Early results from a cross-sectional survey investigating PrEP awareness, interest, and preferences among women in England Melissa Cabecinha¹, Greta Rait¹, John Saunders², Hamish Mohammed³, Lorraine K. McDonagh¹

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Introduction and Aim

HIV pre-exposure prophylaxis (PrEP) has been routinely available from sexual health services (SHS) since October 2020 as a daily pill (daily PrEP) or event-based PrEP (EBP), although only daily PrEP is recommended for cisgender women. Despite accounting for 27% of new HIV diagnoses in 2021,<2% of PrEP users in England were women.

This study aimed to describe awareness of, interest in, and preferences for PrEP among a sample of women in England

Preferred formulation	% (n)		
Daily pill	37.79% (164)		
Event-based PrEP	51.38% (223)		
Long-acting injectable	73.96% (321)		
Removable implant	45.62% (198)		
>1 reported	52.8% (230)		

Table 1. Preferred locations for obtaining PrEP among participants who were interested in learning more about or using PrEP (n = 434)

Preferred location	% (n)			
Sexual Health Service	73.7% (320)			
GP surgery	69.8% (303)			
Pharmacy or Pharmacist	73.96% (321)			
The internet	45.62% (198)			
>1 reported	81.60% (355)			

Table 2. Preferred locations for obtaining PrEP among participants who were interested in learning more about or using PrEP (n = 434)

Method

An online, self-completion, convenience survey was conducted with 974 cisgender women and gender diverse people assigned female at birth (AFAB), age 18-79, over a four week period (November/December 2022). Data were collected on participant demographics, PrEP awareness, and interest in PrEP. Participants expressing an interest in learning more about or using PrEP were asked their preferences for formulation and service delivery.

In the population of participants who reported having sex in the preceding six months, multivariable logistic regression was used to identify associations with two outcomes: PrEP awareness and PrEP interest.

Results

Seventy percent of participants (686/974) were aware of PrEP, <1% (6/974) had ever used PrEP, and 46% (434/974) were either interested in learning more about or using PrEP. Among these participants, 53% (230/434) selected >1 preferred formulation (table 1) and 81% (355/434) >1 preferred location (table 2). Most indicated a preferences for long-acting injectable PrEP (53%, 321/434), followed by EBP (51%). The most preferred settings were pharmacies (74%, 321/434), SHS (320/434) and GP surgeries (70%, 303/434).

Characteristic	teristic Aware aOR* (95% CI) p-value			Interest aOR** (95% CI)p-value		
Age			/ P-value			"P-value
18-25		1	0.3		1	0.9
	 ∎	0.78 (0.41 to 1.45)	0.5		1.04 (0.5 to 2.22)	0.9
20-35 36-45 H		0.77 (0.36 to 1.66)			1.1 (0.42 to 2.75)	
45 + ⊢		0.37 (0.13 to 1)		· •	0.54 (0.07 to 2.38)	
Gender Identity		0.37 (0.13 (0.1)			0.34 (0.07 to 2.36)	
Cisgender		1	0.4		1	0.016
Transgender, Nonbinary, or gender diverse ⊢		1.58 (0.56 to 5.22)	0.4		3.27 (1.26 to 8.19)	0.010
Sexual Identity	-	1.56 (0.56 to 5.22)			5.27 (1.20 (0 0.19)	
Straight/heterosexual			<0.001			>0.9
Gay, Lesbian, Bisexual, or other		3.02 (1.86 to 5.02)	<0.001		1 (0.52 to 1.93)	20.9
Ethnicity		3.02 (1.00 to 3.02)			1 (0.52 (0 1.85)	
White		1	0.2		1	0.3
	₽	0.7 (0.39 to 1.26)	0.2		1.54 (0.72 to 3.13)	0.5
Region of England		0.7 (0.39 to 1.20)		· <u> </u>	1.54 (0.72 (0.5.15)	
London		1	0.4		1	0.4
	₩ 	1.22 (0.73 to 2.05)	0.4	┍╼	0.66 (0.36 to 1.25)	0.4
Education level	-	1.22 (0.75 to 2.05)			0.00 (0.30 to 1.23)	
Degree or higher		1	<0.001		1	>0.9
Less than degree level		' 0.3 (0.18 to 0.5)	~0.001		0.99 (0.47 to 1.99)	-0.9
Employment Status		0.3 (0.10 to 0.3)			0.99 (0.47 (0 1.99)	
Full/Part time employed		1	0.2		1	0.001
Not in employment		1.36 (0.81 to 2.32)	0.2		2.66 (1.46 to 4.9)	0.001
Relationship status	· - ·	1.30 (0.01 to 2.32)		· - ·	2.00 (1.40 to 4.9)	
Married/in a committed relationship		1	0.6		1	0.008
		1.18 (0.64 to 2.2)	0.0		2.34 (1.25 to 4.39)	0.000
Disability	- ·	1.10 (0.04 to 2.2)			2.34 (1.23 to 4.33)	
No/Unsure		1	0.9		1	0.032
		1.04 (0.62 to 1.77)	0.9		1.98 (1.06 to 3.69)	0.032
Ever had an HIV test		1.04 (0.02 to 1.77)			1.00 (1.00 to 0.00)	
No		1	<0.001		1	0.5
Yes	·	· 3.64 (2.29 to 5.85)	40.001		1.27 (0.67 to 2.5)	0.0
Perceived risk of HIV		3.04 (2.23 to 3.03)			1.27 (0.07 to 2.0)	
Not very/Not at all at risk		1	0.4		1	0.001
Greatly/Quite a lot at risk		0.67 (0.25 to 1.94)	0.4		4.37 (1.84 to 10.2)	0.001
Number of sexual partners		0.07 (0.20 to 1.04)			4.07 (1.04 to 10.2)	
		1	0.039		1	0.3
2 to 3		1.21 (0.67 to 2.26)	0.000		0.88 (0.38 to 1.99)	0.0
4+	· · ·	4.41 (1.36 to 20.2)			1.98 (0.72 to 5.35)	
Condomless sex with partners of unknown HIV status		T.TT (1.00 to 20.2)			1.00 (0.72 to 0.00)	
No		1	0.5		1	0.5
		' 0.82 (0.48 to 1.42)	0.0	┝╌╋╌╌┥	0.76 (0.35 to 1.56)	0.0
Difficulties negotiating condom use		0.02 (0.40 to 1.42)			0.70 (0.00 to 1.00)	
No		1	0.8		1	0.3
Yes		0.91 (0.38 to 2.38)	0.0		1.61 (0.61 to 3.93)	0.0
Aware of PrEP		0.01 (0.00 (0.2.00)			1.01 (0.01 (0.03)	
No						0.3
Yes					0.71 (0.36 to 1.46)	0.5
djusted odds ratio, adjusted for age, gender, sexual identity, ethnicity and ever having an HIV test.					0.71 (0.30 (0 1.40)	
mber of sexual partners and ever having an HIV test 0.1	1 2 3 4		0	0.1 1 2 3 4		

