

PrEP for Women – Another Purview Paradox?

A Qualitative Analysis of HIV Pre-Exposure Prophylaxis Prescribing for Australian Cisgender Women

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Background

HIV Pre-Exposure Prophylaxis (PrEP) in Australia has largely been targeted towards men who have sex with men, with very few cisgender women prescribed PrEP.¹ Although the HIV incidence in Australian women is low², certain subgroups of women may be at higher risk, including women of culturally and linguistically diverse background, Aboriginal and Torres Strait Islander women, commercial sex workers and people who inject drugs.² Barriers to PrEP for women may include low awareness amongst women and clinicians, a low perceived risk of HIV and experiences of stigma.^{3, 4}

Aim

The aim of this qualitative study was to explore PrEP prescribing for Australian cisgender women from the provider's perspective. Through interviews with prescribers, we aimed to determine which women were receiving PrEP in Australia, the barriers to uptake and opportunities to facilitate prescribing.

Methods

Video and teleconference interviews were held with Australian wide prescribers from a variety of professions between April and October 2022. Participants were recruited through relevant clinical services, newsletter distribution and snowball sampling. Interviews were audio-recorded, transcribed and analysed thematically utilising inductive and deductive methods.

Results

Seventeen participants consented to be interviewed. 9 participants were Sexual Health Physicians, with smaller numbers of other professions. 10 participants worked in New South Wales. Participants reported limited clinical experience prescribing PrEP for women. Most participants reported prescribing for women in the context of serodiscordant relationships, which is reflected in international data.³ Opinion regarding the use of PrEP for female sex workers was mixed and several participants described the requirement for women to meet multiple risk factors to be eligible for PrEP. Barriers to PrEP for women included low awareness and difficulties with risk assessment, which is consistent with available literature. Complexity, service limitations and stigma were also posed as barriers. Participants recommended targeted education for the public and clinicians to facilitate PrEP for women. Calls for further research were also emphasised. Service expansion was raised as an opportunity to enable access, though participants disagreed as to the most appropriate service to provide PrEP to women, reflecting the purview paradox associated with PrEP implementation internationally.⁵

Conclusions

Clinician experience of PrEP prescribing to Australian cisgender women is limited, with significant barriers to access. Further exploration into the experiences of a broader range of clinicians, women living with HIV and HIV-negative sexually active women will enhance our understanding of this topic. Inclusion of women in HIV prevention research and clarity of clinical ownership over PrEP implementation for women is essential in order to achieve HIV elimination.

References

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