

Technology use and HIV Pre-Exposure (PrEP) awareness among PrEP-eligible cisgender women

SuKyung Kim¹, Shimrit Keddem², Hong Van Tieu^{3,4}, Annet Davis², Beryl A. Koblin⁵, Anne M. Teitelman^{1,2}

Thomas Jefferson University¹, University of Pennsylvania², New York Blood Center³, Columbia University Irving Medical Center⁴, Independent Consultant⁵

Background

1. Uptake of pre-exposure prophylaxis (PrEP), a safe and effective HIV prevention method, has been low among cisgender women in the United States.
2. Many PrEP-eligible, cisgender women lack awareness of PrEP, suggesting there are missed opportunities for informing them about PrEP.
3. Understanding the association between access to technology and PrEP awareness among PrEP-eligible women offers potential avenues to deliver PrEP education to this target population.

Purpose

This analysis investigated whether factors related to technology use were associated with PrEP awareness among PrEP-eligible cisgender women

Method

- Data were collected via computer-based survey
- Sample: 237 women in New York City and Philadelphia
- Eligibility: cisgender, HIV-negative women, not pregnant, eligible for PrEP, but not currently taking it
- Descriptive analysis to characterize the demographic, technology access, and health care
- Chi-square was used to compare demographic characteristics of those who were PrEP aware versus those unaware

Results

- 41% (n=98/237) of PrEP-eligible cisgender women were aware of PrEP.
- Majority of participants were Non-Hispanic Black (61%). Hispanic participants 24%. Mean age of 39 years.
- PrEP awareness was higher among young, Hispanic, and women who had no history of incarceration.
- Women with access to technology (laptops, desktops, tablets, or cell phones) were more likely to know about PrEP.

Results- continued

- Cell phone usage for texting, emailing, watching videos, playing games, downloading apps, and accessing social media was associated with a higher level of PrEP awareness.
- Women with cell phone access difficulties were less likely to be aware of PrEP.
- No statistically significant differences by education, income, and health insurance

