PREVENTION IN PRINCIPLE AND GAPS IN PRACTICE: CANADIAN PROVIDER ATTITUDES TOWARD HIV PREVENTION AMONG WOMEN

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BACKGROUND: Reducing new HIV infections among women requires increased offering and uptake of HIV prevention medications. We assessed provider-level awareness and practices related to HIV prophylaxis for women, focusing on attitudes and intentions to prescribe.

METHODS: We conducted a cross-sectional survey study of use and attitudes toward HIV prophylaxis among nurse practitioners, family physicians and obstetricians/gynecologists in Canada from May 2023 to December 2024. Participants were identified through networks, organizations, and fax databases. Survey questions examined practice characteristics, HIV knowledge, HIV prevention familiarity and prescribing practices in the context of women.

RESULTS: 149 surveys were initiated; 18 incomplete, 6 by ineligible providers, and 6 were duplicates. Of the remaining 119, 86 were license-verified, 33 were not; 114 (95.8%) were complete and included in the analysis. Most specialized in primary care: 51 (46%) nurse practitioners and 34 (30%) physicians. Eleven identified as HIV specialists, despite the mean proportion of respondents estimated patient populations being 5% (SD: 13%) HIV-positive and 23% (SD: 29%) at high-risk for HIV. In the past year, respondents reported a mean of 45 (SD: 221) patient inquiries about HIV prevention, 50 (SD: 226) counselling instances, and 76 (SD: 409) HIV prophylaxis prescriptions. Respondents felt knowledgeable regarding HIV transmission (74%) and risk factors (79%); but knowledge pertaining to prescribing was lower (26%). Most prescribe PrEP for women only when asked (30%) or when patients inquire about prevention (28%); and 49% refer to the emergency room for PEP. Overwhelmingly, participants responded that providers initiate conversations about HIV prevention among men more than women (67%), and that medical education focused on HIV prevention for women could improve uptake (90%).

CONCLUSIONS: Limited knowledge remains a key barrier to prescribing HIV prevention for women. Educational interventions and provider-level guidance should address specific hesitations and knowledge gaps identified to reduce potential bias and/or discomfort.