

English HIV and Sexual Health Commissioners Group (EHSHCG) - PrEP Insight Project

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The English HIV and Sexual Health Commissioners Group (EHSCHG) and Hitch would like to thank all organisations and participants who contributed towards this research.

1.0 Executive Summary

Introduction

The English HIV and Sexual Health Commissioners Group (EHSHCG) commissioned Hitch to deliver in-depth research to build intelligence around the use of Pre-exposure prophylaxis (PrEP). PrEP is an antiretroviral medication that can be taken by HIV-negative people to reduce the risk of HIV acquisition.¹

Evidence to date suggests PrEP has had a positive impact on HIV rates, particularly among gay, bisexual, and other men who have sex with men.² There is now an increased focus on advancing the equity of PrEP and wider commissioning of PrEP.

This project aimed to explore the barriers and facilitators among Black African women, Trans and Non-binary people, and Sex Workers, to access PrEP. These audiences are referred to as 'underserved audiences' throughout this report. The research also informed recommendations to improve uptake of PrEP among underserved audiences.

Methods

The project commenced by holding semi-structured interviews with five stakeholders from organisations that provide support or services to one or more of the underserved audiences. The interviews explored stakeholder's views on the barriers and facilitators for underserved audiences to access PrEP. Interviews also influenced the methodology of the project as well as the development of recommendations to improve PrEP uptake.

Additionally, organisations that provide support or services to one or more of the underserved audiences were engaged to conduct qualitative research on behalf of Hitch. This method was adopted to ensure research was localised and delivered by a trusted facilitator. Representatives from each organisation either conducted 20-minute one-to-one interviews, or a focus group with individuals from one of the underserved audiences.

Forty-seven participants took part in this research. This included sixteen participants who were recruited by organisations that provide support to Sex Workers, twenty women who identified as 'Black or Black British – African' or 'Black African'; and eleven individuals who identified as Trans, Non-binary or who self-describe.

Discussion guides aimed to explore potential barriers and facilitators to accessing PrEP and were framed according to the COM-B model for behaviour change.³ Thus, barriers and facilitators related to underserved audience's capability, opportunity and motivation were considered. Associated barriers and facilitators to access healthcare and sexual health services, were also explored.

¹ <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis>

² <https://www.nat.org.uk/press-release/statement-we-want-access-all-who-need-prep-equitable-access-prep-now>

³ <https://discovery.ucl.ac.uk/id/eprint/10095640/>

Barriers and facilitators were also labelled as relevant at a Personal, Provider or System level. This aimed to highlight how barriers and facilitators that can help or hinder an individual's access to PrEP interact, and how behaviour change is not the sole responsibility of an individual.

Findings

Psychological capability

Increasing awareness of PrEP was found to be a key influence to increase uptake of PrEP. Similarly, increasing knowledge about PrEP was also a key influence, specifically, understanding PrEP efficacy, who PrEP is for, risk perception and relevancy of PrEP, how to access PrEP, and understanding the potential side effects.

These findings were also mirrored at a provider level. Data highlighted instances where healthcare professionals had low levels of awareness of PrEP, misconceptions of who PrEP is for, and a lack of knowledge of how to refer individuals to sexual health services to enquire about or access PrEP.

At a system level, a key barrier for underserved audiences was a lack of available information about PrEP, relevant to each audience, in services or settings that they already use.

Physical opportunity

Improved access to healthcare and sexual health services to increase PrEP uptake was mentioned across all audiences. The following issues were highlighted: improving access to appointments, a greater choice related to the format of appointments (online, face-to-face, date and time), and a joined-up approach between providers to make access to sexual health services (and consequently PrEP), as easy as possible. It was also suggested that providing a greater variety of settings to receive sexual health support (and PrEP), including in non-clinic settings, was relevant to all audiences.

Community and grassroots organisations were perceived as providing trusted settings and messengers by all audiences. Offering PrEP in a greater variety of formats, such as longer-lasting pills, implants, and event-based dosing for all audiences, was identified as a potential facilitator to increasing uptake of PrEP. Likewise, offering a format of PrEP that could protect against a wider range of STIs and pregnancy, was also highlighted as a facilitator.

Additionally, ensuring routine conversations about sexual health, HIV, and PrEP take place at the provider level, in settings audiences already use, was recommended. Further, participants felt this should be considered alongside training and resources for healthcare professionals to learn more about PrEP, and how to ask sensitive questions about sexual history, for a diverse range of audiences. A need for sexual health services to cater for linguistically diverse audiences was also identified.

Social opportunity

While social opportunity factors were less commonly identified, stigma was highlighted as a key barrier for all audiences. The influence of experiencing stigma within society and when accessing healthcare or sexual healthcare, due to the discrimination and prejudice towards Sex Work and Trans or Non-Binary people, and racism were barriers

relevant to accessing PrEP. For many participants, social opportunity was complex and often involved intersecting forms of discrimination, including race and gender identity. At a personal level, the potential for peers to normalise discussions about sexual health and subsequently increase the likelihood to find out more about PrEP, was discussed as a potential facilitator by all audiences.

Automatic motivation

Worries and concerns were present among all audiences. This included worries about PrEP, such as the potential side effects, its efficacy, and adhering to taking a daily pill. Concerns about transmission of other STIs were also cited.

Reflective motivation

Previous experiences of accessing healthcare and sexual health services were identified as both a facilitator and barrier to PrEP uptake across all audiences. However, previous experiences were diverse and often differed across and within audience groups. The extent to which an individual prioritises sexual health was highlighted as a key influence that could facilitate increased PrEP uptake.

However, the extent to which participants prioritised sexual health was varied. It was evident that prioritising sexual health was related to an individual's needs and lifestyle, and they may have needs that are prioritised over sexual health (and subsequently PrEP), such as issues related to health and wellbeing more widely or housing and finance. This highlights the need to frame PrEP as a choice, relevant to an individual's life, that may suit their lifestyle and needs at a specific period of time.

A number of influences were more pertinent for specific audiences. A common theme, identified among research conducted with Sex Workers and those who identified as Black African, was that condoms can be preferable because of the protection they offer against a wider range of STIs, as well as pregnancy.

Additionally, a need to provide routine conversations and sexual health support in non-clinic settings, particularly in primary healthcare and community settings, was a theme that appeared most pertinent from the research conducted with Black African women. Initiatives that aim to normalise discussions relating to sexual health, address stigma, and potential negative associations with PrEP such as through peer-to-peer influence were also particularly relevant for this audience.

A requirement to improve physical opportunity at a provider level, by enabling Trans and Non-binary individuals to state pronouns at the first point of accessing healthcare or sexual health services and for correct gender pronouns to be used, were influences identified as relevant to Trans and Non-binary individuals.

The research showed that an individual can be part of multiple underserved audiences. These audiences may have pressing sexual health needs and may face additional barriers to accessing sexual health services.

Further consideration should be given to whether these audiences should be prioritised and similarly, to what extent demographics or behaviours are used to determine risk and relevancy for PrEP. Related to this, challenges were identified by the languages and labels used to describe underserved groups such as 'Sex Workers', which may not adequately reflect the diverse range of needs or effectively engage individuals.

Recommendations and Behaviour Change Wheel

The Behaviour Change Wheel, which aligns to the COM-B model, was used to identify recommendations to increase PrEP uptake at a personal, provider and system level. Recommendations include increased support for community and grassroots organisations to promote PrEP in suitable settings relevant to each audience, mobilising a peer-educator network programme, providing training for healthcare staff and promoting tools that enable an individual to assess their own risk and PrEP relevancy.

2.0 Introduction

The English HIV and Sexual Health Commissioners Group (EHSCHG) is a peer network run by commissioners, for commissioners. The network aims to provide a strategic forum for those with commissioning responsibility for HIV, sexual health, and reproductive services, for improved population and patient level outcomes in sexual health and HIV in England.⁴

EHSCHG commissioned Hitch to deliver in-depth research to build intelligence around the use of Pre-exposure prophylaxis (PrEP), especially to understand the barriers for underserved groups to access PrEP, and to make recommendations to improve uptake of PrEP among underserved groups.

⁴ <https://www.adph.org.uk/who-we-are/aims-values-and-history/>

3.0 Background

PrEP is an antiretroviral medication that can be taken by HIV-negative people to reduce the risk of HIV acquisition.⁵ PrEP offers almost 100% protection from HIV, if taken as instructed.⁶

PrEP became routinely available on the NHS in England in April 2021, after positive results from the Impact Trial (2017-20).⁷ Participants on the Impact Trial were majority cisgender gay and bisexual men, with a median age of 33, three-quarters were of white ethnicity and born in the UK or Europe.⁸ Prescribing PrEP is part of the government's commitment to end new HIV transmissions by 2030.⁹

Individuals who are eligible for PrEP must be HIV-negative and meet specific criteria to be considered at higher risk of HIV acquisition.¹⁰ The National Institute for Health and Care Excellence (NICE) recommends offering PrEP to people at highest risk: HIV-negative men who have condomless sex with other men; HIV-negative heterosexual men and women having condomless sex with partners who are HIV positive; and, HIV negative trans women who are identified at elevated risk of HIV acquisition through condomless sex.¹¹

In England, PrEP is available on the NHS through sexual health clinics. Individuals who are prescribed PrEP require regular health checks to ensure patient safety including kidney function tests, DEXA bone density scans and STI screenings.¹²

PrEP is most commonly taken as a once-a-day oral pill, although trials have explored efficacy if taken less often, in an 'on-demand' or 'event-based' method, where PrEP is taken before and after sex. On-demand or event-based PrEP is only suitable for anal sex, daily dosing is recommended for vaginal or frontal sex, and all trans people using hormone treatment.¹³ PrEP can also be taken for a pre-planned block of time, known as 'holiday PrEP', which is suitable for both anal and vaginal or frontal sex, to protect individuals from HIV when their risk of exposure to HIV may be higher.¹⁴

PrEP has had a positive impact on HIV rates, particularly among gay, bisexual and other men who have sex with men.¹⁵ There is now an increased focus on advancing the equity of PrEP and wider commissioning of PrEP, including among women, Trans and Non-binary people, ethnic minority groups and those selling sex or working in the sex industry.

⁵ <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis>

⁶ <https://www.iwantprepnw.co.uk/prep-trials/>

⁷ <https://www.prepimpacttrial.org.uk/about-prep>

⁸ <https://www.aidsmap.com/news/oct-2021/first-efficacy-results-englands-prep-impact-trial>

⁹ <https://www.gov.uk/government/news/hiv-drug-prep-to-be-available-across-england>

¹⁰ <https://www.nhs.uk/medicines/pre-exposure-prophylaxis-prep/who-can-and-cannot-take-pre-exposure-prophylaxis-prep/>

¹¹ <https://www.nice.org.uk/news/article/nice-recommends-offering-prep-to-people-at-high-risk-of-hiv-for-first-time>

¹² 180802 PrEP FINAL 2 (bashhguidelines.org)

¹³ <https://www.iwantprepnw.co.uk/how-to-take-prep/>

¹⁴ <https://www.iwantprepnw.co.uk/how-to-take-prep/>

¹⁵ <https://www.nat.org.uk/press-release/statement-we-want-access-all-who-need-prep-equitable-access-prep-now>

This report explores findings from an insight project designed to explore the barriers and facilitators for specified audiences, who are currently underserved by PrEP, to access PrEP. The report contains recommendations for how barriers could be mitigated, and drivers harnessed, to increase uptake of PrEP among specified underserved audiences.

3.1 Objectives and Audience

The overarching objective was to undertake in-depth research to build intelligence around the use of Pre-exposure prophylaxis (PrEP), especially to understand the barriers for underserved audiences to access PrEP, and to make recommendations to improve uptake of PrEP among underserved audiences.

More specifically, the insight project aimed to:

- Understand the barriers for specified underserved audiences to access PrEP and how these can be mitigated;
- Explore the facilitators for specified underserved audiences to consider accessing PrEP and how these can be harnessed; and,
- Make recommendations for improving uptake of PrEP, among specified underserved audiences.

The project focused on the following audiences:

- Black African women;
- Trans and Non-binary people; and,
- Sex Workers.

4.0 Methodology

4.1 Stakeholder interviews

4.1.1 Methods

Semi-structured interviews were conducted with five individuals from organisations that provide support or services to one or more of the underserved audiences for this project. The organisations involved were as follows:

- Basis Yorkshire;
- BHA for Equality,
- The Eddystone Trust,
- Dr Luke Wookey, Indigo Gender Service; and,
- Prepster.

These interviews explored expert views on the barriers and facilitators for underserved audiences to access PrEP. Additionally, the interviews influenced the methodology for this project, specifically how best to engage underserved audiences in qualitative research. The findings from these interviews have also aided the development of the overall recommendations for this project.

4.1.2 Analysis

Thematic content analysis was used to analyse the qualitative data, to identify themes that related to barriers or facilitators for underserved audiences to access PrEP.

4.2. Qualitative audience engagement

4.2.1 Participants

The population for this research was audiences who are currently underserved by PrEP: Black African women, Sex Workers and Trans and Non-binary individuals. A total of 47 participants were engaged throughout the research, including 20 women who identified as 'Black or Black British – African' or 'Black African', 16 participants who were recruited through organisations that provide support to Sex Workers and 11 individuals who identified as Trans and Non-binary or who self-described. Sample characteristics for each strand of research are displayed in the relevant audience chapters.

4.2.2 Methods

Organisations that provide services to one or more of the underserved priority audiences were commissioned to conduct qualitative research on behalf of Hitch, to ensure research was localised and delivered by a trusted facilitator.

Each organisation was provided with; a brief to recruit participants, an online two-hour qualitative research training session, resources (including a discussion guide), participant information sheets, consent forms and demographic questionnaires. Each organisation was able to edit the resources, such as by amending questions on the

demographic questionnaire, to ensure the research resonated with audiences and reflected best practice of the commissioned organisations. All participants were required to read an information sheet, sign a consent form, and complete an anonymous demographic questionnaire prior to taking part in the research.

The qualitative research took the form of 2-hour focus groups for Black African women and Trans and Non-binary audiences and 20-minute one-to-one interviews for Sex Workers. Focus groups and interviews were audio recorded and transcripts were produced. If participants did not consent to being audio recorded, facilitators instead captured detailed notes to reflect discussions. One organisation who provide support to Sex Workers took notes instead of audio recording, all other organisations audio recorded the sessions.

Focus group participants were provided with a £40 voucher incentive, interview participants were provided with a £20 voucher incentive. The variation in incentives reflected the duration of the research for each audience. Engaged organisations were also provided with a budget to compensate them for resource and time dedicated to the project.

To engage Black African women, the following organisations were engaged:

- Mojatu Foundation (Nottingham) conducted an online focus group with seven participants.
- Yorkshire MESMAC (Yorkshire) conducted an in-person focus group in Bradford with eight participants.
- BHA for Equality (Northwest and Yorkshire) conducted two in-person focus groups in Manchester with four participants in each group.

To engage Sex Workers, the following organisations were engaged:

- Eddystone Trust (Southwest) conducted interviews with six participants in collaboration with other local organisations, in Gloucester.
- Portsmouth City of Sanctuary (Portsmouth) conducted interviews with two participants in Portsmouth.
- Vista (Southampton) conducted interviews with four participants in Southampton.
- Yorkshire MESMAC (Yorkshire) conducted interviews with four participants in Hull.

To engage Trans and Non-binary individuals, three individuals who had experience in delivering relevant workshops and research, were engaged to deliver focus groups with eight participants who identified as Trans and Non-binary.

4.2.3 Measurements

All participants were required to complete an anonymous demographic questionnaire to gather demographic data such as age, ethnicity, and location. Organisations conducting the research amended the questionnaire to reflect their organisation's best practice for collecting demographic information. Consequently, a variation of

demographic data was collected by different organisations. This is reflected in the sample characteristics provided in the relevant audience chapters. Further detail relating to this variation has been provided within the 'limitations' section of this report.

4.2.4 The COM-B model and Behaviour Change Wheel

Discussion guides were drafted and provided to engaged organisations to conduct interviews and focus groups. The discussion guide aimed to explore potential barriers and facilitators to accessing PrEP and was framed according to the COM-B model for behaviour change.

The COM-B model states that a behaviour occurs as a result of three interacting factors: *Capability*, *Opportunity* and *Motivation*. Capability is an individual's psychological and physical ability to engage in a given behaviour. Opportunity includes all factors outside of the individual's control and is divided into physical opportunity, factors afforded by the environment, and social opportunity, such as social norms and support. Motivation describes cognitive processes that influence decision making. These processes can be either reflective (e.g., making plans), or automatic (e.g., an individual's emotions, desires, and habits).

Therefore, the discussion guide focused on barriers to accessing PrEP related to Capability (psychological and physical capability), Opportunity (physical and social) and Motivation (reflective and automatic).

Due to low levels of awareness of PrEP, the sensitivity of the subject matter, and interwoven barriers to accessing sexual healthcare and healthcare generally, the discussion guides included questions relating to healthcare and sexual health rather than exclusively focusing on accessing PrEP. These questions were also framed around the COM-B model.

