

PREP BARRIERS AND STIGMA:

“Understanding Barriers, Stigma and Cultural Sensitive Strategies”

By Juddy Otti

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AGENDA

- House Keeping
- Introductions
- Recap from last session
- Aims
- Common Barriers to Migrant PrEP Uptake
- Factors Influencing PrEP Use
- Stigma and medical mistrust
- Culturally and gender-sensitive communication strategies
- Case Studies
- Action Plan/Goal setting

HOUSE KEEPING

- Mute if not speaking
- Use virtual reactions
- Be respectful
- Phones on silent
- Have FUN!

INTRODUCTIONS

- Name
- Organisation and Country
- Brief description of what you do(if new)
- What do you want out of this session?
- If you were an animal ,which one would you be and why?

RECAP FROM LAST SESSION

- HIV Basic and Migrant sensitive understand current PrEP Landscape in Europe
- HIV Epidemiology in Europe
- HIV Prevention tools
- What you need to know about PrEP
- The role of peer support networks

HOMEWORK: GROUP DISCUSSION

To start the discussion, could each of you briefly outline what your organisation is currently doing in the PrEP space?

- What is working well
- What are the challenges

(10 mins)

AIMS

- ❑ Deepen understanding of common barriers to PrEP uptake among migrant communities.
- ❑ Explore social , structural , cultural, and legal factors influencing PrEP uptake
- ❑ Examine stigma and medical mistrust as barrier to engagement
- ❑ Equip you with culturally and gender sensitive communication strategies.

GROUP DISCUSSION (BREAKOUT ROOMS)

- What barriers have you observed in your works with migrant communities?
- How might cultural belief shape perceptions of PrEP?
- What strategies have helped you build trust with migrant clients?
- How can healthcare providers counteract stigma?

(10 mins)

Last updated: 30 November
2025

FEEDBACK SESSION

- ROOM 1
- ROOM 2
- ROOM 3

(10 mins)

COMMON BARRIERS TO MIGRANT PREP UPTAKE

- Socioeconomic challenges
 - Cost-Poverty
 - work instability
 - unstable housing.
- Structural barriers
 - limited healthcare access
 - Navigating health systems
 - documentation requirements

COMMON BARRIERS TO MIGRANT PREP UPTAKE

- ❑ Legal concerns
 - ❑ Fear of immigration repercussion
 - ❑ Restrictive policies shape health seeking behaviour
- ❑ Language and health literacy barriers.
 - ❑ Spoken and written
 - ❑ Translation limitations in their dialect

FACTORS INFLUENCING PREP UPTAKE

- ❑ Cultural beliefs and norms
 - ❑ Complexity of cultural norms
- ❑ Power and gender dynamics
 - ❑ unique community context
- ❑ Religious influences
 - ❑ Role of religious institution around sex
- ❑ Perception of HIV Risk

PERCEPTION OF HIV RISK

- Limited or poor risk perception in relation to HIV
- Lack of awareness of PrEP
- Uncertainty around candidacy and/or eligibility on the part of both potential PrEP users and healthcare providers
 - Low PrEP awareness and underestimation/underreporting of risk behaviours leads to low self-referral
- Poor, non-inclusive or exclusionary language in PrEP material or information
- Limited knowledge of PrEP in health services outside of GUM or sexual health services, which are more likely to be used by women and other groups



Last updated: 30 November 2025

STIGMA AND MEDICAL MISTRUST

- ❑ HIV-related stigma within communities
 - ❑ Fear of being labelled as sexually promiscuous
 - ❑ PrEP related stigma
- ❑ Confidentiality concerns

STIGMA AND MEDICAL MISTRUST

- ❑ Mistrust of medical systems due to past experiences
 - ❑ Historical and ongoing driver of mistrust
 - ❑ Importance of consistency transparency and respectful engagement
- ❑ Clinical guidelines

BARRIERS TO PREP UPTAKE

- Clinical guidance regarding the characteristics of women who may benefit from PrEP criteria is limited

The criteria by which heterosexual women may be considered for PrEP are largely based on male partner characteristics such as having partners who have sex with men, are living with HIV or injecting drugs.

These indications depend entirely on disclosures by women's male partners and may be significantly unreliable for assessing PrEP eligibility.

