Decision-Making about HIV Prevention among Women in Drug Treatment: Is PrEP Contextually Relevant?

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BACKGROUND

- Women with substance use disorders (SUD) experience high HIV risk because they are often: Justice-involved
- Violence-exposed
- Engaged in commercial sex work or transactional sex
- Despite demonstrated efficacy of HIV pre-exposure prophylaxis (PrEP), there has been limited uptake among women with SUD.
- Low uptake has been attributed to lack of awareness.
- A more in-depth analysis of women with substance use disorder (SUD)

METHODS

- Semi-structured interviews explored PrEP awareness & broader health-related decision-making practices in:
  - 20 women at drug treatment centers (Key informant; KI)
  - 15 stakeholders
- Interview transcripts were coded using pre-determined nodes based on 2 theoretical models:
  - Information-Motivation-Behavioral Skills (IMB) model for PrEP uptake
  - Beliefs-Goals-Choice Heuristics for Consumer Drivers
- New themes that emerged related to decision-making contexts were organized using the Adapted Bronfenbrenner Model, a socioecological framework that mapped out competing priorities for women with SUD at multiple levels of society.

Hypothesized Model of HIV Prevention Decision-Making among Women with SUD

INFORMATION

- HIV knowledge and awareness of risk factors
- PrEP awareness

MOTIVATION

- Women’s motivation to engage in health-promoting behaviors was challenged by multiple competing priorities, forcing them to make tradeoffs between basic subsistence needs, responsibilities of motherhood/pregnancy, meeting the demands of addiction, and coping with trauma/violence.
- Women were unfamiliar with PrEP and providers lacked experience with counseling and prescribing PrEP.

SKILLS

- Women possessed health-related decision-making skills, including:
  - action-planning skills to manage doctor’s appointments, navigate insurance, obtain sterile injecting equipment, get HIV testing, pay bills, secure housing, and start a career
  - critical thinking skills to work through hypothetical decisions such as starting a new medication by asking relevant questions, weighing risks/benefits, and analyzing the impact on achieving their goals

BEHAVIOR

- Providers expressed concerns about women’s health-related decision-making more broadly:
  - Cognitive biases lead to HIV risk misperception among women with SUD.
  - PrEP needs to be offered as part of a program that addresses highly relevant competing priorities generated by high levels of poverty, violence, criminal justice involvement, and gender disparity (e.g. improving childcare availability to increase access to services).

FINDINGS

- Although many women were broadly aware of HIV, it often did not seem personally relevant.
- Women were unfamiliar with PrEP and providers lacked experience with counseling and prescribing PrEP.
- Women’s motivation to engage in health-promoting behaviors was challenged by multiple competing priorities, forcing them to make tradeoffs between basic subsistence needs, responsibilities of motherhood/pregnancy, meeting the demands of addiction, and coping with trauma/violence.
- Other driving factors of motivation included pre-formed beliefs such as cognitive biases, health attitudes, and perceived stigma. Women often misestimated their own HIV risk.

DISCUSSION

- A combination of information, motivation, and behavioral skills are necessary to engage in HIV prevention. Decision-making practices are driven by key contextual factors that create competing priorities and shape motivation.
- While limited direct-to-consumer marketing and lack of inclusive messaging affect women’s PrEP awareness, other issues shape women’s health-related decision-making more broadly:
  - Cognitive biases lead to HIV risk misperception among women with SUD.
  - PrEP needs to be offered as part of a program that addresses highly relevant competing priorities generated by high levels of poverty, violence, criminal justice involvement, and gender disparity (e.g. improving childcare availability to increase access to services).

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