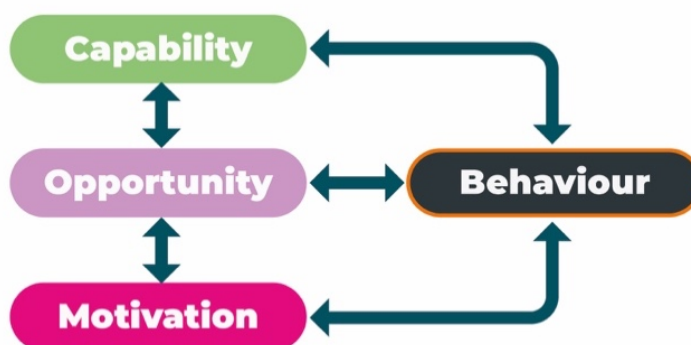


Figure 1: COM-B model¹⁶

¹⁶ <https://discovery.ucl.ac.uk/id/eprint/10095640/>

Additionally, the Behaviour Change Wheel was used to aid development of recommendations for this project. It is a synthesis of 19 behaviour change frameworks and is often used by policy makers, practitioners, designers, and researchers to develop interventions to achieve behaviour change.¹⁷ The Behaviour Change Wheel complements the use of the COM-B model. As shown in figure 2 below, at the core of the wheel is the ‘sources of behaviour’, that can be identified by a COM-B diagnoses. The middle of the wheel supports the identification of intervention functions that can support the desired behaviour change. Lastly, the outer wheel focuses on ‘policy categories’, whereby appropriate policy categories can be selected for supporting different intervention types.

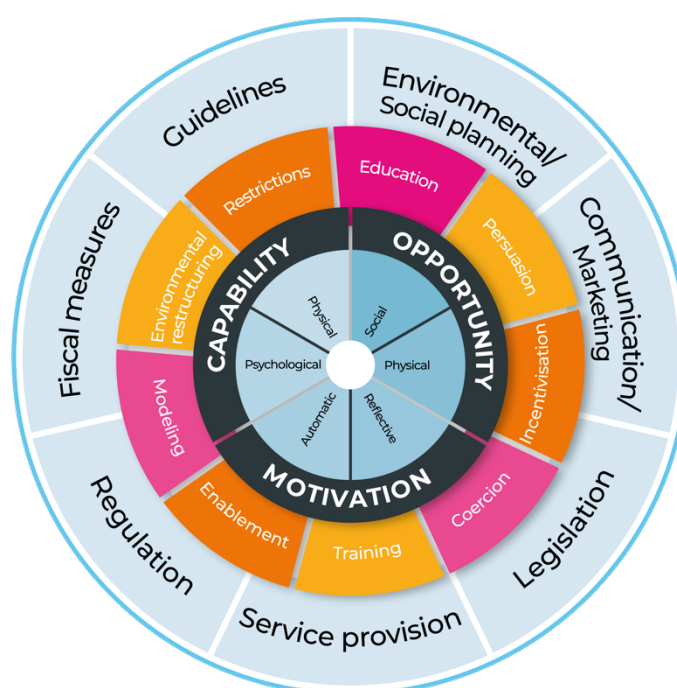


Figure 2: Behaviour Change Wheel¹⁸

4.2.5 Analysis

Information from demographic questionnaires was combined and sample characteristics are shown in the relevant audience chapters.

Audio recordings from focus groups and interviews were transcribed, and thematic content analysis was used to identify relevant themes within the data. Themes were labelled as ‘barriers’ or ‘facilitators’ and mapped onto each COM-B sub-construct (psychological or physical capability, social or physical opportunity, reflective or automatic motivation).

¹⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933328/UFG_National_Guide_v04.00_1__1_.pdf

¹⁸ <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42>

Where audio recordings were not available, analysis was undertaken using the notes provided by the organisation.

Existing research in the healthcare field identifies multilevel challenges, often finding that participants report patient-, provider- and system-level barriers and facilitators to accessing and uptake of services.¹² For example, Yoon et al., (2022) identified barriers and facilitators to uptake of community-based diabetes prevention programmes among multi-ethnic Asian patients.³

Similarly, within this project barriers and facilitators were labelled as relevant for one or more of the following: *System* (relating to wider healthcare structure, political or economic factors), *Provider* (relevant to primary, secondary healthcare or commissioners) or *Personal* (relating to an individual, community or society). This aimed to illuminate the ecosystem of interacting barriers and facilitators that may help or hinder an individual's access to PrEP, to show that focusing solely on individual behaviour change is likely to be an over-simplified and ineffective method of increasing access to PrEP.

4.3 Limitations

The qualitative research discussion guides explored access to PrEP but also barriers and facilitators to accessing healthcare and sexual health services.

A broader focus on healthcare and sexual health was deemed necessary due to well-documented low levels of PrEP awareness among some audiences,¹⁹ and to acknowledge that wider factors, such as barriers that exist to accessing sexual health clinics and healthcare services, could also hinder access to PrEP. Therefore, findings linked to healthcare and sexual health more broadly should be seen as *potential* barriers and facilitators to accessing PrEP.

Demographic questionnaires were used to capture the characteristics of participants engaged in qualitative research. Organisations who were conducting the research on behalf of Hitch were able to provide feedback on the questionnaires, to mitigate potential risks of harm to participants and to reflect organisation's best practice. One organisation who were conducting research with Black African women requested removing questions relating to travel to Africa and instead including questions relating to length of time in the UK and if a participant was registered with a GP, as these were deemed as more suitable questions.

Edits related to language used to describe gender were also requested for the Trans and Non-binary strand of work. These requested edits were accommodated and learnings for conducting future research have been noted. Other organisations engaged in this project had already conducted their research and asked participants to complete earlier versions of the questionnaires. Therefore, there is a discrepancy in the characteristic data collected. This is highlighted in the sample characteristic findings within the relevant audience chapters of this report.

¹⁹ <https://www.local.gov.uk/case-studies/south-west-increasing-uptake-prep-under-served-groups>

Additionally, several participants across all audiences provided data relating to regional location and nearest city that do not correlate (e.g., citing a town that was not in the region the participant noted that they lived). This data was not edited and is provided as documented on the completed demographic questionnaires. A number of participants did not answer every question on the demographic questionnaire, leaving the answer blank. This is displayed as 'unknown' or 'N/A' in the sample characteristics section.

One organisation who conducted research with Sex Workers did not audio record discussions, due to participants not providing consent to being audio recorded. Instead, the facilitator captured detailed notes to reflect participant answers. All other groups audio recorded research and transcripts were produced.

The type of organisations engaged to conduct the research were varied: some organisations provide sexual health support to communities, whereas others provide healthcare or wellbeing support. Therefore, the level of awareness of sexual health and PrEP among participants may be influenced by the type of support they receive from the organisation they are associated with.

Qualitative research does not often aim to achieve a representative sample of populations. Instead, qualitative research is conducted to provide rich data and explore sensitive issues. This research captured views and experiences from a small sample and therefore findings cannot be generalised.

Throughout the report, a variety of language is used to describe audiences, relating to ethnicity, sexuality, and gender. This reflects the language used by stakeholders in interviews or by focus group participants.

5.0 Stakeholder Interviews - Findings

The following chapter details findings from five semi-structured research interviews with organisations that provide support or services to one or more of the underserved audiences for this project. Interviews aimed to explore barriers and facilitators for underserved audiences to access PrEP, particularly barriers and facilitators relevant at provider and system level.

Additionally, risks for initiatives that aim to increase PrEP equity were also identified. Findings aided development of the discussion guides for the latter qualitative research with underserved audience groups and influenced the overall project recommendations.

5.1 Barriers

Funding and resource

Limited funding and resource for sexual health were cited as a key barrier for sexual health services to reach underserved audiences and to make PrEP more accessible and equitable. Clinics were described as “*at capacity*”. It was noted that limited funding and resource often leads to certain audiences being prioritised over others, resulting in unequal PrEP access.

Additionally, stretched funding and resourcing was seen to create barriers such as difficulties to obtain an appointment, limited opening hours and a scarcity of clinics, meaning that people may have to travel a substantial distance to reach their local clinics.

Mpox outbreak

Related to the above theme, the Mpox outbreak was mentioned in interviews as exacerbating already stretched resources. It was noted that the Mpox outbreak created additional barriers for people to obtain appointments at sexual health clinics and has prevented people from being able to obtain their PrEP prescription, leading to an increase in people purchasing PrEP online or stopping the medication.

Changing remit of sexual health services and impact on wider health network

The remit of sexual health services was described as fragmented, often changing, and acknowledged as “*challenging*”. It was mentioned that this is not only confusing for patients, but also for healthcare professionals who may not know where to refer individuals for sexual health support, including PrEP.

One interviewee described how referrals could involve referring someone to a service that has been outsourced to a private company (when this service was previously within the NHS). This was described as an often unknown, confusing process. Stakeholders reflected that a service outside the NHS can also be viewed with scepticism by some patients.

Consistency of services/PrEP access

A lack of consistency in accessing and providing PrEP was highlighted as a potential barrier. It was suggested that the process of accessing PrEP can change depending on the local authority or clinic and that it can be harder to access PrEP in one clinic compared to another, even if the clinics are in close proximity to each other.

It was suggested that patients should receive the same service and access to PrEP, regardless of which clinic they use, and that they should not have to use their local clinics to access PrEP.

Lack of awareness of PrEP and who PrEP is for

A lack of awareness of PrEP was consistently highlighted as a key barrier for all underserved audiences to consider using it. It was noted that “*people just don't know enough about it*”, while another stakeholder stated that increasing awareness of PrEP among key audiences was crucial.

Related to this, stakeholders mentioned that many people may not feel that PrEP is for them. To tackle this, stakeholders suggested increasing people's understanding of their own risk, and the behaviours and situations that can contribute towards increased risk of HIV transmission.

Relevancy of HIV

Related to the above theme, interviews highlighted that HIV risk is often not a priority, as the risk is perceived to be relatively low. It was noted that people may be more likely to have incidental, rather than consistent, unprotected sex and therefore deem their risk to be low.

Additionally, it was noted that there may be other issues in an individual's life that need to be prioritised over a proactive, preventative intention to reduce HIV risk. Housing, money, and addiction were highlighted as potential priority issues.

It was referenced that overtly highlighting risks for specific audiences can often result in stigmatisation and harmful profiling. It was suggested that empowering individuals to assess their own risk and make their own choices about how to mitigate these risks, would need to be considered if aiming to increase relevancy of HIV.

Eligibility criteria and disclosure of behaviours

The eligibility criteria for accessing PrEP was highlighted as restrictive and “*medical*” – although it was noted that the criteria has recently changed and become broader. It was suggested that a best-case scenario would be that PrEP is available for everyone. It was also mentioned that it can be difficult for people to understand if they're eligible for PrEP and to find information related to criteria in one place, such as on a singular, trusted website.

Related to this, it was highlighted that Sex Workers may not disclose working in the Sex Industry or disclose certain behaviours such as having unprotected sex, due to stigma associated with this. This may result in individuals seemingly not meeting the criteria to be offered PrEP. While this example was specific to Sex Workers, barriers to disclose sexual history, and therefore barriers for healthcare professionals to determine if someone is a candidate for PrEP, are relevant for all audiences.

Labels and language

Related to the above theme, the use of labels was seen as a potential barrier to engage audiences, assess risk and to determine if someone is a candidate for PrEP.

For example, it was noted that 'Sex Work' includes a wide spectrum of work, including those who may never have sex as part of their work, such as individuals who create online content. One stakeholder suggested that the term 'Sex Work' does not address the reality of the situation for many women and may act as a barrier to recognise the urgency of drugs such as PrEP.

Additionally, it was noted that for some, Sex Work can be opportunistic or part-time, people may be doing it to pay for gender procedures or treatment, or they may be migrants trying to make a living. Individuals who may sell or have previously sold sex were described as often having multiple needs, of which Sex Work is just part.

Likewise, there was seen to be varying degrees of PrEP awareness within the Sex Industry. The Adult Sex Industry was generally seen to have higher levels of PrEP awareness, than those who are street-based.

Therefore, identifying a group of people as 'Sex Workers' was seen to oversimplify the spectrum of work, the different types of people who engage in Sex Work and the varied reasons for doing so. Using a catch all term was seen to create challenges; it can be difficult to encourage individuals to consider their risk if they do not identify as Sex Workers, to increase awareness of PrEP among those with the lowest levels of awareness, for a healthcare worker to identify risk, or to appropriately address individual needs.

It was suggested that language used to communicate with audiences, or to ask sensitive questions, should take a person-focused approach, acknowledging individuals' diverse lifestyles and needs. Additionally, a greater understanding of types of Sex Work among healthcare professionals was suggested.

While the example of 'Sex Workers' is used to demonstrate that the use of labels and groupings to determine risk can be problematic and to highlight the importance of language, this finding is also relevant for other underserved audiences who have a diverse range of experiences, lifestyles and needs.

Current format and drug regime of PrEP

It was noted that the current format (pill) and drug regime (taking a daily pill) of PrEP could be a barrier for some audiences to consider using PrEP.

Specifically, it was highlighted that 'oral PrEP' may not be the best format for women and that this barrier needs to be addressed quickly for PrEP to gain traction with women. Additionally, adhering to a daily pill was cited as a potential barrier for some women in the Sex Industry, depending on an individual's lifestyle.

While the option of an injection was suggested, it was noted that an injection is often viewed as more invasive than a pill and some individuals will be hesitant to have an injection. Therefore, it was suggested that providing a greater variety of options, including options that provide longer-term benefits would be beneficial.

Stigma and mistrust of healthcare

Mistrust of healthcare, resulting from historical handling by the medical system, and experiencing stigma were highlighted as barriers for certain audiences such as Sex Workers, Black African women and Trans and Non-binary individuals to access PrEP, as well as sexual health services more generally. It was suggested that organisations that already provide support and services to these audiences, such as sexual health charities or community groups, have an established level of trust and that they could be engaged to provide healthcare and sexual health support.

Different use of healthcare services, lack of service provision

It was noted that Black African women often do not use sexual health services in the same way as other population groups. It was mentioned that this audience specifically are more likely to use primary healthcare or visit their GP, which evidently presents a barrier to accessing PrEP through a sexual health clinic.

Additionally, while some stakeholders acknowledged that there are well regarded trans clinics in areas such as London and Brighton, generally it was felt that there is a lack of service provision for Trans and Non-binary people. Likewise, it was raised that not enough healthcare professionals understand trans health.

5.2 Facilitators

Settings / taking sexual health outside of clinics

It was suggested that sexual health services and PrEP should be provided in non-clinic settings. One interviewee noted that clinics can be seen to “medicalise” sexual health and that arguably, these are social issues and therefore, support should be available within communities.

Additionally, it was mentioned that by providing PrEP and other sexual health services in clinics, barriers such as stigma, shame and guilt cannot be addressed. For some, clinics were seen to contribute to a feeling of ‘secrecy’ around PrEP. It was highlighted that clinical spaces can be intimidating for people, particularly those wary of being judged, misunderstood, or labelled.

While it was acknowledged that providing PrEP in social settings may not currently be deemed as clinically safe, it was noted that outreach activity in prominent community locations, such as community centres, libraries etc., could help to promote awareness and information about sexual health services and PrEP. It was also that this could contribute to breaking down barriers related to stigma.

Increasing PrEP awareness and more information about PrEP

Increasing awareness of PrEP was highlighted as a facilitator to counter the ‘lack of awareness’ issue. One stakeholder referenced awareness campaigns that promote PrEP to Black African audiences with visual representation of communities accompanied by targeted media buying, as a positive example of how to increase awareness of PrEP to Black African women.

It is worth noting that others suggested that methods such as community outreach, encouraging peer-to-peer influence and routine conversations from healthcare professionals, were far more effective than awareness campaigns. This is explored further in the themes highlighted below and in the 'risks' section of this chapter.

Awareness and 'word of mouth'

As highlighted above, it was suggested that encouraging 'word of mouth' promotion of PrEP would help to increase awareness. Yet it was noted that 'word of mouth' for prevention rather than treatment is much more challenging to achieve.

Peer networks/educators

Harnessing peer-on-peer conversations about PrEP was perceived by some stakeholders to be the most impactful method to increase uptake. One stakeholder cited 'MobPrESH',²⁰ delivered by PrEPster, Yorkshire MESMAC and Brigstowe as a positive example. They suggested a future initiative, like MobPrESH, could involve creating a national network of peer educators, by funding and commissioning a lead community-based organisation to coordinate and train peer educators across the country, who are stationed in local community organisations, to deliver localised sexual health and PrEP interventions in their own communities. Peer educators and regional organisations would be part of a bigger program of work, becoming a virtual national team who can exchange ideas about what works and resources that have been produced. An initiative such as this was also viewed as enabling wider health and wellbeing support to those with diverse needs. Another PrEPster project 'Ask Me About PrEP' (AMAP), which trained 'peer mobilisers' and asked each individual involved to speak to 20 people about PrEP, was also highlighted as a positive example to harness peer influence to promote PrEP.²¹ Similarly, BHA's 'PrEP panel', whereby influential individuals are trained to initiate conversations about PrEP with others was highlighted as another positive example.

Provider / healthcare staff training

It was suggested that relevant training could be provided for healthcare staff to enable them to confidently discuss sexual health with a diverse range of audiences. One stakeholder suggested including training on PrEP and how best to provide healthcare to a diverse range of audiences, within junior doctor's medical training. This may support healthcare staff to ask sensitive questions relating to sexual history to determine if someone may be a PrEP candidate. Likewise, it may help to encourage individuals to speak more freely and without fear of judgment.

Encouraging discussions between clinicians (not just clinician to patient conversations) about PrEP was also suggested as a potential method to support learning and share best practice among healthcare professionals.

²⁰ <https://prepster.info/mobpresh/>

²¹ <https://prepster.info/amap/#:~:text=If%20you%27d%20like%20to%20chat%20about%20taking%20part%2C%20to,info%20with%20your%20contact%20details>

Normalising PrEP and early education

Increasing conversations about PrEP and the number of people having these conversations was consistently highlighted as essential to increasing awareness, understanding and, ultimately, uptake of PrEP.

It was suggested that including age-appropriate discussions about PrEP within sex education in schools, colleges or universities could also help to normalise PrEP at an early age.