- Certain groups actively avoid the health services due to discrimination, racism, exclusionary practices
- Stigma – HIV, social stigma, transphobia
- Difficulty talking about sex (in general and with providers)

CULTURALLY & GENDER-SENSITIVE STRATEGIES

- Use inclusive, Non-judgement Language
- Provide gender-affirming communication
- Collaborate with community leaders
- Offer multilingual materials and interpreters
- Build trust through consistent, respectful engagement.

COMMUNICATION STRATEGIES

Practical Approaches

Culturally responsive

Co-production (*with us for us*)

Normalise PrEP

Lived Experience

TIME FOR A
BREAK



How men influence young women's perspectives from young women, male partners, and male peers in Siaya county, Western Kenya - BMC Women's Health

BMC Women's Health, open access
<https://bmcwomenhealth.biomedcentral.com/articles/10.1186/s12925-024-00414-2>

Abstract

Background

Daily oral pre-exposure prophylaxis (PrEP) is an effective HIV prevention option for those who are most vulnerable to HIV infection, especially young women (YW). Objection by or lack of support from male sexual partners has been shown to impact YW's ability to take PrEP consistently. We explored the views of YW, and male partners and male peers of YW in Siaya County, Western Kenya, to illustrate how men influence, and can support, YW in using PrEP.

Methods

We used Photovoice to capture the views of YW ages 18-24 who were currently or previously enrolled in the DREAMS program and with current or previous experience taking PrEP. We also captured the views of YW's sexual partners and male peers. The YW completed eight photo assignments that focused on identifying factors influencing their PrEP use, and male participants completed four photo assignments focused on identifying ways men support or hinder YW's PrEP use. Photographs were presented and discussed in same- and mixed-gender groups using the SHOWED method. YW also participated in in-depth interviews. The analysis focused on identifying themes that described men's influence on YW's PrEP adherence and persistence.

Results

Among YW, a restricting male influence on PrEP use emerged in the majority of photo assignments such that YW's photographs and discussions revealed that men were more often viewed as barriers than supporters. YW perceived that they had little autonomy over their sexual lives and choice to use PrEP. YW's PrEP use was perceived to be hindered by stigmatizing community narratives that influenced men's support of PrEP use among women. Male participants suggested that men would support YW's PrEP use if PrEP was better promoted in the community and if men were more knowledgeable about its benefits.

Conclusions

A lack of support from male partners and peers and stigmatizing community narratives influence YW's PrEP use. Community-based programs should include education about PrEP specifically for male partners and peers of YW to positively influence PrEP use.

PEPFAR Access Strategies for Success
 More info, register: <https://tinyurl.com/equitablepr>

Public PrEP Programs Lower HIV Incidence in Australia

Nicholas Medland, M.B.B.S., Ph.D., of University of New South Wales, presented study results finding that PrEP prescriptions lowered Australia's HIV incidence. Using anonymized prescription data between 2018 and 2023 from the country's public health system, the researchers estimated how often people taking PrEP acquired HIV by noting whether they later began antiretroviral therapy.

Medland described the rate of HIV incidence among the roughly 66,000 people included in the analysis—most of whom were gay and bisexual men—as “very low.” Over the five-year period, 207 cases occurred, which amounted to an incidence rate of 1.07 cases per 1,000 person-years.

Reviewing the prescription data, Medland and his colleagues further estimated the percentage of days people had PrEP to take. People who received only a single PrEP prescription in the five-year evaluation period experienced the highest HIV incidence rate. About 20% of people fell into this category, which constituted 30% of the new cases observed (2.6 per 1,000 person-years).

The fewest cases (15%) occurred in people who had PrEP available for more than 60% of the time during the study (0.5 HIV acquisitions per 1,000 person-years). People in this high-coverage group saw a reduction in HIV incidence of 79% relative to the single-prescription group, while those who had it available less than 60% of the time (but still more than once) saw a 62% reduction in incidence. “This is great news for PrEP programs,” said Medland.

Encouraging Results for African Women

New results from the INSIGHT study—a 20-site study across six African countries—showed that providing point-of-care urine tests helped African women take oral PrEP more regularly.

Brenda Mirembe, M.B.Ch.B., M.Sc., from the Makerere University and Johns Hopkins University Research Collaboration, presented the study, which enrolled more than 3,000 sexually active women between the ages of 16 and 30. After the first, third, and sixth month of starting PrEP (with oral emtricitabine/tenofovir disoproxil fumarate), the women were provided with adherence counseling and took urine tests to detect drug levels.