PrEP awareness was significantly associated with identifying as lesbian, gay, bisexual, or as a sexual minority (LGB+); being educated to degree level or higher; ever having an HIV test; and having ≥4 sexual partners in the previous six months (figure 1). PrEP interest was significantly associated with identifying as transgender, non-binary, or gender diverse; not being in employment; being single or in ≥1 type of relationship; and reporting self-perceived risk of HIV as "greatly" or "quite a lot" at risk. Previous awareness of PrEP was not associated with an interest in using PrEP, and 3.5% of participants who were not previously aware of PrEP expressed an interest in using PrEP (figure 2).

Discussion

The majority of women and AFAB participants in this study were aware of PrEP, but few had ever used it. The findings suggest that current PrEP provision does not align with women's preferences. Expanding the settings where PrEP can be accessed and the available formulations may play a

Figure 1. Adjusted odds ratios (aOR) for awareness of PrEP and interest in using PrEP among participants who reported having sex in the preceding six months (n = 488)

key role in increasing PrEP engagement in this population.

Dissemination strategies and health promotion campaigns to increase PrEP awareness should address discrepancies in awareness among people with different levels of educational attainment, different sexual identities, and people who have not previously engaged with HIV testing. People who were interested in using PrEP were not more likely to know about PrEP than their counterparts, suggesting that more work is needed to raise PrEP awareness among people who could benefit from it.

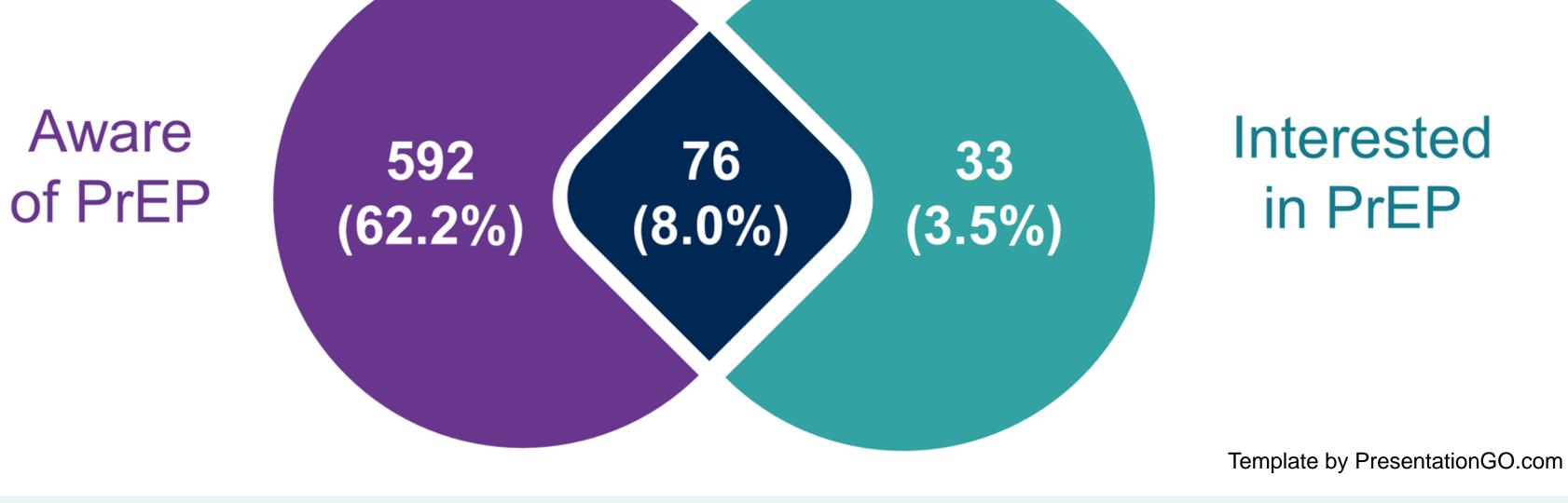


Figure 2. Venn diagram of participants who were aware of PrEP and interested in using PrEP.

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