Those Harboring Stigma Toward PrEP May Be Less Likely to Take It

A study of young gay and bi men and trans women in Chicago found PrEP stigma was linked with lower rates of use of Truvada for prevention.

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Young people who hold stigmatizing attitudes regarding the use of Truvada (tenofovir disoproxil fumarate/emtricitabine) as pre-exposure prophylaxis (PrEP) are less likely to take the HIV prevention pill. And if they are on it, they are less likely to adhere to the daily regimen. That's the finding of an ongoing study of young people in the Chicago area.

Presenting their findings at the 2019 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, researchers analyzed data on HIV-negative transgender women and cisgender men who have sex with men living in the Chicago area who were members of the ongoing RADAR cohort.

The participants all completed the PrEP Stigma and Positive Attitudes (PSPA) survey, which the researchers had previously developed. The investigators analyzed data on 105 participants who responded to the survey at two time points six months apart. They also looked at data on 622 participants who responded to the survey once and then six months later reported on any PrEP use and their adherence to the daily Truvada regimen if they were taking it.

Data for the first time points in these analyses were collected between February 2016 and October 2016.

The participants were 16 to 29 years old and had an average age of 21 years old. A total of 93.4 percent identified as a cisgender male. A total of 29.4 percent of the study members were Black, 33.3 percent were Latino and 26.2 percent were white. A total of 66.6 percent identified as gay, and 22.2 percent identified as bisexual.

Attitudes toward PrEP did not change over the six-month period. Overall, the study population held more positive rather than stigmatizing attitudes regardingthe use of Truvada as HIV prevention.

At the six-month visit, 5.1 percent (32) of the participants who were not using PrEP at the initial visit said they had taken Truvada for HIV prevention during the interim period, including 4 percent (21) who said they were currently taking it.

After adjusting the data to account for differences in the participants' age, race and gender identity, the study authors found that higher positive attitudes toward PrEP were associated with a 5.05-fold greater likelihood of reporting use of Truvada for prevention during the six-month period separating the study visits, compared with those who harbored negative attitudes toward the prevention modality. Conversely, those who had higher levels of PrEP-related stigma were 50 percent less likely to report PrEP use than those who had lower levels of such stigma.

Among those reporting current PrEP use at the six-month visit, those who reported missing at least one dose during the previous week, compared with those who did not report missing a dose, had significantly higher levels of stigma regarding the use of Truvada for prevention of HIV.

The study authors believe their results suggest that interventions that reduce PrEP stigma among those at risk for HIV could help increase the use of Truvada as prevention as well as adherence to the daily regimen among those taking it.

To read the conference abstract, click here.

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