

A GLOBAL PRESPECTIVE ON WOMEN AND HIV PREVENTION MEDICATION: A SCOPING REVIEW OF WOMEN'S PRESPECTIVES AND ENGAGEMENT ACROSS THE CONTINUM

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Background:

While pharmacology-based approaches to HIV prevention are available, their global uptake remains low, even though women make up more than half of all people living with HIV. We conducted a scoping review to map the literature on women's awareness, interest and access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), to identify key facilitators, barriers and opportunities for improvement.

Methods:

A search of Ovid, Medline, Emcare, and Global Health databases identified English-language papers from January 1, 2012, to May 1, 2025. Using Covidence, after a pilot, two independent reviewers extracted and screened abstracts and full-text articles. Studies focused on cisgender or transgender women's awareness, opinions, access, adherence, values, or barriers to PrEP or PEP for HIV were included. Excluded articles focused on occupation exposure, vertical transmission, or HIV treatment.

Results:

The initial search yielded 2,150 articles; 366 were included in data extraction. Women highlighted the need for accessible, discreet HIV prevention tailored to their contexts, favoring mobile clinics, harm reduction programs, community health centers, and sexual/reproductive health services. Low PrEP awareness remains a challenge, often tied to marketing focused on gay and bisexual men. Studies suggested integrating PrEP into gender affirming care for transgender women. Barriers included stigma, cost, relationship dynamics, partner reactions, and intimate partner violence. Discreet options (e.g., injectables, unmarked packaging), peer support, and non-judgmental providers were key facilitators. Motivations included empowerment, family planning, partner risk, and condomless sex. Few studies addressed emergency PEP or PEP-in-pocket.

Conclusion:

Women seek accessible, discreet HIV prevention options that are available and convenient; however, awareness is low. Current PrEP delivery faces barriers such as stigma, cost, adherence challenges and partner dynamics. Integrating PrEP into trusted care settings and expanding discreet, long-acting options may improve acceptance, alongside broader efforts to empower women and reduce gender disparities in PrEP uptake inequalities.

Disclosure of Interest Statement:

None.