Making sexual health, HIV testing and discussions about PrEP 'routine'

Similar to the above theme, peer networks/educators, the NHS initiative to 'make every contact count' between healthcare professionals and patients to initiate a healthcare intervention,²² was cited as an approach that could be used to discuss PrEP more routinely.

It was suggested that PrEP should be discussed in services that people already encounter. Women were specifically cited and the services they use, while they might not be appropriate settings for everyone to hear about PrEP, included settings related to contraceptive, reproductive, termination of pregnancies and wider health settings. GP surgeries and community pharmacies were also suggested.

Additionally, it was suggested that HIV tests should be offered more routinely. It was noted that this could help to mitigate potential discomfort and inertia from healthcare professionals to offer HIV tests due to a lack of confidence to discuss the subject matter or fear of upsetting people. Additionally, it may help to prevent stigmatisation of certain audiences. Offering a routine HIV test was also seen as a method to initiate a conversation about PrEP.

Services that accommodate a diverse range of languages

It was suggested that sexual health clinics should cater for audiences who speak a range of languages, other than English. It was noted that providing resources and leaflets in different languages was not enough and that ideally, there should be drop-in services where relevant translators are available.

Targeted, localised commissioning models that make it 'easy'

One stakeholder suggested that to increase uptake of PrEP, areas with the highest prevalence and incidence of HIV should be identified and it should be decided how best to commission specialist PrEP services outside of sexual health clinics for these local areas, such as in GP surgeries. Ideally, these settings should also be able to have fast-track referrals into community-based settings where PrEP can be discussed in spaces that may feel more appropriate for audiences, such as community pharmacies.

Related to the above, it was recommended that best practice commissioning models should be identified and replicated to other areas of the country where sexual health services and PrEP uptake is poor.

²² <https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf>

Commissioning services that make it as easy as possible to access PrEP were recommended. A potential customer journey was cited as being able to have a short video/online consultation, have blood taken in a local pharmacy and then attend a clinic for a final appointment where you can walk away with PrEP medication. While it was noted that all NHS services are becoming more and more fragmented, sexual health was seen as an area that is particularly difficult and frustrating to navigate.

5.3 Risks

Stakeholders offered the following risks for initiatives that aim to increase uptake of PrEP.

It was noted that future projects and initiatives that aim to increase PrEP uptake should not compete with other organisations but build on the positive work that is already happening.

Additionally, discussions recommended that intersectionality and ‘sub populations’ should be considered. Stakeholders highlighted that people can be part of multiple populations and may have multiple needs. It was suggested that attention should be paid to audiences such as ‘queer migrants’, who can have a high PrEP or HIV risk management need and who face greater barriers to access sexual health services.

As highlighted in the ‘barriers’ section of this chapter, sexual health was described as just one element of support that can address people’s needs, and that PrEP is just one element of the sexual health offer. It was seen as important to review an individual’s ‘hierarchy of needs’ and to prioritise addressing their most pressing needs first, from a wider health and wellbeing perspective, and that this approach should be considered when developing recommendations for this project. Identifying and addressing an individual’s most urgent needs may result in PrEP being discussed at a later stage.

Interviews highlighted a need to move away from a sense of ‘gatekeeping’ PrEP, such as by only discussing PrEP with certain audiences. This was seen to exacerbate notions of stigma and secrecy. Instead, it was suggested that PrEP is promoted to as broad an audience as possible. For example, this could be achieved by encouraging routine conversations about PrEP within healthcare settings.

It was noted as important to not forget audiences considered to have higher levels of PrEP awareness, such as men who have sex with men, when aiming to increase PrEP uptake. Stakeholders highlighted the importance of increasing awareness among younger generations and guaranteeing that those who are already taking PrEP can maintain PrEP use, by ensuring effective commissioning and delivery models.

It was suggested by one stakeholder that awareness campaigns were a well-meaning but ineffective method to increase PrEP uptake. Media targeting was viewed as too broad to reach specific populations, resulting in campaigns often reaching people who are not PrEP candidates. Another stakeholder referenced how national campaigns can often become London-centric, and that these campaigns do not cater for those outside of London.

It was also questioned whether clinics can manage increased demand for appointments and enquiries about PrEP, which was seen as a consequence of awareness campaigns. Increasing awareness of PrEP through services that underserved audiences already encounter, alongside peer-networks, was seen as more effective.

Providing training and resources for healthcare professionals to have a greater understanding of the sexual health needs of diverse audiences and a greater awareness of PrEP was deemed as necessary. However, all stakeholders acknowledged the demands on healthcare professionals which may mean that it is unrealistic for all healthcare staff to fully understand PrEP.

This highlights a risk with any approach that solely targets healthcare professionals and a risk with a potential 'make every contact count' approach. One stakeholder suggested equipping patients to discuss PrEP with their healthcare provider which can become 'teachable moments' to facilitate increased awareness and learning about PrEP.

Additionally, resources can be produced for healthcare staff to aide them in discussions about PrEP. Similar resources have been produced by PrEPster, who have created a 'talking to health professionals about PrEP' resource.²³ Initiatives such as peer education networks were also suggested as methods to increase PrEP awareness among audiences, without solely relying on healthcare professionals.

²³ <https://prepster.info/wp-content/uploads/2022/10/TTYHCP-printout.pdf>

6.0 Black African Women – Findings

6.1 Sample characteristics

A total of 20 individuals participated in this strand of research.

Demographic Variables	N	%
Sex assigned at birth	20	
Female	20	100%
Gender	20	
Woman	20	100%
Age	20	
18-24	2	10%
25-34	8	40%
35-44	6	30%
45-54	1	5%
55-59	2	10%
60+	1	5%
Region	20	
Northwest	8	40%
Yorkshire and the Humber	7	35%
East of England	4	20%
Unknown	1	5%
Largest town or city	20	
Manchester	9	45%
Leeds	4	20%
Bradford	1	5%
Liverpool	1	5%
London	2	10%
Unknown	3	15%
Ethnicity	20	
Black or Black British – African	11	55%
Black – African	9	45%
Birth country	20	
Cameroon	2	10%
Nigeria	3	15%
Senegal	1	5%
Democratic Republic of Congo	2	10%
Uganda	2	10%
Burundi	1	5%
Namibia	2	10%
Zimbabwe	2	10%
Saudi Arabia	1	5%
England	1	5%
Ghana	1	5%
Kenya	2	10%
First language	20	
English	9	45%
French	2	5%
Luganda	2	10%
Otjiherero/English	1	5%
Otjiherero	1	5%
English/Shona	1	5%

Demographic Variables	N	%
French and English	1	5%
Unknown	3	15%
Countries travelled to in Africa	12	
Ghana	3	N/A
Zimbabwe	2	(multiple choice)
South Africa	9	
Botswana	2	
Malawi	1	
Zambia	1	
Algeria	1	
Congo DRC	1	
Nigeria	2	
Kenya	1	
Cameroon	1	
Egypt	2	
Tunisia	1	
How often travel to Africa	12	
Multiple times per year	6	50%
Once per year	1	8%
Once every 2-5 years	3	25%
Once every 6-10 years	N/A	-
Once every 11 or more years	N/A	-
Prefer not to say	N/A	-
Unknown	2	17%
Registered with a GP		8
Yes	8	100%
Years in UK		8
0-1 years	N/A	-
2-3 years	1	12.5%
4-5 years	2	25%
5-6 years	N/A	-
6+ years	5	62.5%
Prefer not to say	N/A	-

**N reflects total number of participants.*

6.2 Barriers

6.2.1 Capability Barriers

The following section explores barriers related to capability. Within the COM-B model, capability refers to an individual's psychological and physical ability to engage in a given behaviour. There are two parts related to capability, psychological capability and physical capability.

6.2.1.1 Psychological Capability Barriers

This sub-section explores psychological barriers such as knowledge and information, psychological strength, skills or stamina.

Levels of knowledge of how to access healthcare and sexual health services

A number of participants across all focus groups highlighted low levels of knowledge relating to how to access healthcare services. When asked if they would know how to access healthcare, a participant replied:

"I really don't know. I just know you have to book an appointment, I don't know who to call, when to call, how fast you can get an appointment. I don't know that."

Lack of information of how to access healthcare and sexual health services

Another participant highlighted that there is a lack of information of how to access healthcare for people from African communities:

"I really think for African people, it would be lack of information. They don't know where to go."

Similar findings were apparent when participants were asked if they knew how to access sexual health services.

"People don't even know that sexual health clinics exist."

A number of participants cited that sexual health services were not advertised, which led to a lack of awareness.

"I don't think they're widely advertised as your GP or dentist...I think mental health, GP, dentist is widely recognised...but I don't think sexual health is at the forefront. If I put them in order of health services that are publicly known...I think sexual health will be the bottom."

One participant noted that younger demographics were more aware of how to access sexual health clinics than older demographics. Additionally, the quote highlights a potential timely touch point to reach women through pregnancy related services.

"I feel that younger people, they are more aware of the sexual health facilities than older or middle-aged women, especially women that are married. Most of them, the only time that they access sexual health screening is when they get pregnant."

Language barriers

Participants highlighted that language can be a barrier to accessing healthcare, particularly the use of language to describe a problem and navigate the healthcare system.

“The barrier for me it is the language.”

“I will not just pick up the phone and call GP because for me...then I have to speak to somebody...I'll be speaking different because I still have my accent...just emotional problems as well...sometimes what you're trying to say was serious but you're not using the right language.”

Skills and confidence to communicate a healthcare problem

Related to the above, participants spoke about lacking confidence to describe a healthcare problem to a healthcare professional.

“It's not even the knowing [how to access healthcare], it's the confidence to be able to say, 'you know what, I really feel I need this'.”

“They don't know how to present, what to say, how to describe what they're going through...if you're going to a doctor, they don't know what's happening you need to go in there and explain exactly what your symptoms are, what you're feeling what you're going through and if you cannot put that out it's a barrier.”

Both language and skills and confidence themes are likely to also relate to psychological capabilities of healthcare professionals to be able to communicate with a diverse range of communities. Additionally, these themes relate to wider physical opportunities within the service, such as appropriate training for healthcare professionals and available resources or services tailored towards those who speak languages other than English.

Skills to use online services

Some participants expressed that they found it hard to use online services:

“I don't know why I don't engage with online...I don't know why maybe it's just the thing with me and technology.”

This is also likely to be associated with physical opportunity barriers, that online services may not be user friendly. One participant said:

“Online services have never been easy.”

Awareness and knowledge of HIV and risk perception

Some participants highlighted low levels of awareness of HIV and risk perception. This was particularly in reference to understanding what it means to be HIV positive and for those living with HIV.

“We are not aware about what HIV is all about, how we can carry on with our life while living with HIV.”

“There’s no education or counselling for those living with HIV...people might be thinking that, oh, by hugging someone who is positive I’m gonna get infected.”

One participant attributed a lack of awareness and misunderstandings around HIV to historic experiences of some African countries that experienced high levels of HIV. The participant referenced how these experiences can cause confusion around medication. While the participant is speaking about the past, they highlight how this could influence views among some communities in the UK.

“Some people couldn’t really understand what was wrong with them and they could say it’s witchcraft, so somebody bewitched her, somebody bewitched him. So, for medication when the organisation that came around and it was looking after HIV positive people...yeah still people were not aware of it...sometimes the awareness, people don’t know. People hear, oh this organisation tends to people with HIV positive...but still people still died.”

Related to risk perception of HIV one participant noted:

“People think it would never happen to them, don’t they?”

Low levels of awareness of PrEP

Across all focus groups, a low-level PrEP awareness was highlighted. When asked if anyone had heard of PrEP, one participant replied,

“What is preparation exactly? Is it prep as in prep for something...I haven’t got a clue about what PrEP is.”

Low levels of knowledge about PrEP and how to access

Among participants who had heard of PrEP, there was often confusion around what PrEP does and who it is for. One participant confused PrEP with HIV medication,

“well, if you have HIV, take PrEP.”

Another participant appeared to conflate PrEP with PEP,

“...people who have been in sexual contact or who have contracted HIV and it prevents HIV.”

Related to this, within two focus groups there were discussions relating to a lack of knowledge of how to access PrEP.

When asked if they would know how to access PrEP, one participant replied, “A&E can do that.” This quote may relate to low levels of sexual health clinic use, or knowledge relating to what a sexual clinic can provide.

Misconceptions about who PrEP is for

When asked if they would consider taking PrEP, one participant voiced their views on who they thought PrEP was for:

“I started thinking to myself, who might be able to get help from this kind of medication is it that it’s for prostitutes or people who can’t check their bill of health?”

Healthcare professional lack of cultural knowledge/skills

Participants noted that healthcare professionals can lack the knowledge and skills to be able to communicate with different communities.

“Cultural competence. They don’t have the same learning about cultural competence. They have a different content and that’s very important.”

“The moment I see that you’re a white doctor...I’m thinking you don’t get Black skin...if I show you my skin it might not look so severe...if a white person had the same thing, they will look more severe.”

One participant noted that these barriers were particularly pertinent in relation to discussing HIV:

“... find ways of really talking to people in a way and to say the language that people use...they don’t understand what Africans talk about, you know, the sick, one of the sick, and they don’t understand what you mean by ‘I don’t want to be sick’...but an African doctor, they’ll be like, ‘I know, I know’.”

This theme also relates to a lack of ethnic/gender representation among healthcare professionals (physical opportunity barrier), experiences and perceptions of racism (social opportunity barrier) and negative experiences preventing intentions to access healthcare in the future (reflective motivation barrier).

Forgetting to take PrEP daily

When participants were asked their views about PrEP, one participant mentioned the risk of forgetting to take PrEP on a daily basis.

“if a tablet...then you would have to be taking every day...so what if you forget for a while or something.”

6.2.1.2 Physical Capability Barriers

This sub-section explores physical capability barriers such as physical strength, skill or stamina.

Unable to take/dislike taking tablets

Only a small number of participants expressed barriers referring to physical capability and PrEP, specifically related to difficulties taking tablets. This is related to reflective motivation (e.g., dislike of tablets) but an inability to take tablets (which this quote appeared to be in reference to) is a physical barrier. One participant noted:

“I really don’t like taking tablets you see.”

6.2.2 Opportunity Barriers

The following section explores barriers related to opportunity. Within the COM-B model, opportunity refers to external factors that make the execution of a behaviour possible.

6.2.2.1 Physical Opportunity Barriers

This sub-section explores physical opportunity barriers. This relates to the wider environment and involves barriers such as such as time location or resources.

Lack of contact with healthcare and sexual health services

A small number of participants across the three focus groups highlighted a lack of contact with healthcare:

"I don't think I've ever gone to the doctor before."

"I don't call anyone, I've never had to."

"I've been sick a couple of times since I came to the UK but I came prepared from Nigeria...we have a lot of drugs."

One participant noted that they had not used the doctor for sexual health support or visited sexual health services, instead they used the internet:

"I don't think I have gone to the doctor for sexual health issues. I mostly just search on the internet, and I get the results I'm looking for."

Lack of time to prioritise health

Perhaps related to the above, participants highlighted a lack of time to prioritise their health due to competing priorities and some cited that it reduced their contact with healthcare services.

"It's one of those things that's so easy to dismiss...sometimes...life gets in the way."

When asked what they prioritise over their health, one participant replied:

"Definitely my job."

Stretched healthcare resources and staff turnover

Participants noted stretched healthcare resources as a barrier to being able to speak about healthcare issues with a healthcare professional.

"Because of the system...they only have a specific time to talk to a patient, they are waiting for the next person. So, you may not be able to explain everything that you want...to get to the bottom of your problem...so somebody comes to the conclusion...before you can explain it properly."

Participants highlighted how changing resources can negatively impact trust and the ability to speak about concerns.

"...there was a time I felt so confident with my GP practice, because I knew the doctors, they knew me...but now the change of things, now I went in and I couldn't, I didn't know anybody. I told the practice nurse that you know 'I feel like I'm alone, I feel lost in this place.'"

A participant in a different focus group agreed that staff regularly changed,

"My GP are always changing...every time you go there, there is somebody else."

High levels of staff turnover also relate to social opportunity barriers, due to the challenges of building trust between a patient-healthcare provider (particularly between a GP and patient).

Difficulty booking appointments, long-waiting times, and appointments not available at convenient times

Across all focus groups, participants agreed that difficulties booking appointments and long waiting lists were a barrier to accessing healthcare and sexual health services.

When asked how easy or difficult it is to access sexual health services, one participant who appeared to work in a sexual health clinic noted,

"I can confirm that it's extremely difficult. It's so hard for anyone to get an appointment...we're now finding even to get a pep smear – you get the invitation – but to actually get the appointment is absolutely difficult."

Another participant highlighted long waiting times on the phone to book a healthcare appointment and how the process was a barrier for those that work.

"So it's not just a long day...say for myself...if I need to visit my doctors, I have to take the day off. I have to sit on the phone at eight o'clock in the morning and I might get told, after taking day off 'oh sorry, oh you are number 22 in the queue – and then get to number one – sorry all the appointments are gone for today', so that's a day wasted."

The same participant highlighted how the system of booking appointments was a particular barrier for women with multiple responsibilities.

"Women want to work. Women want to feed their families. What time do they have to be wasting days waiting on the phone?"

Difficulty for asylum seekers to access healthcare

A participant highlighted additional barriers for asylum seekers to access healthcare and discussed how healthcare was usually only available if it was urgent, otherwise it took a long time to receive support.

"As an asylum seeker sometimes, it depends on my description of the health like if I got skin rash, like it got me one year to know that I have eczema."