A positive urine test indicated good PrEP adherence, and 65% to 72% of the women tested positive for tenofovir during the three tests. Mirembe reported that the biggest challenge to staying on PrEP reported by the participants was forgetting to take the pills. Nonetheless, 64% of the women said the testing improved their motivation to keep taking it.

“We saw high PrEP uptake of more than 90%. PrEP persistence was also high throughout the six months,” said Mirembe, later adding that “greater than 90% received refills at all visits.” During the study, HIV incidence was 1.4%, but Mirembe noted that this was lower than the 1.8% incidence measured during the HPTN-084 trial that helped lead to the U.S. approval of injectable PrEP with cabotegravir.

State PrEP Coverage and U.S. HIV Incidence

One study presented at CROI 2024 showed that PrEP coverage in the U.S.—i.e., the percentage of people with a clinical indication for PrEP who receive a prescription—correlated to HIV incidence. Patrick Sullivan, D.V.M., Ph.D., of Emory University, and his colleagues compared publicly available PrEP prescription data to annual changes in HIV diagnoses between the years 2012 and 2021.

The researchers expected states with higher coverage to show steeper declines in HIV cases. “And that’s basically exactly what we saw,” Sullivan said.

The work adds to a 2020 analysis looking at similar trends between 2012 and 2016. As in the previous study, the researchers sorted states into five groups, arranged from lowest to highest PrEP coverage.

<https://www.thebodypro.com/article/croi-2024-prep-hiv-incidence-access>

Snip:

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Read the full article:
<https://www.thebodypro.com/article/croi-2024-prep-hiv-incidence-access>

CASE STUDIES

The UK government is dangerously neglecting sexual health services

Deborah Gold of the National Aids Trust, Dr Will Nutland of PrEPster and Ian Green of the Terrence Higgins Trust write



“We’re hearing of waiting times climbing for the HIV prevention drug PrEP, and some clinics have reported a 90% reduction in their ability to provide PrEP and other services.” Photograph: Rungroj Yongrit/EPA-EFE

Progress on vaccine supply alone isn’t enough to support sexual health services, which are critically overburdened and need additional funding now (UK trials smaller doses of monkeypox vaccine as supplies run low, 22 August). Due to a lack of support from the government, they are struggling to deal with monkeypox, HIV prevention and STIs. We’re hearing of waiting times climbing for the HIV prevention drug PrEP, and some clinics have

HOME HEALTH | Lilongwe, Blantyre becomes first beneficiaries of long-acting injectable PrEP

Lilongwe, Blantyre becomes first beneficiaries of long-acting injectable PrEP

<https://malawi24.com/2024/03/26/lilongwe-blantyre-becomes-first-beneficiaries-of-long-acting-injectable-prep/>

The United States government through PEPFAR International has delivered to Malawi Government the first shipment of injectable Pre-exposure prophylaxis (PrEP) medicine for HIV prevention, making Malawi the third country in Africa to offer injectable PrEP.

The Director of Programs at National Aids Commission (NAC) Chimwenwe Mablekisi commended the introduced of long-acting injectable PrEP saying it will help to complement their efforts of ending HIV threat by 2030.

“As you are aware, our goal is to end HIV as a public health threat by 2030 and for us to achieve that we need to ensure that we have as many HIV prevention as we can” said Mablekisi.

She added “One of the guiding principles for HIV response in Malawi is the human rights approach, to give people options to their HIV prevention choices that they can take so we feel that injectable PrEP will really help us to reduce new HIV infections in particular that we are targeting those most at risk to contracting HIV”.

Mablekisi further advised people to keep using the combination prevention methods to avoid contracting different STI’s since long-acting injectable PrEP is only for HIV prevention.

In January 2021, Malawi rolled out the implementation of oral PrEP for HIV prevention following a successful pilot phase within the country. As of today, over 100,000 individuals are on oral PrEP.

However, almost half of those clients are continuing on Oral PrEP for various reasons.



Examples of PrEP programmes from different parts of the world.

PREP FOR PREP

WHAT IS PREP? CAN YOU USE PREP WHILE ON HORMONES? WHO IS PREP FOR? IS PREP RIGHT FOR YOU? EXPLORE THESE QUESTIONS AND MORE IN THIS COMMUNITY FORUM.

