

# Women and HIV Preexposure Prophylaxis (PrEP)

NCHHSTP - National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention

Women account for **1 in 5** new HIV diagnoses.<sup>1</sup>



African American/black women have a disproportionately higher lifetime risk of infection (1 in 54 black women compared to 1 in 256 Hispanic/Latina women and 1 in 941 white women).<sup>2</sup> Although PrEP is a highly effective, woman-controlled prevention option for HIV-negative women, PrEP use among women has been very low (especially among black women).<sup>3</sup>

CDC invited subject matter experts involved in HIV prevention efforts for women to participate in a web-based series to discuss barriers to PrEP implementation.

## Summary of Key Findings\*

### Barriers

- Women's lack of knowledge about PrEP, HIV-related health literacy, and HIV risk perception
- Challenges identifying women who might benefit from HIV prevention with PrEP and assessing women's risk of acquiring HIV
- Healthcare provider bias based on a woman's race, social class, or sexual behavior that might hinder effective communication about HIV risk and PrEP
- High costs associated with PrEP
- Lack of resources and infrastructure to provide PrEP for women in settings and venues they frequently use for healthcare

### Suggested Activities

- Develop and disseminate gender and culturally appropriate materials for women and clinicians to:
  - » Increase women's knowledge/awareness of PrEP and HIV risk
  - » Increase clinicians' PrEP knowledge and clinical skills, including providing PrEP care and effectively assessing HIV risk
  - » Equip clinicians with the skills to cultivate respectful patient-provider interactions that enable shared decision making
- Conduct research to identify:
  - » Best practices for identifying women who might benefit from PrEP
  - » Effective PrEP implementation models

**Disclaimer:** This is a summary of the discussion series held November 2016 through May 2017. It reflects ideas and thoughts shared by individual participants, and is not intended to represent the collective view of participants.

## Conclusions

Increasing PrEP uptake will require careful attention to personal, social, and structural barriers to PrEP awareness, access, and utilization. Potential actions to consider include:

- Creating/revising PrEP materials to be overtly inclusive of women (e.g., language, images).
- Conducting or supporting health services research to address barriers.
- Developing or strengthening existing partnerships to promote PrEP implementation for women.

## References

- <sup>1</sup>CDC. 2017. HIV surveillance report, 2016. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>;
- <sup>2</sup>Hess et al. 2017. <https://doi.org/10.1016/j.annepidem.2017.02.003>;
- <sup>3</sup>Bush et al. 2016. [https://www.aidshealth.org/wp-content/uploads/2016/07/GILD\\_Bush-PrEP-Race-Utilization.ext-June-2016.pdf](https://www.aidshealth.org/wp-content/uploads/2016/07/GILD_Bush-PrEP-Race-Utilization.ext-June-2016.pdf)



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