Gender/ethnicity representation among healthcare staff and cultural awareness

When asked what might prevent someone from accessing sexual health services, male healthcare professionals were cited as a barrier:

"If the doctor is male, I think I will be shy to talk to him about sexual health."

Additionally, a lack of representation of diverse community groups among healthcare professionals was highlighted as a barrier:

"I think representation matters...I was with somebody and they...were pregnant being examined and in some cultures in Africa...especially southern African countries they do thinks to, you know, down there....she looked at it and went 'what's that'...like the midwife was really taken aback...the shock from her...that in itself is an issue...the understanding of different cultures...that can really put someone off to access the messages."

The theme of lack of representation among healthcare professionals interlinks with potential psychological capability barriers among healthcare staff (e.g., cultural

competence skills), social opportunities barriers (e.g., social and cultural norms, word of mouth of negative experiences), reflective motivation (e.g., negative experiences impacting future plans) and automatic motivation (e.g., emotions towards healthcare). The theme is explored further in relevant sections.

Lack of HIV and PrEP promotion from healthcare professionals

One participant noted that when visiting a sexual health clinic they received information about contraception, but nothing relating to HIV or PrEP.

"I was in the sexual health clinic...there was all this information about IUDs, the different condoms. They don't talk about HIV. There's nothing to talk about any of this. And you'd think, if I have gone in to get my IUD, then I should also find this information readily available."

This may relate to psychological capability among healthcare professionals, particularly a lack of knowledge, awareness, or training about PrEP.

Easy access to condoms

A potential barrier to encouraging audiences to consider using PrEP could be that participants perceived condoms to be easily accessible. Some participants mentioned that condoms were often provided to them and therefore, they may be more likely to be an individual's first choice regarding method of protection.

"Well condoms everywhere. Every time we go to the hospital, they're happy to give you some."

6.2.2.2 Social Opportunity Barriers

This sub-section explores social opportunity barriers. This relates to opportunities as a result of social factors, such as cultural norms and social cues.

Racism and culturally inappropriate marketing

Racism, particularly within the healthcare system was cited as a barrier for accessing healthcare and to receiving adequate support.

"I see my race as a barrier. Whenever I see my doctor, I have to wait for a long time."

"There is a belief that Black people are used to struggling. I think it's come from slavery and colonisation that we're used to struggle...so we almost get a different treatment as Black people from white people."

In reference to marketing materials around HIV one participant highlighted how overtly targeting Black communities can feed into racism and stigma towards HIV.

"People are just going to African people with the think about being sick. I don't want to be stood there thinking I'm a suspect. That's what we do with stigma."

"A lot of people say, why do you have a Black person all the time...they don't like it."

This theme links to cultural competence skills of healthcare professionals (psychological capability barrier), lack of ethnic/gender representation among healthcare professionals (physical opportunity barrier) and reflective motivation barriers (negative experiences).

Cultural norms and stigma to accessing healthcare and sexual healthcare

One participant highlighted that accessing healthcare and sexual health services can lead to speculation among peers and that the lack of privacy would act as a barrier to accessing healthcare and sexual health services.

When discussing accessing healthcare such as seeing a doctor, the participant said:

"Because when I come out of the car every time I'm like, I hope nobody knows!"

When asked what barriers exist to accessing PrEP via sexual health services, the same participant said:

"I think the African culture, we come from a collective culture, don't we? Where everybody thinks...what you're doing is everybody's business, because even if you come to me, if you are all my aunties here and I say to you, I have come to tell you something, I'm pregnant. What you going to say, who the baby daddy...how you think about this, who is gonna do this? So really if you're going to talk to people, I'm thinking of taking PrEP, aunty will be like, erm what's he asking you to do? So I think the nature of our culture prevents, it is a barrier, because my business is aunty's business so we don't have any secrecy...we don't have discretion."

Related to the above, western culture and western healthcare practices were referenced as being isolated and different to other culture's community-based approaches. When asked how access to healthcare and sexual health care could be improved, one participant said:

"It's not always thinking that the western world of doing things is the right way... in the western world you cut people off."

Another participant agreed:

"We have community, the collective culture, we support each other. So when you come here it's like, oh, you're on your own.... yeah you're on your own."

Stigma towards discussing sex and sexual health

Participants across all focus groups highlighted that discussing sex and sexual health can be seen as taboo. Discussions among family members was highlighted as a barrier.

"You don't talk about sex at all, it's like it doesn't exist."

Stigma among wider communities was also noted.

"In Africa, women don't have a freedom of speech.... we don't talk about sex. It's something we're ashamed of."

"I feel like it's a taboo to talk about sexual health."

While some participants expressed that they spoke about sex among their friends, others highlighted that this was still taboo.

“Even my friends back in Nigeria, I don’t think we will talk about that, or even my friends from home.”

A number of participants highlighted religious factors.

“I think for me, I come from a religious community, Muslim, in our community is like, ok, no one is sexually active.”

When asked where participants thought PrEP should be promoted, one participant mentioned.

“But one thing that’s not going to happen, is that it’s not going to be talked about in church.”

Stigma towards HIV

One participant highlighted how stigma towards HIV may be a barrier for people to get tested, but to also access information about HIV and HIV prevention.

“I think fear is one of the reasons people might be resistant, they might be stigmatised if it comes to the thought that they have this.”

This theme also relates to automatic motivations around fear of HIV, which in turn, influences stigma towards HIV.

Stigma towards sexual health and PrEP – associations with promiscuity

Participants across all focus groups discussed how using sexual health measures could be negatively perceived by others as being promiscuous. A participant spoke about perceived judgement for entering a sexual health clinic:

“Recently I went into a sexual health clinic to get a coil... the moment I got there were these two Black boys. And they were looking at me like, hmm what has she done?”

When asked about PrEP, participants spoke of their concerns related to other people’s perceptions that they have been promiscuous:

“There’s an assumption there...where has she been...what is she taking it for.”

Interestingly, a number of participants thought that increasing knowledge about PrEP may increase promiscuity and the risk of a man being unfaithful:

“Yeah, we don’t want to make it an excuse for people to sleep around...thinking ‘oh PrEP!’”

“...men used to do all these things, you know, play around...when HIV came in, men were more restrained. Now for something like this to come up and be widely talked about and be widely available, every man is thinking ‘hey!’, now he’s just doing whatever he wants.”

“For his 10 minutes of enjoyment, this man will go up and queue to get to his tablet. Even if it meant buying it, he’ll do it...men go to a lot of lengths to cheat.”

Stigma towards PrEP – associations with being HIV positive

Related to the above concerns about PrEP and promiscuity, participants also highlighted concerns that others may associate PrEP with being HIV positive, which would act as a barrier to discussing and using PrEP.

A participant highlighted a concern relating to accessing information about PrEP:

“Why did she go to find out this information? What, is she HIV positive?”

Lack of partner support to take PrEP

Related to the above, a number of participants noted that if their partner saw them taking PrEP, they may think that they had been unfaithful in the relationship. This highlights that partners may not always support women who want to take PrEP. These quotes also relate to concerns about PrEP medication being found.

“The moment you start saying ‘I’m taking PrEP’...he probably bring it back to you and say ‘what are you doing?’”

“What if he find it somewhere in your locker and it’s going to complicate the issue.”

6.2.3. Motivation Barriers

The following section explores barriers relating to motivation. Within the COM-B model, motivation relates to internal processes that influence our decision making and behaviours.

6.2.3.1 Reflective Motivation

This sub-section explores reflective motivation barriers, such as making plans and intentions, evaluating past experiences, considering options available to you.

Negative perceptions and lack of trust with the healthcare system

A number of participants voiced negative perceptions of the healthcare system. When asked how they would describe the healthcare system, one participant said,

“Redundant. It’s redundant.”

Another participant said,

“I just don’t trust them, I don’t even want to be sick or in that situation.”

Some negative perceptions appeared to be related to wider cultural factors.

“I’ve been here 13 years. I really don’t trust the medical system. I trust traditional medicine that one that tells you to look after your wellbeing, your heart, don’t hold grudges...not want to give you those pills. Those pills have aftereffects.”

Sexual health not always a priority, particularly preventative sexual health

When asked if sexual health was a priority to them, there were mixed views from participants.

One participant replied,

"I don't think it is for me"

while another explained that sexual health was not a priority as they were

"not sexually active."

Another participant highlighted what health issues they prioritised over their sexual health.

"I would say my high blood pressure, diabetes, all of these things, you know, then just like the link between what you eat and exercising, drinking more water...sleep, I think these are things we should look out for."

Preventative sexual health was also cited as something that was not prioritised in people's lives, instead considering one's own sexual health was only triggered by overt symptoms. This is highlighted in the quote below, which also shows a potential lack of touch points for sexual health services to reach individuals who do not regularly have STI tests.

"If I have a symptom, yeah, then perhaps. But you know, people who regularly check like three months. Six months. Yeah, I'm not one of those people."

Experiences of negative side effects from contraceptives

Some participants noted that they had previously experienced negative side effects from contraceptives (particularly drugs or implants), which influenced their thoughts about PrEP.

"I always feel the implants have side effects."

"She gave me the pill. I started using it...my whole system, my libido just went flat...I was really mad I said, 'this is not acceptable'."

When asked how this affected their thoughts towards PrEP, a participant said:

"I just not really comfortable about taking drugs."

Established use of condoms, contraceptive a priority

A number of participants cited condoms as their preferred use of STI protection. One participant said:

"Condoms are easy to use."

Another participant mentioned that they use condoms, as condoms can prevent both pregnancy and STIs.

"I'm not going to take contraceptive...I was afraid that if I start taking that, I'm only going to prevent pregnancy and not care with the STDs and all the diseases that come with it...if I'm sexually active I'm just using the condom."

Other participants also voiced that contraception was front of mind when considering sexual health:

“For me...my experience of having a child a little bit too early, it awoken me, it kept me more awake and now I make a choice [to use contraceptives].”

Another mentioned that they would not discuss measures like PrEP with a partner, due to mandatory use of condoms:

“We haven't really talked about sexual health because I make the use of condoms mandatory.”

Similarly, a number of participants highlighted that they personally felt confident making condoms mandatory and would not have sex with someone who would not agree to use a condom.

“No condom, no enter.”

“I would have a discussion and if you are not on the same level, we cannot go down that road.”

These quotes highlight that an established behaviour of using condoms could act as a barrier for some to consider using PrEP.

PrEP only prevents HIV

Related to the above, an additional barrier may be that PrEP does not protect against other STIs or pregnancy, both of which were a priority for some participants. This is further highlighted in the quote below:

“It's [PrEP] not preventing any other things except HIV...we know HIV is manageable now.”

While this quote was from a focus group facilitator, it reflects the discussions within the group on whether PrEP would meet their needs.

“...and then you have to start thinking, as you thought we were saying about, okay, you're going to have PrEP for HIV. Then you're thinking about your contraceptive pills. If you've got your high blood pressure pills and things like that. So, you have to start being able to have those conversations and start thinking through, “Okay, is this going to work for me?”

6.2.3.2 Automatic Motivation Barriers

This sub-section explores automatic motivation barriers such as automatic processes, our desires, emotions and feelings, impulses, inhibitions and habit.

Embarrassment and intrusive medical questions

A number of participants described feeling embarrassed to discuss sexual health with a healthcare professional.

“When you have a headache...you run to the GP. When it comes to your sexual health, you want to hide under the bed.”

Another participant spoke about a friend's experience of trying to obtain PrEP and highlighted how intrusive questions from healthcare professionals can make people feel embarrassed and judged.

"The questions that were asked, they talk themselves out of getting PrEP because they were so embarrassed about the sexual act itself so they end up actually saying no... actually they didn't use a condom, they probably had sex with somebody husband or wife, whatever they felt uncomfortable. So the questions themselves can impact people's decisions... people can talk themselves out of getting the service because it's about sex, it's embarrassing, isn't it?"

Related to physical opportunity facilitators and the benefit for some to access PrEP online, one participant said:

"I would prefer online, because I will be shy to order it face-to-face."

Feelings of sadness and oppression about PrEP

A number of participants felt that it was unfair to target PrEP towards women instead of men. This quote highlights a participant's view that effective prevention of HIV transmission starts with men:

"I immediately felt sad. I felt really sad because I've heard a lot about how you target women for so many things. Well, the men are the ones who are affected... the men are the ones who should be having all these modern lessons because one man in just one day... we can only get pregnant once in 9 months."

Another participant added:

"Don't you have any other options? I just felt already oppressed as soon as I heard it."

This quote was in relation to people who are in marriages or long-term relationships not addressing the issue of why they might need to take PrEP, such as if a partner was being unfaithful or if someone was in an unhappy relationship. The participant added:

"I feel it's very oppressive because you have to stay because of status or maybe because of culture. That is so oppressive... we're not solving the problems of the world today... go to the root cause."

"These medicines, we're just hiding it, you know, and then our partners don't know. I think that's the deeper topic that's being broached here... we need to have these hard conversations because how long will we sneak in the PrEP. Stop this happening. You're not seeing yourself."

This highlights the careful balance that needs to be struck, showing how for some PrEP can offer protection or empowerment, but for others PrEP may be viewed as a symptom of a lack of agency for a woman in her relationship. This is highlighted in another quote from the same participant:

"I think it is a great idea to try to give like help, empower people, voice to those who have no voice or some sort of control but there's another underlining thing that is bringing up for me - is the issue of trust."

Fear of HIV and stigmatisation

Fear of HIV and how this fear prevents people from thinking about HIV, discussing HIV, or testing was highlighted by a number of participants. This highlights wider barriers for people to think about HIV prevention measures such as PrEP.

"Women...they are not very forthcoming in testing for sexual health, specifically HIV. They still have the fear...the stigmatisation. And then 'if I come out positive, what will my husband say'".

"Well, if I go for testing to find out about HIV. I don't want to know. I'll see when I get there, when I start feeling unwell."

As demonstrated in the quote below, fear of HIV testing was also related to stigma and perceptions of criminalisation.

"I think fear is one of the reasons people might be resistant... they might be stigmatised. Plus, also the criminalisation...If I get tested, if I find somebody and then if they transmit, they get in trouble, then, you know, I might be in trouble."

The following quote offers a useful insight into how fear of HIV can impact language used to describe HIV.

"I think there's an African way...I think it's just an African thing of the way you talk about HIV. We don't say HIV we say they're sick. We just know what it means. So, there's even the fear of the three acronyms you can't say HIV, you can't say AIDS. So already there is that fear."

Trauma and sadness

Historic experiences of HIV were highlighted as traumatic and that this could make PrEP difficult for some to comprehend.

"I don't think we, especially anyone who lived in Africa and was exposed to that kind of destruction of AIDS and HIV, I don't think we've recovered from that trauma. So, for someone to come and tell someone, look, there's a pill you that you can take and when you take it, it prevents you from spreading it or catching it from, they're like 'no', it's so hard to comprehend. Like if there was something like that, why did so many people die?"

"We're still in shock...and then tell me that I just take a tablet than can protect me and you're saying I'm not there...the work that needs to be done...is the grieving."

Concerns about people finding PrEP medication and feelings of shame

Related to the social opportunity barrier of PrEP being associated with being HIV positive and/or promiscuous and a potential lack of partner support to take PrEP, a

common theme when discussing PrEP was worries about the potential for someone to 'find' PrEP medication.

"Let's say maybe we have a girl's trip, we go somewhere and it's a three day trip. I'd make sure I leave my medication behind because everyone's going to say, what is she taking? Oh my god, have you been sharing a bed with her? So even the medication I will have to take in private...take it in my home and hide it...pull off the stickers where nobody can read about it and go talking about me."

Another participant said:

"What if he surprised the tablets in your bag or wardrobe and...think you've got HIV?"

Related to concerns about a partner finding PrEP medication and assuming a woman has been unfaithful, one participant said:

"If he find that I'm taking PrEP...he will tell me I'm the one cheating. He would think I hid it from him because I've been going about with other men."

One participant highlighted feelings of shame if someone found medication. While this quote appears to be specific to HIV medication, it highlights the personal impact of someone finding medication and the potential need for PrEP to be discreet.

"In my country...there is a site where you can go and get tablets...people are ashamed. If someone see you there, they will 'I just saw [person's name] there. She just got medication. So...people are shy."

Concerns about PrEP efficacy and taking PrEP incorrectly

Related to the wider barriers from historic experiences of HIV, participants in one focus group discussed their concerns about PrEP efficacy to prevent HIV transmission.

"[it's] not that I don't trust medication and that, because what I saw in my childhood, and then if you gave it to me and said 'okay, so we're gonna do an experiment and we take this and then sleep with someone with HIV and then don't worry you'll be ok'...I'm not gonna lie...I'm not gonna do it."

"It's not because I don't trust medication, but because of what I saw, I'm still traumatised."

Another participant agreed

"I wouldn't do it either."

Associated with the barrier of concerns about PrEP efficacy, a participant voiced their concern that people may take PrEP incorrectly, which could affect the efficacy of PrEP.

"If they take it wrongly, it might not protect them as well. So, I want to think about all that."

Concerns about side effects

Several participants highlighted concerns about the potential side effects of PrEP. These concerns also relate to wider psychological capacity barriers, particularly a lack of knowledge and information about PrEP.

“Bit concerned about side effects from it.”

“Some tablets cause side effects...I wouldn't want to use.”

Intention / action gap

Intending to prioritise health and sexual health, but not doing so in reality was highlighted by a number of participants. These quotes highlight how health and sexual health seeking behaviours are not always routine, which could be barrier for people to consider PrEP, or for healthcare professionals to speak to people about PrEP at a timely moment.

“I said I think health is important, but I don't because if you look at my diary... it's not something I prioritise.”