ENGLISH PREP WORKSHOP
 BY CALLEN-LORDE
 6PM-8PM
 THURS, MAY 14, 2015
 AUDRE LORDE PROJECT
 THIRD FLOOR
 147 WEST 24TH ST
 CALLEN LORDE
 COMMUNITY HEALTH CENTER

SPANISH PREP WORKSHOP
 6PM-8PM
 THURS, MAY 7, 2015
 AUDRE LORDE PROJECT
 THIRD FLOOR
 147 WEST 24TH ST
 MEAL & METROCARD PROVIDED
 THIS IS AN ACCESSIBLE SPACE
 EMAIL CLEO@ALP.ORG WITH QUESTIONS



HOW DO WE programme for this?

This World AIDS Day, we acknowledge and celebrate the achievements and leadership of key population communities living with, at risk of, or affected by HIV. They have been at the frontline of CaSHIAR's contribution to Zimbabwe's HIV response.

International Women's Day: Women, HIV and access to PrEP

An interview with Dr. Vanessa Apea at Africa Advocacy

PrEP Awareness Video - Hair Salon

PrEP Awareness Video - Sex Workers

PrEP Awareness Video - Portuguese

PrEP Awareness Videos - Main Montage

PrEP Awareness Video - Heterosexual

PrEP Awareness Video - Non

Prepster

- Awareness**
 - Outreach
 - Peer mobilisers/champions
- Delivery**
 - Sexual Health
 - Online
 - Community-based organisations
 - Primary care
 - Pharmacy

CASE STUDIES

EXPLORE YOUR OPTIONS. SET YOUR BOUNDARIES. BE RESPONSIBLE WITH YOUR FREEDOM.

FAQs | tips | blog | provider list

Teens have multiple choices for sexual health and HIV prevention – what are yours?

You deserve access to relevant information related to PrEP for HIV prevention, as well as clear and empowering sexual health and wellness resources beyond HIV.

No local authority in England reported more than 5 women accessing PrEP

#NotPrepared report reveals major barriers to the HIV prevention pill in England – while 7 people are newly diagnosed with HIV every day.

PrEP Now

Sex and relationships | HIV and STIs | Living with HIV

Home > News and blogs

Could combined support be the key to increasing PrEP use among young people?

Jason Phillips
18 April 2024

PrEP use among young people who received text messages, online peer support and coaching increased from 11% to over 25%.

Examples of PrEP programmes from different parts of the world.

April 2024

PREP AND PREJUDICE CAMPAIGN

PrEP for Migrant Communities in the UK
, experiences from the
PREP & PREJUDICE Campaign

By Juddy Oti

BACKGROUND

- A national project that aims to influence how Migrant communities mainly Black African Communities engage in HIV prevention, specifically PrEP (Pre-Exposure Prophylaxis) as a HIV prevention tool.
- 6 BAME grassroots organisations working towards increasing PrEP awareness and uptake amongst Black African Communities across London, Leicester, Leeds, Manchester, Hertfordshire and Bristol

PREP AND PREJUDICE CAMPAIGN

APPROACH

- Unique messaging – universal African phrases- popular culture scenes and universally recognized/ understood by diverse BAC audiences
- Community driven campaign
- Community Faces
- Engaging Resources: flyers & posters,
- Digital content
- Tailored Website

OBJECTIVES

- Increase knowledge of PrEP in BA communities.
- Increase knowledge of how to access PrEP in BAC communities.
- Decrease in stigma associated with PrEP and people accessing PrEP.
- Increase in professional awareness of and expert knowledge around PrEP.
- Upskilling and deployment of PrEP Champions within the targeted communities.

PREP AND PREJUDICE CAMPAIGN

OUTCOMES

- Clear understanding of perceptions and attitudes on PrEP by Black African Communities -*evidence to date; low uptake.*
- Open discourse on PrEP amongst BACs within a cultural context, utilizing innovative and cost effective approaches to influence attitudes.
- Co-production and successful launch of innovative and powerful digital PrEP content that BACs identify with and able to embrace through social media and other channels

METHOD

- Developed a PrEP awareness campaign
- De-stigmatised and encouraged uptake of PrEP through referral pathways
- Developed Innovative resources and digital PrEP content -unique/universally recognised and understood
- Disseminated content via WhatsApp , community radios and Facebook
- Educative activities - Training for Health workers /PrEP Champions

PREP AND PREJUDICE CAMPAIGN

PROJECT OUTCOMES

- Recruited and trained 32 Community PrEP Champions and 3 PrEP User Champions
- Trained 68 frontline Health Care Workers
- Held 4 focus groups —(3 heterosexual+1 MSM)
- Held 3 Pre-production focus groups -(4 key messages agreed/community faces)
- Website, Posters, Leaflets, t-shirts, Jingle,
- Delivered 8 PrEP Awareness Workshops in London and inner cities
- Partnerships and collaborations- Prepster/Mambo magazine/Radio/Clinicians
- Reached over 66,600 members of the Black Community



Fig 1: P&P Resources

PREP AND PREJUDICE CAMPAIGN



PrEP&Prejudice

PrEP is a pill that can stop you getting HIV

PrEP helps me overcome the stigma and embarrassment associated with accessing or using a condom.