Figure 1. Aware of PrEP by Age (%), n=237

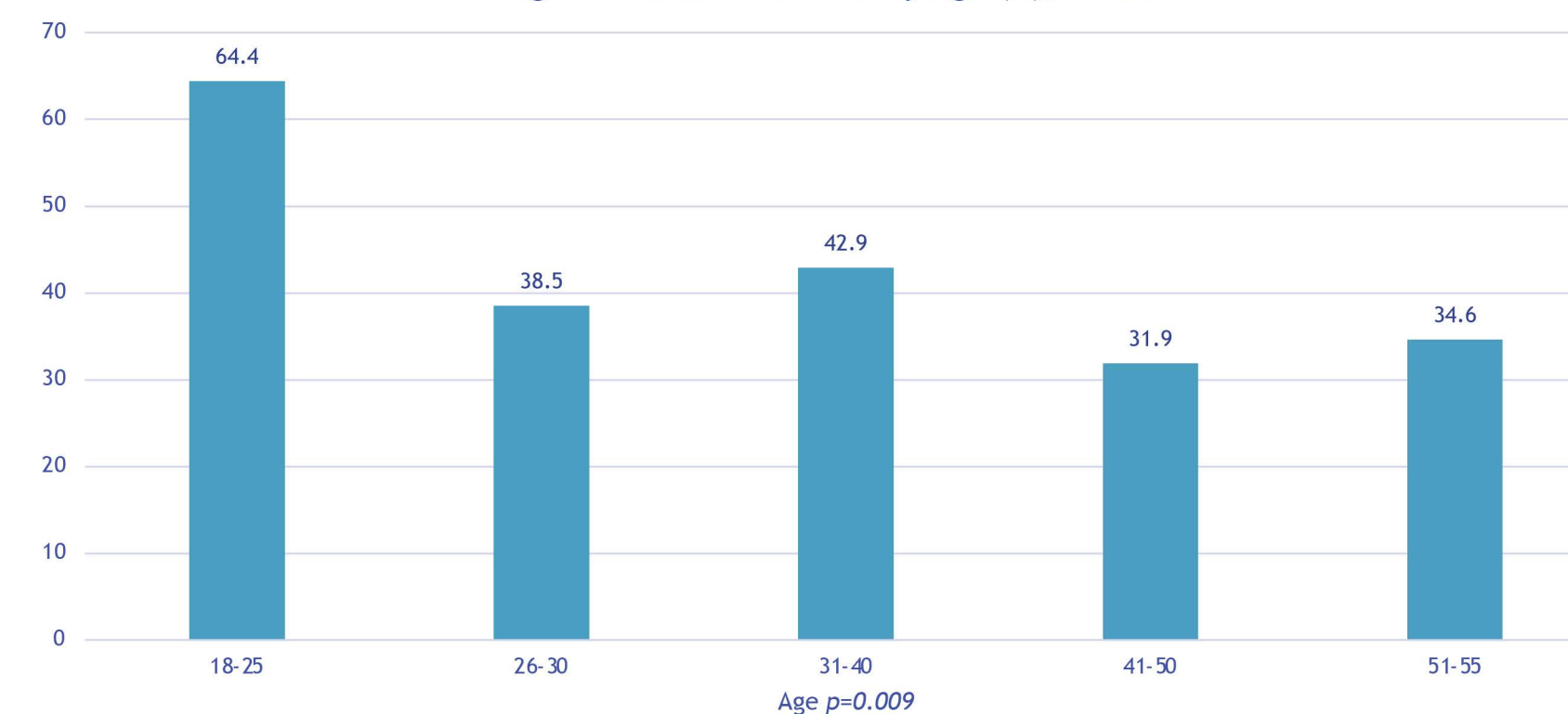


Figure 2. Aware of PrEP by Race/Ethnicity (%), n=236

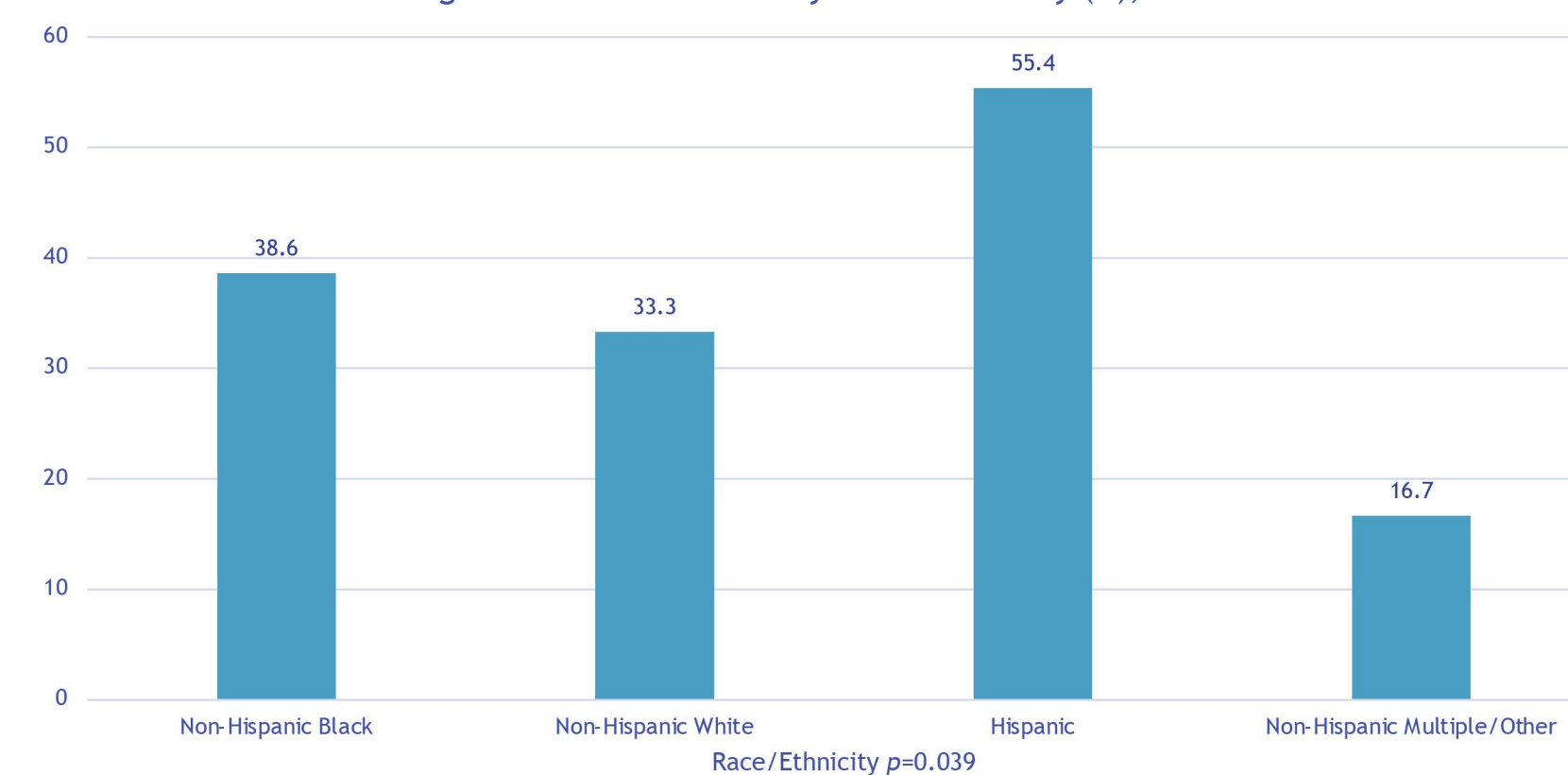


Figure 3. Aware of PrEP by history of Jail/prison, n=234

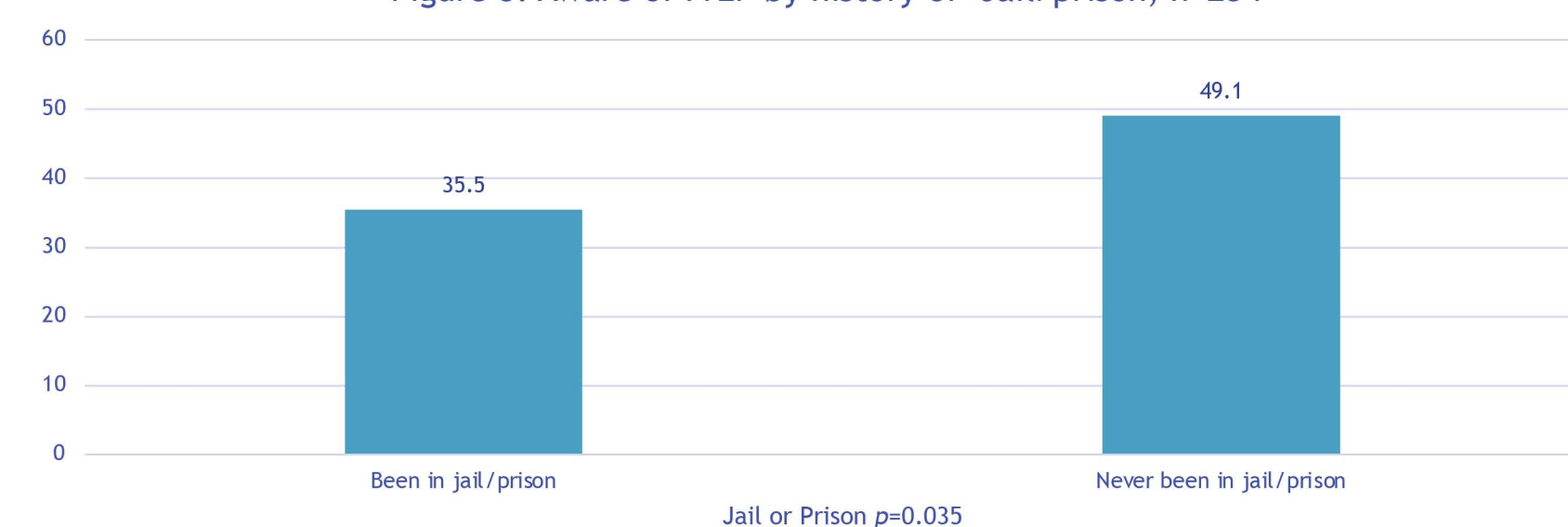


Table 1. Technology Access, and Health Care among Women Aware of PrEP (n=98), [n (%)]

PrEP Awareness	n (%) aware	p-value
Technology access		
Access to Laptop/desktop/tablet No	52 (35.9)	0.031*
Yes	46 (50.0)	
Cell phone Access No	9 (20.0)	0.001†
Yes	89 (46.4)	
Use cellphone for text/email No	1 (4.76)	0.000†
Yes	97 (44.9)	
Use cellphone to watch video/game No	15 (27.8)	0.021*
Yes	83 (45.4)	
Use cellphone for twitter No	21 (28.0)	0.005*
Yes	77 (47.5)	
Difficulty accessing phone/connection No	60 (48.4)	0.024*
Yes	38 (38.8)	
Health care access		
Go without care, too expensive No	68 (39.8)	0.291
Yes	29 (47.5)	
Able to get care as needed No	17 (44.7)	0.708
Yes	80 (41.5)	
Able to get care conveniently located No	11 (45.8)	0.665
Yes	87 (41.2)	
Relationship with health care providers		
Open to talk about sex with provider No	8 (34.8)	0.479
Yes	90 (42.5)	
Open to talk about drug with provider No	15 (37.5)	0.505
Yes	83 (43.2)	
Feel respected by provider No	3 (18.8)	0.056
Yes	94 (43.1)	

*P≤0.05, †P≤0.001

Implication for Practice

- Research supports using various technologies to increase PrEP awareness.
- Mobile technologies are nimble, customizable, and accessible for reaching the target population.
- Limited technology access among individuals, like women with a history of incarceration, may require alternative approaches.