In relation to sexual health, another participant said:

“I guess I prioritise in my head... I'd like to sit here and say well I do prioritise it, but I don't think I prioritise it as much as I think I do. So, I think of my smear tests that letter after letter. I say, I'll go, I'll go, but I don't really go. Yeah, so in my mind, I think I want to, but then like...this thing called life comes in the way.”

The participant added:

“I'm not regularly going to get tested or whatever, but I'm kind of thinking as well equally that it's my responsibility...I guess the smear thing with me so many times is an example of what I don't do.”

Making desired behaviour change more habitual, by making actions as easy as possible and ensuring the environment supports behaviour, can narrow the intention/action gap.

6.3 Facilitators

6.3.1 Capability Facilitators

The following section explores facilitators related to capability. Within the COM-B model, capability refers to an individual's psychological and physical ability to engage in a given behaviour.

6.3.1.1 Psychological Capability Facilitators

This sub-section explores psychological facilitators such as knowledge and information, psychological strength, skills or stamina.

More information about sexual health services

Participants suggested that more information about the services and support sexual health clinics offer, would increase use of sexual health services.

"I feel like we need more awareness for people to know that it's not only when you get pregnant. It should be routine not to only go for smear tests when you are invited or mammogram when you are invited."

Greater awareness and understanding of HIV

Greater awareness and understanding of HIV was referenced as a potential facilitator that could reduce stigma towards HIV and therefore, may help people to think about HIV prevention.

"If we can do more about creating awareness, teaching people about HIV, that they can still live a healthy lifestyle, whilst living with HIV, I think it's going to improve our mentality, the isolation and stigma and everything."

Current levels of PrEP awareness

In one focus group, the majority of participants had heard about PrEP. In all other focus groups, only a minority were aware of PrEP. Those who were aware of PrEP, had mostly heard about it from other people.

"I had heard somebody talk about it."

"I heard about it through a friend and it's for the protection of HIV...but I haven't used it."

More awareness, education, and information about PrEP

More awareness, education and information about PrEP were cited as facilitators to encourage people to consider using PrEP.

"I think it needs awareness first."

When asked how to increase awareness, participants said:

"It's education and testimonies...about medication of HIV... before you couldn't sleep with no condom or protection. But now they say you can sleep without protection."

Another participant noted the benefits of discussing PrEP as a group with a facilitator and said *"in sessions like this"* in reference to the focus group.

PrEP promotion via GPs

GPs were cited as a particular source of trust who could encourage people to consider taking PrEP.

"I think if it came through your GP...it would be very trusted."

When participants were asked how they would like to receive information about PrEP, a participant said, *"GP, first point of call."*

Marketing / adverts / communications / campaigns to increase awareness of PrEP

Participants were asked in what ways they thought greater awareness of PrEP could be achieved. Many recommendations focused on ideas for adverts, communications, media, and campaigns.

“Someone needs to go on television and actually talk about it because it’s very vital information that people don’t know about.”

“Parliament. Let it being spoken about in parliament.”

“Leaflets...posters”

“I think on buses...these communities use public transport.”

“We use Instagram, Twitter, TikTok, Facebook...Twitter is for business...Facebook is for everyone.”

“TikTok... getting someone really famous saying ‘oh, you’ve heard about this PrEP?’”

This quote may reflect a preference to review PrEP information in a private space:

“In the toilet, in the public toilets... I think that’s the most effective way... so you sat on the loo and there’s that little thing here with the tags and phone numbers, so something like that. With a number so you tear off that piece of paper and you call a number in.”

Point of sale PrEP advertising in places where condoms are sold was suggested as an idea to increase awareness of PrEP.

“Advertised alongside condoms...because condoms are highly accessed and used... PrEP being so important that it should be alongside condoms at all times... people just see it all the time then.”

Supermarkets were also suggested as a place to promote information.

“I’d be happy for these leaflets to be at Tesco’s. Because we go to the supermarket every day you know.”

“Let posters be in supermarkets. Let everything be shouting about it. Oh, there is this PrEP. So how come all these women, we didn’t know anything about PrEP. We didn’t.”

Information in primary healthcare settings

Related to the above, information in primary healthcare settings such as pharmacies were suggested as a place to increase awareness.

“I would be happy to walk into any pharmacy and try the leaflet. Pick it up, read through it and you know, you know? Have this information readily available, you know?”

Community outreach activities to increase awareness of PrEP

A facilitator asked participants if they would take part in an educational session about PrEP in a community setting, they replied:

“Absolutely, yes.”

“Yes!”

“Of course.”

As noted in the barriers section of the report, some participants felt that church was an inappropriate and unlikely setting to discuss sexual health matters. However, one participant highlighted that they felt church was a key setting to increase awareness, particularly among men.

“If you want to get the man to listen, the best place to do that is church because they will pretend that ‘I don’t like this idea...I’m just going to listen’, and by listening they are learning...if you get them outside, especially if you get them outside with their wife and they tell you, you want more conversation about AIDS? [laughter]...”

“Maybe you’ve got HIV or something... training the church leaders... to teach them.”

When asked who should be doing the community outreach activity to promote PrEP, a participant replied:

“NHS representative, for health. Or it could be the Red Cross...St John’s Ambulance, anybody who we know already who look after people’s health. Not somebody new who we’ve never heard of... it has to be someone reputable.”

Engage community groups to increase awareness

Related to the above, it was suggested that community groups themselves could increase awareness of PrEP, especially when considering the reality of stretched healthcare resources, which may impact the potential for outreach activity.

“I feel that we should be the people to bring awareness, you know, like community social groups, even religious groups. I think we should take on that responsibility to make people aware, we can see that the services are over-pressurised with work and there’s not enough time for people to ask questions...so I think it’s something we should include in our programme. Just to have a day when we can talk about these things. We’ve spoken about menopause, remember?”

In answer to this, a facilitator suggested:

"I can see a programme that is required... take the knowledge that the team has to support and develop church led programme that are dealing with HIV, trauma, healing, AIDS, because you're right, Africa's never had a chance to recover."

Peer mentor / PrEP champion projects

Similar to the findings above, one participant suggested that a PrEP or sexual health champion within a community could help to increase awareness and understanding of PrEP. This quote references that the champion could provide holistic support.

'It would be useful... to have more conversations about sexual health, about relationships, about PrEP, and how we can skill up, almost to create sexual health champions where you are confident. And I'm not just talking about the young people... they're not the only ones having sex.'

Early education about sexual health and PrEP

Education in schools about sexual health, HIV and PrEP and conversations with young people were suggested as a factor that could increase awareness and understanding of sexual health and PrEP.

"The message is very, very important and I think we need to...start talking about sex...if we don't talk about sex even with our children and educate them, they are growing up with the same ideologies that we carry and this is where the problems began."

"It [PrEP] could be a topic in sexual education."

Greater knowledge of who PrEP is for / online criteria tools

In one focus group, the facilitator received a range of questions about who PrEP is for and how to find out more information. While this recommendation came from the facilitator it perhaps shows support for the tool, and the potential for an online assessment to provide a greater understanding of PrEP criteria.

"The online, 'I want PrEP now' gives more information about it."

6.3.1.2 Physical Capability Facilitators

Although facilitators relating to physical capability and accessing healthcare, sexual healthcare and PrEP are likely to be present, they were not uncovered during focus group analysis.

6.3.2 Opportunity Facilitators

The following section explores facilitators related to opportunity. Within the COM-B model, opportunity refers to external factors that make the execution of a behaviour possible.

6.3.2.1 Physical Opportunity Facilitators

This sub-section explores physical opportunity barriers. This relates to the wider environment and involves barriers such as such as time location or resources.

Contact with (the same) GP

The ability to have contact with a GP and for the GP to remain the same person over time, was consistently highlighted as a mechanism to receive trusted information about sexual health and PrEP.

"I like my GP, we talk because we're friends and I like my GP as a personal person. I didn't like to go other GP when the other person wasn't there."

"When you know someone, you can build rapport."

"I would have assumed just call the GP and tell them you want PrEP and then they always gonna advise you, you'd know where to go and things like that."

Greater choice around time/date of healthcare appointments

As noted in the barriers section of this report, appointments at inconvenient times and dates were seen as a barrier to accessing all healthcare. One participant noted:

"If we have more options of time and date, we'll be able to overcome the barrier."

Female healthcare professionals

As also noted in the barrier section of this report, male healthcare professionals were seen as a potential barrier to discussing sexual health. Speaking to a female healthcare professional was seen as a potential facilitator.

"I think I'll be more comfortable if my GP was a female, then we can talk more about sexual health."

Confidential healthcare services

Healthcare services offering confidential support were highlighted as a facilitator that could encourage people to discuss sexual health. One participant highlighted the benefits of discussing sexual health with a healthcare professional, rather than a peer.

"Because they are a healthcare professional, they're not your friend or going to tell your neighbour. You have confidentiality at the core."

In person healthcare services, option of online sexual health and PrEP services

When participants were asked if they preferred online or in person healthcare appointments, the majority agreed that they preferred in person services.

"I find it better face to face, like conversation rather than over the phone when discussing things like your health."

Some participants agreed that they would still prefer in person services for their sexual health. However, several participants cited that they would specifically prefer online services for sexual health and to access PrEP. Online formats were viewed as discreet and quicker.

"I'd prefer it online, because I will be shy to order it face-to-face."

"I'm comfortable taking PrEP...I prefer online because it will be faster for me."

Providing PrEP in non-healthcare or community settings

Related to the above, a number of participants expressed a preference to access PrEP in a non-healthcare setting. One participant suggested a confidential collection point for PrEP, similar to a click and collect method.

"No, I don't want face-to-face with anyone...even with condoms there was...simple questions like where will I put it...I don't want to see anybody about PrEP. Just tell me where to get it...give me an address. Put it in my bag."

Another participant suggested being able to access PrEP in community centres. This quote also relates to suggestions of increasing PrEP awareness via community groups, and how this engagement could also help to tackle stigma.

"Yes, I think community centers...there's no stigma about, oh my God, I'm thinking of sex or talking of sex. Anybody can go into a community centre...can be for children. It could be for cost-of-living crisis...but you also have this specialised needs, a person like yourself...working with community to help de-stigmatise people."

Sexual health services that also offer more holistic support

Sexual health and specific reasons someone may feel that they need PrEP (e.g., if they felt they were in a vulnerable situation) were seen to be bigger social issues, than just STI or HIV prevention. Facilitators asked participants if they would be interested in learning more about PrEP, or accessing PrEP, alongside more holistic sexual health and wellbeing support. One participant said:

"One hundred percent...you don't have smoke without fire. You know if people are concerned about their sexual health, it's because other stuff is going on...maybe they can't even talk...would need support to protect herself, to leave the house, maybe with children old enough...I think there should be some psychotherapeutic sense alongside it."

Resources available in a range of languages

Participants highlighted that they would like to receive information about PrEP in a range of languages.

"If there's some form of transcription of that leaflet, say for example, it's in English and we have people from like Cameroon here...so if we can have like leaflets in English and those languages then it will help to take PrEP, right?"

Routine promotion of PrEP via healthcare professionals

Participants highlighted that promotion of PrEP by healthcare professionals during routine appointments would help to normalise PrEP.

"We go and they say 'oh, have you had your flu jab, have you heard about PrEP or PEP?'... normalise it, just say it... because there's nothing wrong with it."

6.3.2.2 Social Opportunity Facilitators

This sub-section explores social opportunity facilitators. This relates to opportunities as a result of social factors, such as cultural norms and social cues.

Normalising sex

Several participants suggested that normalising discussions around sex, would help to break down the stigma of sex and sexual health.

“Yeah, we should normalise this thing. There's nothing special about it. It's just sex for goodness sake.”

“Even in a relationship you, we should have a sex talk... it is happening anyway because it's happening. We are having kids here every day. So it's happening, the sex is happening everyday. So, we should be able to have this sex talk openly. You know? And from there, we can talk about these things [PrEP].”

Comfortable to discuss sex with friends

A number of participants expressed that they would feel comfortable discussing sex, sexual health and PrEP with their friends, which could be a way for people to share and discuss information about PrEP.

“With my friendships anyways we would discuss. Yeah. There's no judgment, things like that.”

“With the close friends that I can talk anything... free judgment thing, you know, it's something that you can always talk about.”

Normalising discussions about HIV and addressing stigma

Some participants highlighted that they felt comfortable discussing HIV and thought it was important to address stigma.

“Although it's not an easy topic... there is no need to be ashamed to talk about it.”

In one focus group, participants highlighted the role the media and influential people can play in normalising discussions about HIV.

“Media has got something to do with it...if someone's famous or if you're watching soaps...that can trigger something.”

“Prince Harry went there, ‘oh, I've done my HIV tests’, everybody was like ‘oh maybe I can do my HIV test’.”

“I think the branding is very important. Visibility, getting people to speak about it publicly. It approaches things like...do you know your status?”

Inclusive marketing, to prevent stigma

Participants highlighted that any marketing around PrEP should be inclusive to prevent, and help to tackle, stigmatisation of certain communities.

“Representation. Like every piece of everybody on there, that someone can relate to, inclusivity...like culturally.”

“A lot of people say, why do you have a Black person all the time, Black faces, they don't like it...get into animated things or whatever. Yeah, that would be better because no one is going to get offended.”

Engaging men, increasing partner support and knowledge

Throughout focus groups, participants highlighted that women can often be blamed for issues relating to sexual health and may be negatively perceived for accessing support or using medication, particularly by men. Educating and engaging men was suggested as a way to gain social support for women to access sexual health support and PrEP.

A facilitator reflected the discussions within the focus group, they said:

“One of the things I've heard...is we'll have to talk to the men...because you just said we can gear up the women, but if the men are not coming with us, they're throwing us out the window.”

Participants agreed and when asked who should educate men, replied:

“Other men! They'll listen to each other. They won't listen to women.”

“Or a man and a woman.”

Lack of condom negotiation opportunities and stigma towards condoms

While some participants highlighted their strict adherence to condoms, others noted that partners did not always support the use of condoms. PrEP could potentially be framed as beneficial for those who feel like they might experience these situations in the future.

“I don't think it's possible for condom. He hates condom.”

“A guy will be like, why do you wanna use condoms, are you sleeping around? Are you a prostitute?... that is a very, very common thing.”

Peer-to-peer promotion of PrEP

During focus groups, many participants voiced that they thought PrEP was positive and wanted to find out more. After learning about PrEP a participant highlighted that they would be sharing information with their social network, highlighting how education can lead to support for PrEP and wider social promotion.

“I was thinking, I'm going to take a screenshot of this, send it to my brother, send it to my friends, you know, on WhatsApp, because people don't know these things are out there.”

6.3.3 Motivation Facilitators

The following section explores facilitators relating to motivation. Within the COM-B model, motivation relates to internal processes that influence our decision making and behaviours.

6.3.3.1 Reflective Motivation Facilitators

This sub-section explores reflective motivation facilitators, such as making plans and intentions, evaluating past experiences, considering options available to you.

Positive perceptions towards healthcare

While some participants felt negatively towards the healthcare system, a number of participants held positive perceptions. This was particularly true when participants thought about their GP.

"My GP is absolutely wonderful, I positive approve the NHS."

"I have positive feelings and impacts. I trust every information I get from my GP."

Importance and personal responsibility of maintaining health

When asked how important health was to them, a number of participants expressed that maintaining their health was a key priority for them.

"I don't play with my own health. I love so much to be healthy."

For some, this meant regular contact with healthcare services:

"I always call the GP, just to make sure everything's okay. So yeah, it's quite important to me."

One participant cited age as a factor for prioritising health.

"The older I'm getting, I feel like it became more of a priority...it's the most crucial part of my life, I set an intention to make sure I'm healthy."

Importance and personal responsibility of maintaining sexual health, PrEP maintaining control

Similar findings were found in relation to sexual health.

"I do really believe that sexual health is my responsibility."

"I think the sexual health bit is the only part of my health that I'm in control with solely. I'm only single most of the time...I need to take control of that aspect of my life."

"I think about my sexual health a lot of times, it's my utmost priority."

One participant highlighted how preventing STIs became more relevant with age.

"In my teenage years and early twenties, it's mostly for contraception purposes. The older I get...it's more for general health part like the STDs and all that."

When discussing PrEP, one participant voiced how PrEP would help to maintain control over sexual health, and that as a single person, taking PrEP would be her decision.

“As a single person, I’ll be free to take it... it would be just me alone...”

“[someone] who looks after herself?”

“That’s it.”

Another participant said:

“It’s all about me. It has to be about me, because that’s my life... nobody will decide for it.”

Relevance of HIV

For many, HIV was seen to be extremely relevant to their community and wider society.

“HIV is something that can cause an alarm.”

“Personally, I’m very cautious when it comes to HIV, and I try as much as possible to not put myself in any situation that could make me contract HIV.”

Relationship status / new relationship status

A woman’s relationship status was seen to play a key role in considerations about what protection they choose to use, particularly if someone was single and dating, or in a new relationship.

“The pills that we use, the pills that we use for long term relationships and condoms we use for short term relationships.”

“Influence my decision number one, the person I’m with.”

Participants were asked when they thought PrEP might be beneficial. In response, a participant said:

“When I have a new partner.”

PrEP offers benefits to those in difficult relationships

Several participants highlighted how PrEP could be beneficial to those in difficult or harmful relationships, such as those experiencing violence.

“For me...I’m a victim of domestic violence. Back home, there’s things, you don’t talk, you don’t tell anybody you have to be quiet. Hearing something like this, which is so beautiful, to hear it. I think I will take my medication proudly.”

Participants in other focus groups raised similar views:

“Domestic violence relationship...where you cannot leave the man... split the family.... but if you see a woman who’s under a lot of oppression or domestic violence... it can be discreetly, just take you tablet.”