PrEP is a timely change you need

Don't know your partners status, use PrEP

PrEP is reliable, effective, empowering and above all gives you a piece of mind.

With PrEP EVERYTHING'S GONNA BE ALRIGHT!

PrEP&Prejudice

PREP AND PREJUDICE CAMPAIGN

KEY FINDINGS

- Frontline Staff and volunteers
 - 32% didn't know what PrEP stands for
 - 53% don't know anyone who has accessed PrEP
- Focus groups
 - Two thirds haven't heard of PrEP
 - Very Sceptical about PrEP and its effectiveness
 - Lack of PrEP messaging directed to BACs
 - Stigmatising messages associated with PrEP
 - A need for targeted campaign endorsed by BAC celebrities/influencers/community leaders

RECOMMENDATIONS

- Demystify PrEP misconceptions
- Resources that resonate the BACs
- Language used resonates with targeted community
- Address lack of basic HIV knowledge
- Normalise PrEP as a HIV prevention tool just like condoms
- Accessibility of PrEP for BACs
- Address stigma associated with PrEP usage in BACs
- Establish a network of BA PrEP user champions

PREP AND PREJUDICE CAMPAIGN

CONCLUSION

- P&P campaign has demonstrated that, BA Community based organisations (CBO) play a key role in raise PrEP awareness in BACs.
- BA CBO have the skills and experience in developing culturally and linguistically appropriate PrEP campaign activities and materials and have access to a diverse BAC community in England.
- BAC innovative and digital PrEP content and material that were developed, were able to identify with the BAC and the P&P campaign was embraced by BAC.
- With an increase of PrEP awareness and uptake of PrEP amongst BACs, there is

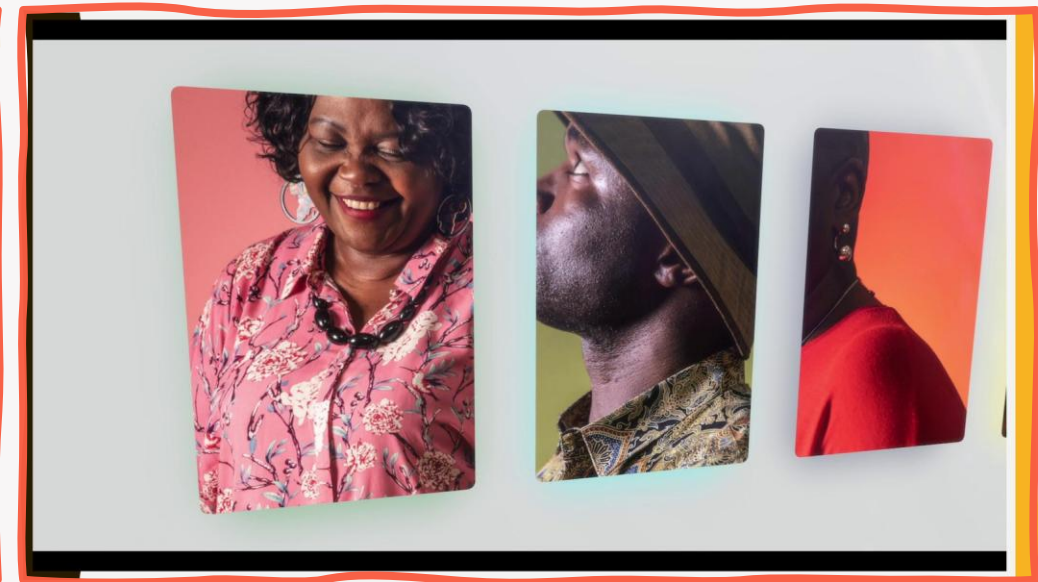
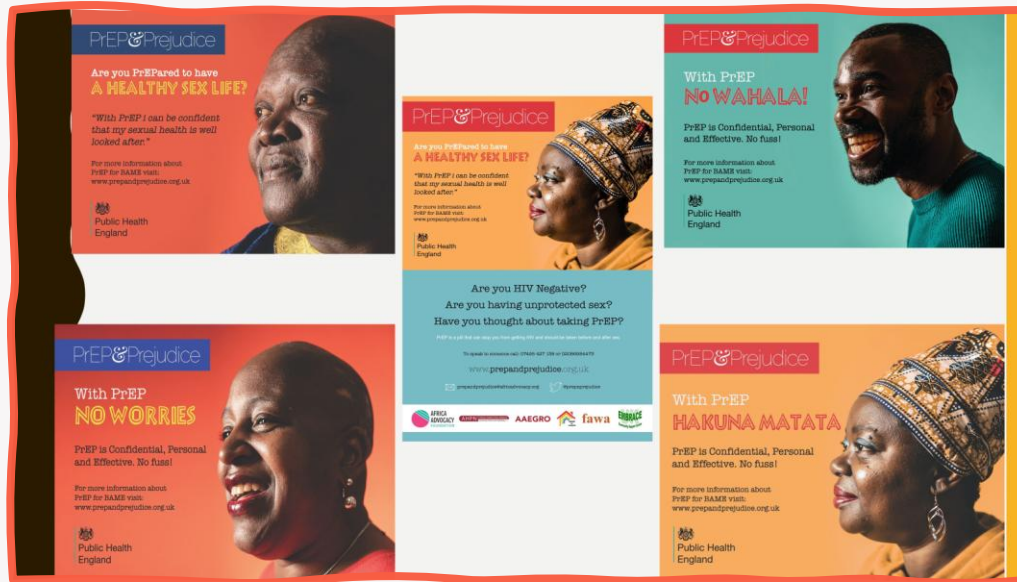
“For me being here made me feel free to talk about HIV and PrEP. Its news for me to know that there is such tool that can prevent HIV infections. I have learnt a lot about PrEP today” (Football participants, Male 25)

