

Increasing PrEP Use In Cisgender Women Through Contextualization Within Sexual Wellness Services: A QI Intervention Pilot



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Background

- Antiretroviral preexposure prophylaxis (PrEP) with daily oral tenofovir/emtricitabine is 99% effective in preventing HIV transmission via sex ("PrEP." 2019)
- PrEP uptake among eligible ciswomen is particularly low across the U.S. (Bush et al., 2016)
- Societal stigma associated with PrEP has been identified as one of the most significant barriers to PrEP use among ciswomen (Goparaju et al., 2017)
- Social networks and normative contexts impact the likelihood of PrEP uptake among cisgender women (Johnson et al., 2020)

Methods



- Developed 18 minute video intervention to contextualize PrEP among other sexual health tools such as contraceptives, condoms, and STI testing
- Aimed to address social stigma associated with taking PrEP
- Visualized text-message conversation between a feminine/female patient and a feminine/female provider
- Provider explains that sexual history discussions are judgment-free
- Provider presents PrEP alongside familiar sexual health tools



• Video clips describing PrEP and other aspects of sexual health such as STI testing and condoms are interspersed

"We are never going to tell you what to do, its all about giving you the right options for your health."

Prep (Pre-exposure prophylaxis) Offers strong protection from contracting HIV 92% - 99% effective when used as prescribed Once a day pill Can be used without sexual partners' knowledge Two different medication options are available: Truvada and Descovy A conversation with your medical provider will help determine the best PrEP medication for you

- Conversation followed by 14 minute slideshow describing sexual health tools such as STI testing, birth control, and PrEP
- Assessed feasibility of displaying video in an urban, primary care waiting room

"There are lots of tools to stay healthy. Like STI testing, emergency birth control, and PrEP."

Results

- 79 patients viewed video, 51 of which were assigned female sex at birth (mean age =21.6; SD=2.5)
- Three cisgender female patients (Patients 1, 2 & 3) completed PEP during the video exposure period
- Only Patient 1 (age 20, Black and pansexual) who is in a polyamorous relationship with a cisgender female partner, a male partner, and a transgender female partner began PrEP use after PEP use
- Patients 2 and 3 (ages 19 & 20, Black and heterosexual) did not start PrEP after PEP
- No other ciswomen began PrEP use during the exposure period

Conclusions

- An 18 minute video contextualizing PrEP among other sexual wellness tools was viewed by 51 female patients over a 17 day period
- Only 1 of 3 ciswomen prescribed post-exposure prophylaxis (PEP) during the intervention exposure period elected to start PrEP after PEP
- Patient characteristics suggest acceptability of PrEP may be higher for cisgender females whose social circles are common PrEP research and advocacy targets
- Findings emphasize the importance of normalizing PrEP as a sexual wellness tool that can be used by anyone
- As only one ciswoman who viewed the video initiated PrEP use during the exposure period, more research is needed to see if similar video interventions can impact long-term decisions to start PrEP in this population

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