“So they need to prepare themselves to leave, but it’s part of the preparation to leave. PrEPparation...PrEP is the preparation phase to get there.”

“You can protect your mental health...you don’t have the stress of thinking I’m going to get this.”

Dislike of condoms

A small number of participants expressed a dislike for condoms. While not discussed directly, PrEP could offer benefits for those who do not like, or do not like to use, condoms.

“Condoms take away the chemistry of intimacy.”

“I think contraceptives are more convenient, the pills are more convenient to use.”

Planning ahead / potential of unprotected sex

When asked at what times PrEP might be beneficial, one participant who appeared to hold knowledge about PrEP replied saying PrEP could be beneficial for moments where someone thinks they might have unprotected sex.

“If I want to be a little bit spontaneous, and it takes like three days before you plan. I think so, when I read about it, like three days prior the activity happens. Yeah, we might surprise you along with that. Like there might be like something that will influence your decision. Like, okay, let me take it for this particular anniversary day.”

6.3.3.2 Automatic Motivation Facilitators

This sub-section explores automatic motivation facilitators such as automatic processes, our desires, emotions and feelings, impulses, inhibitions and habit.

Fear / worries of HIV and STIs

Using fear to promote PrEP is evidently a harmful mechanism to encourage PrEP. However, a number of participants cited fear and worries of HIV and STIs, which falls into automatic motivation facilitators. This also relates to HIV relevancy and stigma.

“Sometimes not just the pregnancy, I’m scared of STDs too.”

“I worry about, you know, how HIV could affect my health in a certain way.”

“They’re scared to talk about anything because they’re scared of it.”

Worries about condoms not being fool proof

A number of participants expressed worries about condoms not being effective, particularly fears of condoms not working, or 'stealthing', whereby someone removes a condom without the other person's consent or lies about having used a condom. It is worth noting that under English and Welsh law, the act of stealthing is considered as rape.²⁴ Participants highlighted these examples as moments where PrEP might offer protection.

"You used the condom but when you're doing the action, but the thing comes off."

"So, when you are doing the deed, somebody can remove the condom and you might not know."

Worries of partner infidelities / trust

Participants across all focus groups highlighted that PrEP could be beneficial for women who might be concerned that their partner may be having sex with other people.

In one group, the facilitator asked, *'if you were a woman, you suspect your husband or your partner is going out there, would you take PrEP?'*

Participants replied:

"Yeah"

"Yes"

"100%"

During the conversation, other participants said:

"If he's running about and you don't trust him. I have problems with this, I'm taking this [PrEP] because you are going everywhere."

"If I notice that my sexual partner is not being respectful, if I suspect something, then I'll have to go for PrEP."

One participant also voiced that PrEP might be beneficial for women who do not know their partners HIV status.

"The husband will go, get tested, find out his HIV positive, start medication and not tell the wife."

Empowerment / promoting PrEP as empowering

Notions of empowerment were voiced by some participants when discussing PrEP. One participant suggested how PrEP should be marketed to reflect its potential to empower women.

²⁴ <https://rapecrisis.org.uk/get-informed/types-of-sexual-violence/what-is-stealthing/#:~:text=The%20definition%20or%20meaning%20of,can%20be%20prosecuted%20for%20rape.>

"I think using language like empowerment, because if I start thinking about femidoms, women will see them as okay if a man doesn't to use a condom, I use my femidom. That's empowering to me."

"[It] can be empowering for a person to say, I'm going to look after my health because I can see a shenanigans and I want to stop all this, right?"

"When they're doing their marketing, they need to be very, very sensitive...the keywords that people would like to hear in terms of empowerment, take control of, you know, sexual health...this is the offer that people know...they have that choice if they want to be so empowered to make that choice, that's an informed decision."

Positive emotions towards PrEP

A number of participants shared positive emotions upon hearing about PrEP, such as comfort, freedom and happiness.

"It will give you some kind of comfort to know that you know there is something like that that can help just to protect you."

"What you've just said, it's amazing. I think it gives people a lot of comfort, freedom, and health."

"This woman will be happy because most men, they tend to manipulate us. If we know this PrEP, so we'll feel like at the safe side."

Directly addressing concerns about PrEP stigma

One participant voiced their thoughts that information about PrEP should directly address concerns around HIV and PrEP stigma.

"You would be reading that information thinking I'm not sure what to do and stuff... if there's a separate kind of you know we understand that you might be worried about the kind of stigma attached."

"Maybe even something about the stigma, if you're worried, here's who you go to... for making that kind of decision."

PrEP viewed as private and convenient - addressing concerns about medication being found

To counter concerns about people finding PrEP medication and passing judgement, some participants highlighted how PrEP is discreet and private. One participant highlighted that she would take PrEP in private to avoid negative judgement.

"I would just go into wherever I have to go, take my tablet and carry on with life. Just like the morning after."

"I would take it in private. Personally, that's just me personally."

"...it can be discreetly, just take you tablet."

7.0 Sex Worker Findings

7.1 Sample characteristics

A total of 16 individuals participated in this strand of research.

Demographic Variables	N	%
Sex assigned at birth	16	
Female	14	88%
Don't know	2	13%
Gender	16	
Woman	14	87.5%
Prefer not to say	2	12.5%
Age	16	
18-24	n/a	-
25-34	2	13%
35-44	9	56%
45-54	3	19%
55-59	n/a	-
60+	2	13%
Unknown		
Region	16	
South East	6	38%
Yorkshire and the Humber	4	25%
South West	6	38%
Largest town or city	16	
Gloucester	6	38%
Hull	3	19%
Portsmouth	4	25%
Southampton	3	19%
Ethnicity	16	
English/Welsh/Scottish/Northern Irish/British	12	75%
Black African	2	13%
White – Any other White background	1	6%
Mixed or Multiple Ethnic Groups – Any other mixed background	1	6%
First language	16	
English	12	75%
Albanian	1	6%
Baoule	1	6%
Unknown	2	13%
Nationality	16	
English	1	6%
British	9	56%
Ivorian	1	6%
Namibian/British	1	6%
Albanian	1	6%
Unknown	3	19%

7.2 Barriers

7.2.1 Capability Barriers

The following section explores barriers related to capability. Within the COM-B model, capability refers to an individual's psychological and physical ability to engage in a given behaviour.

7.2.1.1 Psychological Capability Barriers

This sub-section explores psychological barriers such as knowledge and information, psychological strength, skills or stamina.

Levels of knowledge of how to access sexual health services, particularly online

A minority of participants interviewed stated that they would not know how to access sexual health services.

When a facilitator asked, *"if you weren't coming to us, would you know where to go as a first step?"*, the participant replied:

| *"No."*

Another participant cited that they did not know how to access online services.

| *"I don't know anything about the online services...I didn't even know you could order sexual health tests and things like that online."*

Low levels of knowledge among asylum seekers of how to access healthcare and sexual health services

It is worth noting that participants who were interviewed by an organisation that supports refugees and asylum seekers, appeared to have particularly low levels of knowledge around how to access sexual health services, and healthcare generally. The hospital was seen as an entry point for all healthcare concerns.

| *"She has been to the hospital lots of times, every time that you have like an infection, she will always go to hospital, and they will help her."*

When asked where they thought PrEP could be accessed, another participant replied:

| *"Hospital."*

Potential low levels of knowledge among asylum seekers around preventative measures

One participant, who was reached via an organisation that supports refugees and asylum seekers highlighted, via a translator, that they did not know about, or use, condoms.

| *"She doesn't know about condoms, because she's never used them."*

Lack of information and advertising about sexual health clinics

Participants highlighted that local sexual health clinics were not well advertised.

| *"...it isn't advertised at all...I think it's a tick box exercise."*

Digital skills

One participant noted that their lack of confidence using the internet prevented them from using online services.

"I'm not very good at the internet."

Lack of awareness about PrEP, among some participants

Levels of PrEP awareness were mixed among participants, approximately half of the total number of participants were aware of PrEP, whereas others had not heard about PrEP before. When asked if they had heard about PrEP prior to the research, participants replied:

"No, not before you'd mentioned it."

"I've never even heard of it."

"First ever time, first time to my ear."

Misconceptions about PrEP

When asked who they thought PrEP was for, several participants held misconceptions about PrEP.

"Primarily women, I assume?"

"Street girls and porn stars? Anybody that does bareback really?"

One participant highlighted that they thought PrEP was only for people who have anal sex.

"...for people that offer anal sex...anybody that offers vaginal sex there's no point because it doesn't protect you...it's only purely for people that receive anal sex."

This participant said that they had received this information from their local sexual health clinic, highlighting instances of low-levels of PrEP awareness and knowledge among some healthcare professionals.

"I actually just had a discussion with [local sexual health clinic] about me going on it but because I don't offer anal sex or take anal sex off anybody, I don't need it...obviously I don't need to take, with not offering anal sex."

Lack of information available for independent Sex Workers

A participant highlighted how those who work outside of parlours do not typically receive the same sexual health information, and trusted support from sexual health organisations, as those who work within parlours. The participant highlighted that a local sexual health charity was well advertised in the parlours that they work in.

"If it wouldn't have been for working in the parlour, I wouldn't have [known about the support]. Maybe the girls that work from home don't know that you guys are trustworthy and it's like totally discreet."

"You don't know if all parlours are like that...and then there's the girls that work for their own, aint there."

Misconceptions around risk perception

Several participants discussed the measures that they took to reduce risk, and therefore, why they felt PrEP was not for them. Some of these quotes highlight potential misconceptions about risk perception.

"I don't think I put myself into massive risk categories to have to take PrEP... the majority of the customers I see, married men. I know that doesn't make them exempt from HIV, but it does sort of put them in a different list or different category."

Additionally, one participant highlighted how until recently, they used to rely on test certificates/results to ensure clients did not have an STI, highlighting a potential over-reliance on test certificates/results from clients.

"I would only ever see clients who were tested beforehand, who could show me a test that was negative...so about three weeks ago...I tested positive for chlamydia...I thought I was very safe when it comes to offering services that I offer...I've been doing this job for three years now, I don't think I would ever, ever catch anything."

Another participant noted,

"...sometimes pretending it's not a risk is easier."

Remembering to take a daily pill, substance use

Participants highlighted potential difficulties remembering to take PrEP daily.

"Remembering to take it...I forget pills anyway. I'm on a few and I do forget to take other tablets."

Another participant, who highlighted experiences of addiction, noted:

"Unfortunately, when under the influence, responsibility to care for your health is the last thing on your mind."

The participant later added:

"I am not amazing at taking my meds unless they change the way I feel."

While this participant's quote reflects the potential barriers, for some, in remembering to take a daily pill, it also highlights the benefits of different formats and long-term medication (e.g., implant, injection).

7.2.1.2 Physical Capability Barriers

This sub-section explores physical capability barriers such as physical strength, skill or stamina.

Physically unable to take PrEP/medication

One participant highlighted that they would be physically unable to take PrEP. They also mentioned that they are unable to take other contraceptive medication.

"I can't take anything like that [PrEP]. I can't take the pill. I can't have the injection. I can't have the implant. I did once have the copper coil... but it did cause a bit of disruption."

7.2.2 Opportunity Barriers

The following section explores barriers related to opportunity. Within the COM-B model, opportunity refers to external factors that make the execution of a behaviour possible.

7.2.2.1 Physical Opportunity Barriers:

This sub-section explores physical opportunity barriers. This relates to the wider environment and involves barriers such as such as time location or resources.

Difficulties obtaining appointments

Several participants highlighted difficulties obtaining healthcare and sexual health appointments.

"The problem with the GP, the waiting lists can be long."

"...appointments can be hard to get in a sexual health clinic...you have to wait maybe two or three days."

"She reaches out and there's no response...there's no reply and she's tried a few times."

Lack of sexual health clinics / obtaining PrEP from clinics

A participant highlighted how accessing PrEP through sexual health clinics, could be a barrier for them.

"First of all, there's going there. There's not many sexual health clinics. There's normally only one. It takes an effort for one to get there. They close at certain hours, sometimes they start at certain hours."

Language barriers

Language barriers were highlighted as a wider barrier for accessing healthcare and sexual health services.

"Language barriers sometimes can be a problem, which they don't understand over the phone."

Dislike online services / digital information

Some participants highlighted that they did not like using online services for their sexual health.

"I found doing things online...I found it very stressful."

When asked how they found relevant information online, one participant referenced difficulties finding information.

"You've really got to search for it."

Waiting rooms lack privacy

Participants highlighted how the lack of privacy in their local sexual health clinic waiting room, prevented them from seeking help.

"I wouldn't want to walk through the building there. I hated it when I went for them free injections... you're in the waiting room with the lift doors dinging you think for fucks sake, I want to get out of here."

"I think it's daunting when you're going into a building with loads of people, and you don't know who could be listening to what you're talking about."

Healthcare professionals lack of knowledge and understanding about

Sex Work

One participant highlighted how healthcare professions lacked knowledge about Sex Work, which in turn affected the services people are offered.

"...gay men get offered Hep A, but Sex Workers aren't. Now Hep A is transferred through faeces...I basically put that to the doctor last time I went and said 'don't you think we're rimmng and pegging?' It's like...not massively mainstream, but it has compared to what it used to be, you get more clients asking to try it."

Healthcare professional's lack of knowledge and understanding relating to Sex Work was also seen to contribute towards negative experiences.

"One bloke gave me a leaflet about coercive control...he wasn't in the Sex Worker kind of set, but still, I just think randomly handing someone that, I just find it really insulting."

Lack of promotion around preventative measures from sexual health professionals

One participant noted how sexual healthcare clinics they visited did not offer relevant information about STIs and prevention.

"Nobody's actually sat me down and talked to me about Hep C, syphilis, gonorrhoea, chlamydia, any of those things... no one at the G clinic over the last decade has ever discussed STIs with me."

Lack of permanent address/secure address

One participant noted they *"don't have a secure address"* that prevents them from receiving post and sexual health services, such as at-home STI postal testing kits. This theme illustrates the barrier that may exist, for some, to receive sexual health information in the post or PrEP tablets in the post.

7.2.2.2 Social Opportunity Barriers

This sub-section explores social opportunity barriers. This relates to opportunities as a result of social factors, such as cultural norms and social cues.

Stigma towards Sex Work

Stigma towards Sex Work was highlighted as a factor that prevented people from seeking sexual health support and discussing HIV risk.

"I mean...who are you going to talk to about it? The Sex Industry, Sex Work is a very taboo subject. Sex, offering sex to men for money is looked at quite dirty in England."

Stigma towards HIV

Stigma towards HIV was also highlighted, indicating barriers to discuss HIV prevention.

"They're given this diagnosis and don't know what to do, they aren't tell anybody and it just ends up in a big wild circle."

"There's still a lot of stigma around, and you know people are scared of that."

In relation to discussing HIV, a participant said:

"I would never discuss HIV with a client...I wouldn't feel comfortable...I wouldn't even feel comfortable talking about it with my parents."

Stigma to disclose unprotected sex

One participant expressed how there was a stigma for some Sex Workers to disclose that they have unprotected sex. This in turn, was seen to prevent discussions about HIV and prevention.

"All the girls I know...none of the girls I know admit to doing...what we call bareback. That's what we refer to unprotected sex as, bare backing. So, we've got no need to talk about HIV."

Another participant noted:

"Even in the Sex Industry there is a hierarchy of 'I don't do that' however, that's not necessarily true."

Cultural stigma towards sexual health

A participant cited cultural stigma towards sex and sexual health as a barrier to discussing prevention. This highlights how individuals can be part of more than one underserved, or population group.

"As a Black people we don't really open up these things...we don't talk about these things [sex] amongst each other very much."

When asked what would prevent them from seeking support for their sexual health, the same participant said:

"I think it's still the stigma around it when it comes to the close net of people around, like we not very much open about it."

Lack of relevancy of HIV

Related to the above theme, several participants highlighted how HIV and HIV risk were not often discussed among peers.

“Not anymore, hardly, hardly to hear them [discuss HIV]. It's not a discussion anymore, really.”

“I don't think it's a conversation that props up every year. You know, it's there. But I don't think a lot of people really talk about it...there's a lot of awareness about it. I don't think there's as much awareness about it now as there used to be.”

“I get the newspapers, you don't really see it in there. I'm on Facebook and Instagram, you don't really see much of it on there. And I don't think a lot of people do really talk about it.”

Relevancy of HIV and risk of HIV were also seen to have declined over time.

“But I suppose the risk isn't as bad as what it was years ago. I suppose things are different.”

7.2.3 Motivation Barriers

The following section explores barriers relating to motivation. Within the COM-B model, motivation relates to internal processes that influence our decision making and behaviours.

7.2.3.1 Reflective Motivation Barriers

This sub-section explores reflective motivation barriers, such as making plans and intentions, evaluating past experiences, considering options available to you.

Negative experiences of sexual health services / word of mouth

A negative experience when accessing sexual health services was seen as a factor that would prevent someone from accessing sexual health support in the future.

“If I ever had a bad experience with it that would discourage me.”

Word of mouth of negative experiences amongst peers was also seen as influential when accessing sexual health services.

“Especially amongst my peers, if they suffered a bad experience. You don't go on to that person or this person, you would feel put off by that.”

PrEP only prevents against HIV

Participants highlighted that a barrier towards considering using PrEP was that PrEP only prevents against HIV and not other STIs that participants were also concerned about.

"...it's not just the risk of HIV, there's the risk of a tone more sexual infections that I am not willing to risk."

"So, people think oh, HIV can kill me, but syphilis, gonorrhea, chlamydia...there's antibiotic resistant strains of gonorrhea...and nobody ever talks about hepatitis C."

Additionally, relevancy of other STIs and concerns about protection from other STIs, influenced participants choice of protection.