“It’s very shameful to talk about HIV with my mother, this project gave me an opportunity to have the courage and motivation to talk about HIV and PrEP” (Young person-community event participants, Male 20-year person).

“I learnt that everyone has a duty to protect themselves by using PrEP. I wish my husband in [redacted] understood this” (Female Outreach Participants, aged 45, Leeds).

“I didn’t know that there were tablets that one can take, to prevent HIV infection. I don’t like using condoms and PrEP gives me an opportunity to enjoy condomless sex”. (Female Outreach Participants, aged 35, Croydon).

PREP AND PREJUDICE CAMPAIGN

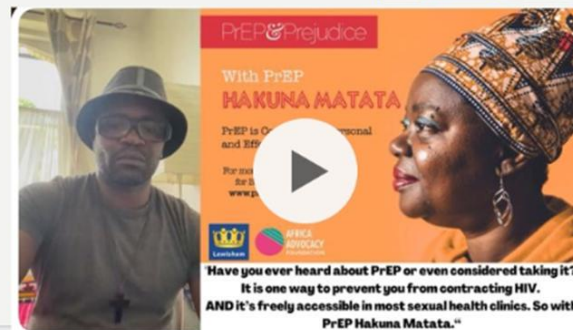
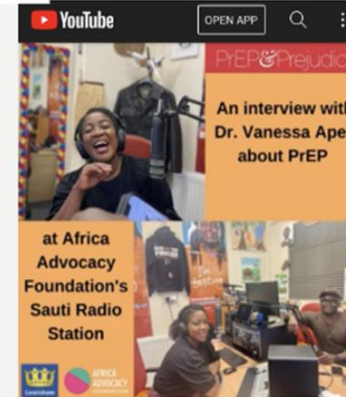
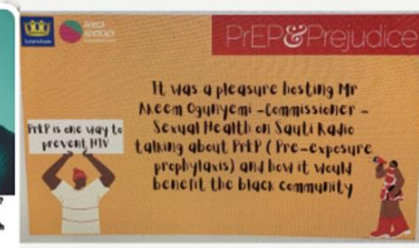


PREP AND PREJUDICE CAMPAIGN

Twitter @africadvocacy

Taking PrEP1`
 "means no worries
 For the rest of your days
 It's our problem-free philosophy
 Hakuna Matata" - The Lion King

Have you heard about #PrEP or considered taking it?
 It's a way to prevent you from contracting #HIV.
 AND it's freely accessible in most sexual health clinics



PrEP & Prejudice

FREE HIV Prevention Medicine (PrEP), has been proven to be extremely effective in preventing HIV if taken correctly.

