“If you don’t know, how can you know?”: A qualitative investigation of HIV Pre-exposure prophylaxis knowledge and perceptions among women in England

Melissa Cabecinha
University College London, UK
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Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest.
Background

Source: HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report (UKHSA)

Source: Not PrEPared: Barriers to accessing HIV prevention drugs in England (NAT)
Aim and Methods

Aim
Investigate knowledge and perceptions of PrEP among women in England

Method
Semi-structured interviews conducted with 18 cisgender women living in England

Inductive, thematic qualitative analysis
Participants in the sample

Age range: 23 – 61

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<th>Ethnicity</th>
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<tr>
<td>Black, African, Caribbean or Black British</td>
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<td>Asian, Asian British or Chinese</td>
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<td>White</td>
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Initial findings

~50% of participants were previously aware of PrEP

Conversations about PrEP often had to start with a conversation about HIV
“…having knowledge of certain things sometimes can be limited because you just don’t know. And I think knowing is the greatest thing and if you don’t know, you just don’t know.”

*P005, 40, Black Caribbean, London*

“…to find the information you kind of just have to be looking for it, but if you’re not even aware it exists, then you can’t really search for it (…) you’re not going to search for what you don’t know exists.”

*P009, 24, White, South West of England*
“It might be something you think, oh, yeah, I’ve heard of that, but that’s not for me, kind of thing, that isn’t aimed at me.”

P013, 50, White, East of England

“Because obviously if you’re going to mention that there’s PrEP out there, I heard the term but I didn’t look into it, I wouldn’t have known that it’s for people who are negative…”

P004, 40, Black Caribbean, London
“...for people who fall under the category of men who have sex with men, the risk behaviours are quite clearly defined, and it’s like, if this, then PrEP. Whereas I feel like for women, it’s kind of like, mm, maybe, maybe if you’ve got some risk behaviours that aren’t really very well defined. (...) I think that’s a big thing, is that we’ve actually got very, very good now at finding the men at highest risk and communicating with them, which is really impressive, that’s great, but maybe we’re just not so good at doing that for women.”

P011, 27, White, South West of England
“My only reservation is that people would need to know about it to access it, and how easy it was to access through sexual health clinics, because you’re back to this having to go into this very specific setting (...), in our city, that clinic is based at the main hospital, it’s not based anywhere else.”

P015, 61, White, East of England

“(…) because I’ve never been to a sexual health clinic for myself, I’ve always been the GP, so that’s probably one of the reasons why I’ve never heard of it. I’ve never had a reason to know that was a thing.”

P016, 25, White, North West of England
“People still feel a sense of stigma going into a sexual health clinic, so even if pharmacies have it, like morning after pill type thing, that would probably be quite good. But if it’s still every six months you need the kidney test, then yeah, I think GPs might be the best bet, that they can still order blood tests. I reckon domestic violence centres should definitely be given a batch for when people sort of come in ad hocly, or call in.”

P010, 30, Black African, London
Take aways

Embed PrEP in wider conversations on HIV

Focus on awareness and knowledge

Choice vs options
P028 Early results from a cross-sectional survey investigating HIV PrEP awareness, interest, and preferences among women in England

Melissa Cabecinha, UCL
Many thanks

Study participants

Public involvement representatives

Supervisors
Dr Lorraine McDonagh
Professor Greta Rait
Dr John Saunders
Dr Hamish Mohammed