"There's much more than HIV to guard against. So, for me, using condoms is paramount."

Taking PrEP, to protect against HIV alongside other medication was also seen as inconvenient and less of a priority.

"[it's] risk versus more meds... I already take my contraceptive pill, I'm on HRT, I take supplements. Um, I've got my Ventolins, it's just about putting more stuff into my body and having to remember something else."

PrEP seen to increase unprotected sex and STIs

A number of participants voiced the perception that, among Sex Workers, taking PrEP has led to increased incidents of unprotected sex and STI rates.

"...we've seen significant number of an increase of women offering unprotected, bareback services, and we think that's potentially linked to them being on PrEP."

"When I talked to the GU doctor about this last time I was down there, she said they've seen an increase in all other STIs since they've started offering PrEP."

The same participant highlighted that when patients are offered PrEP, more information should be provided about protection for other STIs.

"Offering PrEP routinely to Sex Workers is potentially increasing the risks they're taking with regards to other STIs...I was just offered PrEP. Nobody sat me down and explained that... they don't seem to understand...there seems to be people out there that think that because they're on PrEP they have unprotected sex."

The need to provide information about what STIs PrEP does and doesn't protect from is underlined by this quote. When asked what they thought about PrEP, having heard about it for the first time, a participant replied:

"Amazing! But might stop me using/caring about condoms, also needle safety."

Established use of condoms

Most participants spoke about their established and preferred use of condoms.

"It's very important to have your condoms. I think the most important thing, I think the best thing since sliced bread."

One participant highlighted that they used condoms as a contraceptive and to prevent STIs.

"For me, I always use condoms...because of what could happen if I don't. I mean, obviously, a pregnancy at my age would be awful. And...well no one wants STIs...my version is condoms at all times."

Another participant noted that those who work in parlours local to them were likely to use condoms, partly because condoms were routinely provided by a local sexual health charity.

"In the parlours I've worked in and the girls I've worked with... we all have protected sex... we have condoms off your guys... we never run out of condoms. So, we're not put in a situation where we have to do bareback."

Several participants voiced that they didn't feel that PrEP was for them, due to their strict use of condoms.

"I don't think I will ever take PrEP. Because I always use condoms."

"I don't think I necessarily need PrEP on a daily basis, because I don't have unprotected sex."

"Me personally, because I don't do bareback, I wouldn't even consider it."

"I'm so low risk...I can literally count the number of split condoms I've had in 10 years on one hand."

Although some participants highlighted concerns about the risk of *stealthing*,²⁵ one participant explained the measures they took to ensure condoms were always being used, which they felt again reduced their risk.

"...there's ways around that [stealthing], I've got giant mirror at the end of the bed...I can make sure I can feel the rim of the condoms still there. And that's just about being really savvy and aware of your surroundings."

Dislike daily pills/taste of medicine

One participant noted that taking a daily pill and the potential taste of the pill, would be a barrier to taking PrEP.

"Taking a daily might be a barrier, it's tiring to take a pill everyday... depends on the taste of the medicine."

Another participant voiced their dislike of taking pills.

"Nobody likes to, well I don't like taking tablets."

²⁵ Removing or not using a condom, without someone's consent.

7.2.3.2 Automatic Motivation Barriers

This sub-section explores automatic motivation barriers such as automatic processes, our desires, emotions and feelings, impulses, inhibitions and habit.

Concerns about judgement

When asked what would prevent them from seeking professional support for their sexual health, one participant replied:

“Being judged.”

Embarrassment

Related to the above theme, one participant highlighted that *“feeling embarrassed”*, would prevent them from seeking professional support for their sexual health.

Concerns about confidentiality

Concerns about confidentiality of healthcare and sexual health support were highlighted.

“It's quite a private thing isn't it...I don't want my doctor shouting out.”

Another participant said:

“I always feel like doctors, I don't feel doctors [are] very confidential, even if they're supposed to be, I just don't think they are.”

The same participant highlighted a negative experience that led them to believe that healthcare is not always confidential.

“When I've gone in in the past about problems not sexual health, but other things...then next minute, I've got social services...I just don't feel I would go to them doctors about my sexual health because of what what's happened previously in the past all the things.”

Concerns about PrEP side effects, and effects on other medication

Concerns about the potential side effects of PrEP were voiced as barriers for using PrEP.

“The only worries I'd have about is the side effect.”

Some of these concerns related to other people experiencing negative side effects.

“I have heard that for the first three months, it can, you can have some pretty iffy side effects with it. So, it's like don't want to go through three months of iffy side effects for something.”

“I was also told that you're violently ill from these tablets, I don't know if things have evolved. But this was maybe sort of 10 years ago, and that was off putting for a lot of people before they start taking any type of medication.”

A number of participants raised concerns that PrEP may impact the effectiveness of other medication.

“My medication. Whether it affects my medication, or whether it would be effective with medication I'm taking.”

“[As long as] it don't mix bad with you the medication I take.”

A lack of information about the potential side effects of PrEP, and impact on medication was also highlighted.

"I don't think I know enough about side effects...or whether it would be effective with the medication I'm taking."

Worries about STIs (not HIV)

Worries about STIs that were not HIV were prominent. These worries did not just relate to STIs from intercourse, but also oral sex.

"It's to so much the vaginal tests that I worry about because obviously I have protected sex. And it's only if a condom splits and to be fair, I don't I get worried when a condom splits because it's very rare and your chances of getting something off someone are slim. It's more the throat, because you do a lot of oral without, that's really worrying. Um, the fact that you wouldn't know if you had something in your throat."

7.3 Facilitators

7.3.1 Capability Facilitators

The following section explores facilitators related to capability. Within the COM-B model, capability refers to an individual's psychological and physical ability to engage in a given behaviour.

7.3.1.1 Psychological Capability Facilitator

This sub-section explores psychological capability facilitators such as knowledge and information, psychological strength, skills or stamina.

Confidence to seek healthcare and sexual healthcare

Several participants highlighted that they felt confident seeking support for their health and sexual health.

"I'm not afraid to seek healthcare."

"I'm not scared to get seek the advice."

In reference to cervical screening tests, *"it doesn't matter for five minutes of your life, it's to make sure you're safe."*

When asked if visiting a sexual health clinic would be a barrier to accessing PrEP, a similar sense of confidence was found among some participants.

"I'd be happy to do it. I'm happy to go to this kind of route. I'm happy to have the consultation with whoever I need to have a consultation with. I think it's good that you can speak to somebody, and they can tell you everything about the drug."

However, it is worth noting that participants reached via sexual health charities generally suggested that they would speak to their trusted contact at the charity first, and then visit health or sexual health clinics if they advised them to.

"If I thought I had something wrong with me, then I wouldn't just leave it. I'd seek advice straightaway and genuinely...be honest with you."

They often referred to sexual health services as the contact they received from said charities.

"Yeah, that's what I'd just describe as sexual health services."

Knowledge of how to navigate services

Participants who were in contact with a local sexual health charity, noted that they would know where to go if they needed to seek support for their sexual health. Again, the first step was usually cited as speaking to their contact at the sexual health charity.

"I know where to go straightaway, I feel that I do feel that I do get the help and support I need."

Awareness about PrEP

As mentioned in the barriers chapter of this report, approximately half of those interviewed had previously heard about PrEP. When asked where they had heard about PrEP, participants replied:

"Actually through my husband. Erm, because my husband's just been put on it."

"There's a group I liaise with, which is [for] Sex Workers."

"Another Sex Worker is taking it, she received it through a private prescription though, rather than on the NHS."

"Sexual health services and yourself [contact at sexual health charity]."

Word of mouth promotion of PrEP

Increasing awareness of PrEP through peers was suggested as an effective measure to encourage people to consider using PrEP. This participant suggested that formal channels of communication would help, but that word of mouth could act as a reminder and persuade people to think about PrEP.

"People keep you at the back of their mind as well and then they can come home and just and say, 'Oh, have you heard about this? Have you heard about that?'"

Awareness and knowledge of risk perception among some

Participants held a variety of views relating to risk perception. Some participants appeared extremely knowledgeable relating to risk perception and prevention measures.

"Obviously I'm having sex with a lot of different people...every six weeks...I have my HIV test."

Participants highlighted how engaging in Sex Work had increased their knowledge of risk and prevention.

"I didn't realise how much of a massive thing condoms was until I started doing this job...now that I do this job, you sort of get more of an understanding of like, the dangers because when you're coming and you're telling us...the job makes you sort of more aware of STIs that are going around... you are more what's the word? You are more on the ball of things."

"You are so much more aware of what's out there and aware of what can happen."

Information and adverts in parlours

Displaying information about local sexual health services and organisations was suggested as an effective method to reach Sex Workers to increase knowledge and awareness of sexual health support.

"Yeah, in the parlour around there...there's lots of advice. Gives us support."

"Every parlour I've worked in has always had your number up anyway, they've always had your number up on the board."

When asked who they would like to receive information about PrEP, one participant suggested outreach in parlours, from a trusted contact.

"...come to the parlour. Or anyone that's that works in the sexual health environment, I'd be okay with that."

More information about PrEP, particularly to increase knowledge of side effects, spaces to discuss PrEP

More available information about PrEP was recommended, for potential PrEP candidates to do their own research and decide if PrEP was for them.

"I'd wanna research it, like online with different organisations."

When asked 'what would encourage you to consider taking PrEP', a participant replied, saying *"this interview"*. They went on to say they were *"grateful to be informed and know it's [PrEP] available"* and that as a result of the interview they *"would consider [taking PrEP] in the future"*. This highlights to benefit of providing the time, space, and information for PrEP to be discussed.

Additionally, as mentioned in the barrier section of this report, more information about the potential side effects was suggested as a facilitator to encourage people to consider PrEP. A number of participants highlighted that they would be interested in taking PrEP, if they knew it wouldn't impact their other medication.

"If knew that it wouldn't clash with medication that I'm on basically, it'd be still effective whilst taking what I am taking."

"I'm hoping that I can take it because of the medication I'm already on. I would take it."

Information about PrEP in one place

Related to the above, participants highlighted the need for direct, consolidated information about PrEP, rather than searching online and trying to find information. One participant suggested a text message with a website link that you can click on to find all the information you need.

"You could text somebody...they send you a link. So instead of having to go on the internet and search for that thing...I think having a link maybe sent to your messages and clicking on the link, and it takes you straight to the page that you need. I think that would help."

More information and adverts about sexual health and clinics

More information and advertisement about sexual health clinics and sexual health issues such as STIs were viewed as necessary to make access to clinics easier, and in turn, increase awareness of PrEP.

"It's quite simple thing to or to have leaflets or to have something within the clinic."

"...the information can be brought closer to me, that will motivate me to participate."

"Maybe more advertisement about it...because I wouldn't know there was [a clinic]. And whether it's on a radio or an advert, posters, something that pops up on the Facebook as an advert, you know, this Facebook's a big thing, isn't it?"

Information on Sex Worker sites

Displaying sexual health information on relevant websites and apps were also suggested as a way to increase knowledge and awareness.

"Maybe make some profiles on Adult Play or anything like that?"

"Could they try and team up with that 'Client Eye?... Client eye is just an app and then what you do is you press search and when you're working from apartments, you don't have cameras or anything like that. So, you type in that customer's number that's made a booking and it'll come up if it's, it's only bad reports."

Furthermore, information on relevant sites was recommended in an aim to reach those who do not work in parlours.

"I don't use Vivastreet personally, but we've used it out of town before, because it's good out of town... yeah, there is some other websites that other girls use when they work out of town."

"An Adult Work profile as er, seeking services, which [would enable health professionals to] ...search every woman on Adult Work in [local area] and send them a copy and paste email, informing them about the [local clinic]."

Societal sex education and early education

Increasing sexual health education among wider society was cited as a potential facilitator for improving sexual health and awareness of PrEP.

"...to be honest, the education needs to be generic with society, because it's the clients that are the problem."

"Get leaflets out in schools...they should know where they can go to if they don't want to speak to their parents, they should know where they can go to for contraception, condoms, anything they might need, sexually. And I think, I think maybe they need to, yeah, advertise it a bit more."

7.3.1.2 Physical Capability Facilitators

This sub-section explores physical capability barriers such as physical strength, skill or stamina.

Pills seen as easy to take

PrEP in a pill format was viewed by one participant as physically easy and convenient.

"Easy, because I take pills everyday anyway."

"So as a tablet, I mean, I take I take five different tablets a day anyway. Taking an extra one, along with all that I take about 10 vitamin pills as well, a day."

"I think tablet forms is the best form of anything really. You don't want an injection. You don't want a patch."

7.3.2 Opportunity Facilitators

The following section explores facilitators related to opportunity. Within the COM-B model, opportunity refers to external factors that make the execution of a behaviour possible.

7.3.2.1 Physical Opportunity Facilitators

This sub-section explores physical opportunity facilitators. This relates to the wider environment and involves barriers such as such as time location or resources.

Time and means to maintain sexual health and access clinics

The majority of participants interviewed stated that they did have the time and the means to look after their sexual health and to visit clinics, if required.

When asked if they have the time and the means to seek professional support, participants replied:

"I make sure I do."

"I've always got the time and the means to get or seek support or anything if it's important, you know, you've got to make time for things like that."

When discussing clinic opening times, views were mixed, but most participants felt that the opening times were not a problem for them.

"They don't bother me either...the times for me isn't a problem."

A number of participants also cited that they did have access to transport to visit clinics.

“Yeah, I’ve got a car.”

“Yeah, I can get there. I’ve got I’ve got a friend that can drive me everywhere. I don’t mind getting the public transport. No have any issues with that one.”

This theme also relates to reflective motivation, whereby many said that maintaining their sexual health was a personal priority.

Confidential and discreet services, including home visits

As highlighted in the barriers chapter of this report, several participants highlighted concerns about a lack of confidentiality with healthcare providers. Services that were viewed as discreet, such as support provided by sexual health charitable organisations, were perceived as trustworthy.

“...your guys are really trustworthy, and it’s like, totally discreet.”

Another participant noted why they prefer home visits instead of attending a sexual health clinic.

“Coming here is a lot more relaxed, I’m still happy to go to the clinic, but it is a bit more discreet [at home].”

Information about PrEP and support that is discreet/can be read in private

Related to the above, one participant expressed a wish for information about PrEP to be available in a format that they could read in the privacy of their own home, such as a letter, leaflet or website.

“If the health service could probably even distribute those things in the letter box, then we have time to go through them yourself and read and try to figure out... if you have more information like letter wise where you can read yourself or if they make us aware of the websites or whatever way to communicate privately.”

The same participant suggested that PrEP information should be available on an app. This participant suggested that obtaining information and advice in private would be beneficial to also obtain more holistic support, such as for those experiencing violence, which could then be discussed in confidence.

“A digital app that you know one can log in. I think that would be helpful to a lot of people to open up about what they’re feeling, experiencing sexual violence and so forth.”

Regular contact with healthcare and sexual healthcare

Among participants, there were varying levels of contact with healthcare. Several participants highlighted regular contact with healthcare via the NHS, which could present channels to provide further information about PrEP.

“My doctor is amazing. I’ve had him for like, 30 years. I know it’s lovely.”

One participant highlighted regular contact with midwives, and that *“wanting to protect baby”* would motivate them to seek support for their sexual health.

A number of participants spoke about regular STI testing.

"I use a sexual health [clinic] every six weeks for my check-ups."

"Every 28 days I will order an STI sexual health kit to make sure I test I'm clean, I'm free from any sexually transmitted diseases and infections."

"I'll get to the G clinic every six weeks. And I get brought in for pill checks, HRT checks, and asthma checks. Even before they had a working women's clinic, I was using the GU service anyway."

It is worth noting that while these participants spoke about regular contact with healthcare, many had not heard about PrEP.

PrEP information / promotion in drug and alcohol and women's centres

A number of participants suggested information about PrEP, and sexual health more broadly, could be promoted in locations that provide support to women experiencing issues such as substance misuse and addiction. Women's centres were also highlighted as a key location. It was suggested that this approach would be effective in reaching women who may benefit from sexual health support, including PrEP.

Healthcare, sexual healthcare and PrEP information via sexual health charities

Many participants highlighted that their first step to access any healthcare or sexual healthcare, would be to speak to a trusted contact at a local sexual health charity. When asked what motivated them to seek support for their sexual health, one participant replied:

"You motivate me because you drop me a text...the other week saying 'do you want testing? I'm round the corner.' So that's our type of need, whereas you wouldn't get that online, and that's a massive help."

If they thought there was a problem, the participant explained they would access healthcare by speaking to their contact first.

"I'd message you and see what you thought. And then if you'll say go to doctors, I'd like ring up doctors then. But I'd obviously ask you first because I wouldn't want to disclose to my doctors what I would disclose to you because it's more private."

The same participant was asked who they would want to hear from about PrEP and whose advice they would trust.

"Yours [contact at charity] ...I'm alright where I am with you guys."

Another participant said their "key worker" would be the sole person whose advice they would trust if they were to consider taking PrEP.

Face-to-face services

Many participants highlighted a preference for in-person healthcare and sexual health services. When asked why, participants answered:

"I find it more personal. And I just think it's easy for me...and it's just better for me, especially with my mental health."

"I've just found it easier to speak to people face to face rather than online."

"Well online can't test me can they... [in person] you know what you're getting, you're done, you're dealt with, you don't have to worry."

One participant said (via a translator) that due to language barriers they prefer in-person services.

"She wants to go to the hospital, so she'll be able to understand better."

Sexual health clinics best setting for PrEP

When asked if accessing PrEP via a sexual health clinic would be a barrier, many participants noted that they would find it normal to access PrEP from a clinic. This was particularly true among participants who had regular contact with clinics.