Available at any Sexual Health Clinic.
No proof of ID is required.



PrEP & Prejudice

FREE HIV PREVENTION MEDICINE (PrEP)
Confidential, Personal, Free, and Effective.

PrEP (Pre-exposure prophylaxis) is a form of Medication that prevents HIV infection. PrEP has been proven to be extremely effective in preventing HIV if taken correctly. PrEP is tailored to your needs.

**GET PrEP FREE of CHARGE FROM BURREL St.,
STREATHAM HILL AND WALWORTH ROAD CLINICS**

NO PROOF OF ID IS REQUIRED.

PrEP and Prejudice is a Lambeth Commissioned PrEP awareness project delivered by Africa Advocacy Foundation and aims to expand the knowledge, understanding, and access to PrEP for underrepresented communities.

For more info contact Africa Advocacy Foundation

Telephone: 0208 698 4473

Email: prepandprejudice@africadvocacy.org

Twitter: [@prepnprejudice](https://twitter.com/prepnprejudice)

Facebook: [prepandprejudice](https://www.facebook.com/prepandprejudice)

Visit: www.prepandprejudice.org.uk



PREP AND PREJUDICE CAMPAIGN

**PrEP is Confidential,
Personal, Free, & Effective.**

For more information about PrEP (Pre-exposure prophylaxis) visit prepandprejudice.org.uk or to talk to someone call 07427 430586 or 0208 698 4473.

Twitter: [@prepnprejudice](https://twitter.com/prepnprejudice) Facebook: [prepandprejudice](https://www.facebook.com/prepandprejudice)

