II was conducted from July 2013 to September 2013, after Truvada approval, and included 12 focus groups in six cities.⁴

Topics for focus group discussion included:

- The extent to which participants had heard of PrEP and understood how it worked
- Facilitators and barriers to women's uptake of PrEP
- How PrEP should be marketed to women in the U.S.

Focus Group Size and Locations

- Round 1 = before PrEP approved by FDA: 92 HIV-negative women in 4 cities: Oakland, Memphis, San Diego, Washington, DC
- Round 2 = After PrEP approved by FDA: 144 HIV-negative women in 6 cities: Atlanta, Chicago, Dallas, New Orleans, New York, Newark

A total of 236 women participated in 20 focus groups. 82.2% were African American and an additional 11.4% were Latina. Women were recruited to participate via women-serving community-based organizations (CBOs) in each city.

¹ Centers for Disease Control and Prevention. (2013). Diagnoses of HIV Infection in the United States and Dependent Areas, 2011. *HIV Surveillance Report* (Vol. 23).

² Centers for Disease Control and Prevention. (2012). Estimated HIV incidence in the United States, 2007–2010 *HIV Surveillance Supplemental Report 2012* (Vol. 17).

³ Food and Drug Administration (FDA). (2012). FDA approves first drug for reducing the risk of sexually acquired HIV infection [Press release]. Retrieved from <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/>

⁴ Auerbach JD, Kinsky S, Brown G, and Charles V. 2015. Knowledge, Attitudes, and Likelihood of Pre-Exposure Prophylaxis (PrEP) Use Among US Women at Risk of Acquiring HIV. *AIDS Patient Care and STDs*, 29(2). Published online December 14, 2014: DOI: 10.1089/apc.2014.0142.

Key Findings

Focus group participants in both Phase I and Phase II expressed similar themes. PrEP as a prevention strategy was largely unknown to women. But, once informed, women were supportive of PrEP as an additional tool, though the consensus was that PrEP should complement, not substitute, other prevention strategies, including condoms.

Participants were asked to identify factors that would help and/or prevent women from taking PrEP. Below are most common responses:

Facilitators	Barriers
<p><u>Knowledge</u>: Women felt others would be interested if information about PrEP was disseminated</p> <p><u>Trust</u>: Expressing some distrust of the medical community, participants stressed the importance of information about PrEP needing to come from a trusted source such as a medical provider or CBO</p> <p><u>Efficacy</u>: Women would be more willing to take PrEP if it was demonstrated to have a high level of efficacy</p>	<p><u>Cost</u>: Out-of-pocket cost of medicine</p> <p><u>Newness of medicine</u>: Women were reluctant to be “guinea pigs”</p> <p><u>Side effects</u>: particularly drug-drug interaction</p> <p><u>Relationship issues</u>: Women felt that communicating a desire to take PrEP could challenge relationship security</p> <p><u>HIV-related stigma</u> might prevent women from accessing PrEP</p> <p><u>Structural factors</u>: Including lack of housing or access to transportation</p>

Recommendations

Recommendations for the future promotion and distribution of PrEP include:

- PrEP is appropriate for all sexually active women and should be promoted as such
- PrEP as a prevention tool should be marketed to women via media, schools, providers, and social networks
- Providers should proactively promote PrEP as an available option, as women felt that not knowing that PrEP existing and/or having to proactively ask providers it could limit uptake
- Women would find a variety of delivery options (oral, vaginal, injectable) attractive and convenient.
- PrEP should be available to women at little to no cost

CBOs Participating in Study

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| <ul style="list-style-type: none"> • The Women’s Collective, Washington, DC • WORLD, Oakland, CA • Christie’s Place, San Diego, CA • Choices, Memphis, TN | <ul style="list-style-type: none"> • SisterLove, Atlanta, GA • AIDS Foundation of Chicago, IL • Afiya Center, Dallas, TX • Women With a Vision, New Orleans, LA • Iris House, New York, NY • Hyacinth, Newark, NJ |
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