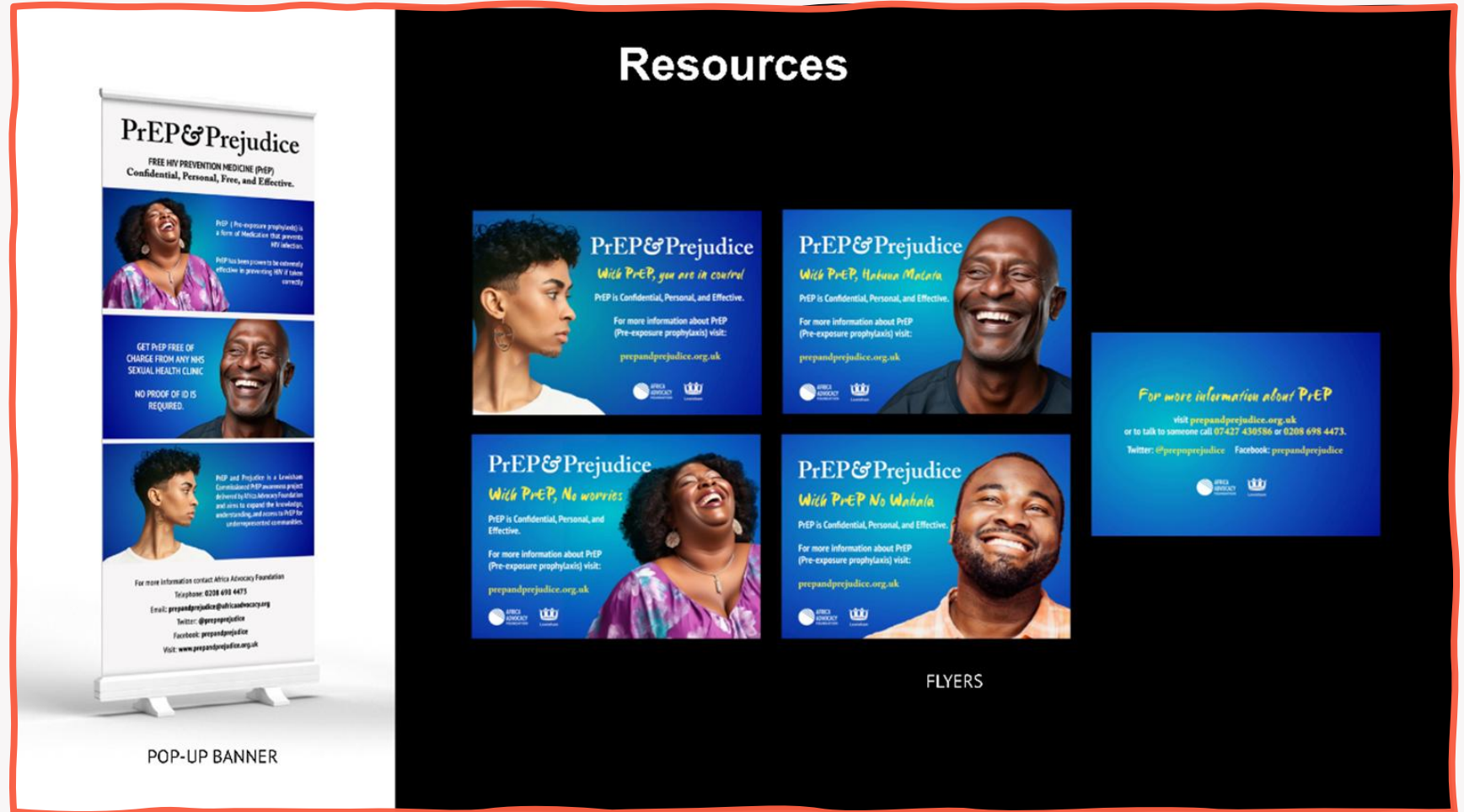
Mi
CARE

Increase PrEP knowledge and uptake in Black communities

April 2024



PREP AND PREJUDICE CAMPAIGN



PREP AND PREJUDICE CAMPAIGN

[PrEP Awareness clip](#)



[PrEP User clip](#)

Increase
PrEP
knowledge
and uptake in
Black
communities



PREP AND PREJUDICE CAMPAIGN



Increase PrEP knowledge and uptake in Black communities



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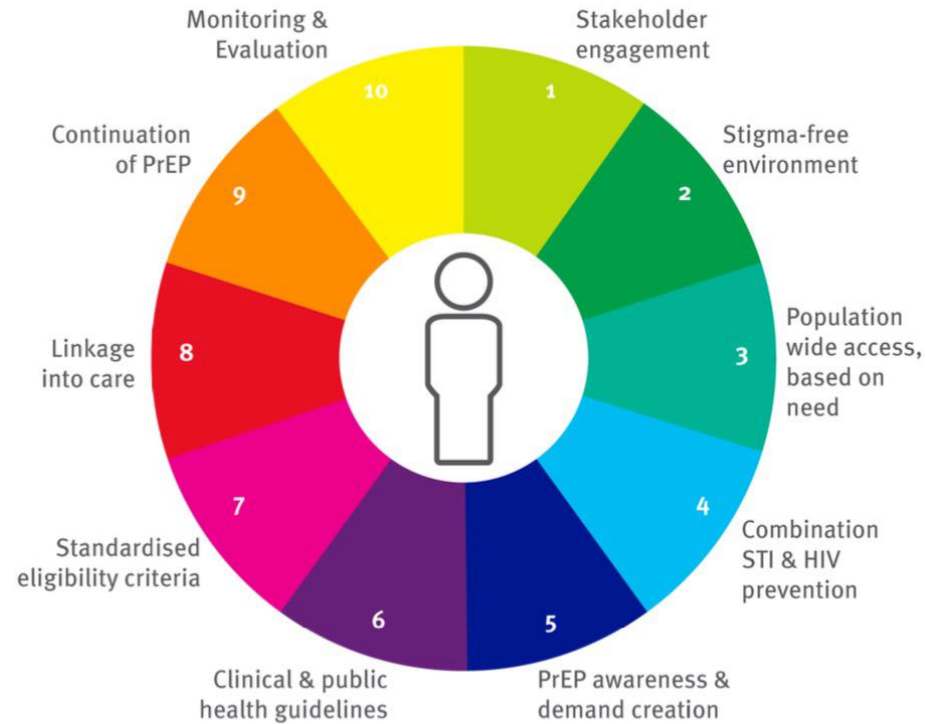
April 2024



KEY PRINCIPLES FOR EFFECTIVE PREP PROGRAMME IMPLEMENTATION

HIV Pre-Exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring TECHNICAL GUIDANCE

Figure A2. Key principles for effective PrEP programme implementation



ACTION PLAN

Goal setting

- ❑ Think of a PrEP implementation plan focusing either on awareness or distribution/discourse in your country
 - ❑ Key steps towards long term trust building

Prepare a 5 min presentation

REVIEW

Revisit list of things you wanted to learn from today's session

Key Takeaways

Reflections

Evaluation and next steps

THANK YOU