"Sexual health clinics are generally the better place for anything to do with sexual health."

"If I ever did want to access PrEP, that would be the way that I went [to a clinic]"

"In that situation...if you did a job where you had to start taking the PrEP, because you was in high risk of contracting HIV, and then that's just a small stepping stone, but I suppose it could be a big thing to some people...all depends on the person."

PrEP available in other settings, as an option

However, other participants suggested that PrEP should be available in other settings as this would make it easier and more discreet to access. This theme was particularly evident among participants reached by organisations supporting asylum seekers and refugees.

"I think it would be helpful if there are other little centers that are accessible to people, then trying to go to the clinic itself, which is quite a wait, then a process to get in touch with them."

"There's lots of other settings, even charitable organisations, sometimes full churches where people collect food banks, languages, private...it's much more easier if it's in the community rather than at one point."

Long term prescriptions/dosage and different formats of PrEP

Some participants suggested that PrEP should be available in different formats.

"Patches for those that are scared of needles, injections for those are not tablets for the inbetweeners."

"An injection...or like a pad, like a niccy [nicotine] patch."

"She's suggested an injection once a week, or once a month or several months." [via a translator].

Other participants highlighted the need for large dosages.

"...maybe then you get a bigger dose...instead of up and down to the sexual health clinic collect it."

Easy, discreet, online repeat prescriptions

A number of participants suggested a need for easy repeat prescriptions of PrEP, ideally available online to order.

"For somebody that's wanting PrEP...maybe you should be able to access it through a prescription. But it should be something... online you can go in and order it... like a certain account that's designed to yourself, I've got an account with [local clinic] where I order all my tests and things like that through. You should... be able to reorder a prescription to make it easier for people to have access to it."

Another participant said they would prefer not going into the clinic where they would have to see somebody to obtain a repeat prescription of PrEP.

"Even just with a form and they send it to you in the post."

Translation of information / services

Participants, particularly those reached by organisations supporting asylum seekers and refugees, highlighted a need for services and information to be available in different languages.

"It needs to be translated."

7.3.2.2 Social Opportunity Facilitators

This sub-section explores social opportunity facilitators. This relates to opportunities as a result of social factors, such as cultural norms and social cues.

Discussion about HIV among Sex Worker community

While some participants suggested that HIV was not discussed among their peers, others noted that HIV and HIV prevention was a topic of discussion. This was particularly evident among those who appeared to be well informed about sexual health.

"Yeah, it's something you talk about not maybe all the time, but you do with other girls have conversations about it."

"Yes, they do talk about it. And particularly, that it's not just through sex like cutting on your hand or through blood or anything like that."

One participant also highlighted individuals who have been working to increase awareness of HIV within the porn community.

Peer support to take PrEP

The majority of participants expressed that their peer network, such as their family and friends, would support them to take PrEP if they wished to do so.

"I've got a very, very supportive mum. She knows what I do, she supports me 100%."

"My mum would be happy about it. She's the only person really. And my uncle, you know, they'd probably say, yeah, I think it's a good idea that you take that drug because of the job I do."

"I've got a very supportive partner."

"They'd want me to be safe in the job that I was doing."

It is worth noting that this differed among participants who were reached by an organisation that supports refugees and asylum seekers, who noted that their family and friends may not support them, because they would not know enough about PrEP.

7.3.3 Motivation

The following section explores facilitators relating to motivation. Within the COM-B model, motivation relates to internal processes that influence our decision making and behaviours.

7.3.3.1 Reflective Motivation Facilitators

This sub-section explores reflective motivation facilitators, such as making plans and intentions, evaluating past experiences, considering options available to you.

Health and sexual health seen as important and own responsibility

All participants highlighted that health and sexual health were important to them. When asked what would motivate them to seek support for their sexual health, a participant replied:

"I don't need the motivation. I think it's just something that you should do to take care of yourself."

Others said:

"Obviously I want to stay healthy and fit...nothing discourages me because I'm quite open and honest about things like that."

"It's important, it's important to look after yourself."

Some participants highlighted that maintaining good sexual health was particularly important to them, due to the nature of their work.

"It is quite important...you need to stay clean and healthy in the job...you are more on the ball of things."

Perception of condoms as expensive and scarce

One participant highlighted that condoms were seen as expensive and difficult to obtain. This participant was reached through an organisation that provides support to refugees and asylum seekers, and this finding may be relevant to this specific audience.

"...from my side, in France and stuff, like people...they say condoms are expensive...true though, very expensive."

The participant added condoms were not widely available.

"I mean, they can get their condoms, but to get condoms is only one place... so if you don't get them from there, then you have to buy... they might not have condoms with them all the time."

Benefits for porn industry

Several participants noted that PrEP may have benefits for those working in the porn industry, where there may be higher instances of unprotected sex.

"People who do porn...well they don't use condoms. So yeah, they would be a good candidate to have PrEP."

"I can imagine it is a worry for some people in say the porn industry, where they're having to do the bareback, they can't have sex with the condom on."

Participants also highlighted that PrEP may be beneficial for those in the porn industry, due to an over-reliance on STI tests and certificates, which are currently used in the porn industry.

"STI tests only tells you were clear four to six weeks prior to taking the test. So, unless you then don't have any sexual contact for four to six weeks, having a certificate to say you're clear, does not mean you're clear. So, I actually think that the porn industry has probably got more STIs rolling around in it than independent sex workers who use protection."

Changing type of Sex Work, encourages thoughts about PrEP

Related to the above, several participants suggested that if they changed the type of Sex Work they did, particularly Sex Work that might involve condomless sex, they would consider using PrEP.

"Maybe if I change from being an escort to a porn star?"

"If my lifestyle changed. If I started doing bareback"

The quote below highlights the need to promote PrEP to a wide audience within the Sex Industry, as people may benefit from PrEP in the future, even if they do not consider themselves to be at-risk now.

"You can never say never, because you don't know where your life's going or where life's going to throw you your way, or where life's going to put you out. And my life could spiral out of control, and I could end up on the street... something bad could tragically happened. And that could absolutely send me off the rails."

Similarly, another participant highlighted how PrEP would have been beneficial for them in the past.

“Sounds very great. If I had known about it at some point in my life, I mean, you know, when I, when, you know, we’ll find ourselves in risky situations at some point. I had known about it; I would have definitely made good use of it at some point.”

Client demand for unprotected sex

One participant highlighted the demand among clients for unprotected sex.

“I mean the amount of guys that ask for unprotected sex is astonishing. The amount of women that offer unprotected sex is astonishing. I don’t know if that is down to desperation for money, or form of self-harm, or just downright ignorance about what they could catch or how they could catch it, or what it might do to them.”

The same participant highlighted that oral sex between Sex Workers and clients, was often performed without condoms.

“I think most clients are completely oblivious to the fact that they can catch something from unprotected oral...very, very, very, very, very, very few clients ask for protected oral.”

Do not use condoms

Most participants said that they regularly used condoms. However, one participant, who was reached by an organisation supporting refugees and asylum seekers, had no experience of using, and little knowledge about, condoms.

“She doesn’t know [about] condoms because she’s never used them. “

This finding may be most relevant to this specific audience, but it is also worth noting this quote which is also highlighted in the above theme.

“I mean the amount of guys that ask for unprotected sex is astonishing. The amount of women that offer unprotected sex is astonishing.”

The quote above relates to theme ‘stigma to disclose unprotected sex’. This indicates that instances of unprotected sex may be higher than individuals report to healthcare professionals.

Experience of catching an STI, condom splitting, or having unprotected sex triggers thoughts about sexual health

Similar to other health seeking behaviours, it was cited that experiencing a negative health outcome, such as obtaining an STI, can trigger thoughts about sexual health and may be a timely moment to communicate PrEP.

One participant highlighted how testing positive for chlamydia, made them consider their risk.

“You can be the most safest person out there...and you can still pick up things. I was oh my god, that's made me think differently now what I do in this sort of work...I would only ever see clients who were tested beforehand, who could show me a test that was negative, or any results on the phone. But now I'm completely stopping doing that full stop.”

In a similar sense, another participant highlighted that a split condom, would encourage them to seek professional support.

“If a condom breaks or anything like that.”

Another highlighted that having unprotected sex, triggers thoughts about HIV risk.

“Before you're about to have unprotected sex.”

Positive perceptions of PrEP, particularly that it's preventative

While some participants felt that PrEP was not for them and could have negative side effects (e.g., other STIs, or side effects from medication), other participants held positive perceptions of PrEP. Participants particularly highlighted the benefits of PrEP as being preventative.

“I think it's great idea. I mean, it's preventative treatments so it can only help in the long run.”

“I think it's fantastic. I think it's brilliant...I'd happily have it...it prevents you from catching that disease...now I'm a fan of PrEP.”

“The prevention is always better.”

Type of partner and relationship status

Similar to other audiences, the type of partner one has, and their relationship status could be a factor for considering PrEP.

“It will depend on the kind of partner I might be having. If I'm single and starting to meet someone again...that's a good prevention. Good prevention to start any relationship. Or, you know, if you have any doubts with you.”

7.3.3.2 Automatic Motivation Facilitators

This sub-section explores automatic motivation facilitators such as automatic processes, our desires, emotions and feelings, impulses, inhibitions and habit.

Feelings of security and safety

PrEP was seen to offer a sense of safety and security to some participants. When asked why they might decide to take PrEP, participants replied:

“To keep me more safer.”

“Obviously I'm having sex with a lot of different people. Taking that [PrEP] obviously, takes your mind off catching HIV because every time, every six weeks when I have my HIV test, in the back of your mind you thinking, hmmm you know, have I or haven't I?”

Worries about condoms not being fool-proof

Related to the above theme, several participants cited concerns that condoms were not always fully protective, and that PrEP would offer extra safety.

“It depends how often I felt like condoms weren't working.”

“You don't know if that condoms gonna split because it's not 100%. So, I think for that drug to be invented, I think I think it's amazing... it adds extra protection for you.”

“When I first heard about PrEP, it was encouraged for any working girl had a split condom, that might encourage me to have PrEP.”

Similar to other audiences, worries about stealthing were also present.

“The ones you want to watch out for is stealthing, which is where they remove the condom without your knowledge.”

Sense of control

Related to the theme above, one participant highlighted the sense of control PrEP could offer.

“If they are given the control, the things near them, they do you use them. It's just a matter of how easy they can get them.”

Worries about HIV

Participants shared worries about HIV. The worry was often described as something that's 'in the back of your mind' rather than a prominent concern.

“It is a worry in the back of your mind no matter even if you are a girl who has protected sex all the time it is a worry in the back of your mind because it is a bad thing.”

A small number of participants spoke about concerns relating to risk and the effects of HIV.

“...as far as everybody knows, it's, without medication it's a death sentence.”

“...they are concerned about the risk.”

Feelings of embarrassment to have an STI

One participant highlighted how testing positive or seeking support for STI symptoms evoked feelings of embarrassment.

“So, we both had to get treated for it [chlamydia], which was quite embarrassing. I've gotten all this time and never caught anything.”

8.0 Trans and Non-binary Findings

8.1 Sample characteristics

A total of 11 individuals participated in this strand of research.

Demographic Variables	N	%
Gender	11	
Trans-Masculine	2	18%
Trans-Feminine	1	9%
Non-Binary	6	55%
Self-Describe	1	9%
Cis-Male	1	9%
Gender same as sex assigned at birth	11	
Yes	1	9%
No	10	91%
Age	11	
18-24	2	18%
25-34	9	82%
35-44	n/a	-
45-54	n/a	-
55-59	n/a	-
60+	n/a	-
Region	11	
Northwest	2	18%
East of England	1	9%
London	8	73%
Ethnicity	11	
English/Welsh/Scottish/Northern Irish/British	11	100%
Registered with a GP	11	
Yes	10	91%
No	1	9%
Nationality	16	
English	1	6%
British	9	56%
Ivorian	1	6%
Namibian/British	1	6%
Albanian	1	6%
Unknown	3	19%

**N reflects the total number of participants.*

8.2 Barriers

8.2.1 Capability Barriers

The following section explores barriers related to capability. Within the COM-B model, capability refers to an individual's psychological and physical ability to engage in a given behaviour.

8.2.1.1 Psychological Capability Barriers

This sub-section explores psychological barriers such as knowledge and information, psychological strength, skills or stamina.

Low levels of knowledge and information about PrEP

Although some participants had high levels of PrEP understanding and knowledge, other participants reported that they did not understand the effects or benefits of PrEP, or how it differs from PEP. Many participants highlighted that they had not been provided with information about PrEP within healthcare appointments.

"I've heard about that before but didn't have any information about like that you had to pay for it, or what it was for, that there was PEP as well...what it meant, like in your body as a drug."

"Even being with like a GIC...they've not given me any information like sexual health at all."

Low levels of awareness and knowledge within healthcare setting about Trans issues

Most participants reported previous negative experiences with healthcare professionals. Participants perceived these negative experiences to be caused by low levels of awareness and knowledge about the issues that Trans and Non-binary people face, among healthcare professionals.

"It was just horrific. Like the doctor was an Essex doctor, they had never met a trans person ever. And I had to like physically write my own referral on his computer in the end because he just... they have no training."

Lack of sexual health and PrEP information for Trans and Non-binary people / information for gay men prioritised

Participants across two focus groups discussed their view that PrEP is marketed towards cis-gender gay men and therefore, people assume PrEP is only for cis-gendered gay men.

"In like sexual health, in general, and in I guess, in the community in general, any information that's out there is always based around gay men. The bottom line of it, like you think of a sexual health clinic, and you immediately think of HIV as well. It's just like, they just go hand in hand and therefore you get all the things around like gay men and all that and obviously, that's like really important, but it doesn't work for everyone does it?"

Another participant noted:

"That's where all the advertising is. And it's like, well, it kind of seems like a cis man's drug. Yeah, it doesn't seem like it's for us."

It was highlighted that this barrier is further compounded by the potential ambiguity or fluidity of how someone might 'present' their gender to the outside world.

"And also, I just feel like if you don't present in a certain way...if you don't immediately present to people as a gay cis man, that information is not communicated to you or, you're made you feel like it's not important for you."

"The only time that PrEP has been brought up to me by someone was when I like presented as a gay man, anytime past that, where I have been presenting feminine, it's never been offered to me."

Lack of knowledge within healthcare of Trans and Non-binary health issues

Participants spoke about the difficulties they faced accessing healthcare. It was explained that this was due to healthcare professionals being unaware of the specific physical and mental health issues that affect Trans and Non-binary people.

"The entire experience was completely illegal, like just on a base level...he asked about my, um, sexual abuse history. He weighed me. He asked to look at my chest, which is all things that actually they're not legally allowed to do. Like what a GP should do when you ask to be referred is to go, okay, write it and not say anything."

This lack of knowledge was noted by participants as heightened when it came to issues of neurodiversity, gender and additional pressing needs such as housing.

"So, they gave me a single appointment there at which they told me that I just needed to conform a little bit better and try to fit in a little bit more... and then they told me that I was preventing them from offering me treatment by being trans and by being homeless.... And it honestly was just so callous."

Generally, a lack of 'Trans informed' services was seen as a key barrier to accessing healthcare for this community.

"And if I have tried to get it [therapy] on the NHS...they weren't trans informed. So, like it's pointless trying...it wasn't going to help."

8.2.1.2 Physical Capability Barriers

Themes relating to physical capability (physical strength, skill or stamina) were not uncovered during focus group analysis.

8.2.2 Opportunity Barriers

The following section explores barriers related to opportunity. Within the COM-B model, opportunity refers to external factors that make the execution of a behaviour possible.

8.2.2.1 Physical Opportunity Barriers

This sub-section explores physical opportunity barriers. This relates to the wider environment and involves barriers such as such as time location or resources.

Difficulty obtaining appointments

Participants voiced their frustration around difficulties obtaining an appointment, whether this be a routine GP appointment or an appointment with a sexual health clinic.

"I don't book many GP appointments because it takes too long and it's too much effort."

"And it seems to be quite hard across the board, apart from those that use using the Babylon app."

"It's just so fucking difficult."

This was followed by similar issues relating to accessing sexual health services.

"The thing is they're also oversubscribed...like sometimes you got to book weeks in advance."

"I went to the...LGBT center there, they had a health clinic, but I think it was like certain days was about PrEP. So, you had to call to have a meeting about PrEP for that day. It was kind of difficult, it was not as easy as [name of another participant] was describing."

Lack of discussions when accessing healthcare about Trans and Non-binary sexual health

There was a general consensus amongst participants that healthcare professionals do not initiate conversations about sexual health with trans patients. One participant who had regular contact with a GP who ran a trans drop-in session each morning noted that sexual health was not discussed.

"Neither does the [GP] ...as great as she is. Yeah, nothing about sexual health. It's just about trans health."

"A lot of healthcare providers...they don't ask how someone is from is transitioning and what point of the transition [they are at]. Yeah, there's a lot of assumptions made and there's no real conversation about it, which is another super important point."

Healthcare services are 'gendered' which can cause anxiety and difficulty navigating services

Participants discussed feeling discomfort and anxiety when accessing healthcare, as they were often required to state a biological sex, which meant disclosing their sex at birth.

"I had abnormal cells for a smear...to deal with that I had to go to the part of the hospital that also deals with pregnancies. And so, all of that is so, so gendered all of the forms and all of the things ...it was really, really horrible in

one way, but ... my health anxiety is so large that I just have to make that sacrifice all the time."

Another participant noted that questions relating to sexual partners and sexual history, also forced them to provide details of other people's sex at birth.

"My god. Yeah. Having to describe like going to sexual health clinic and being asked about your partner's...oh my god...yeah. Being forced to misgender them is so fucking weird."

Some participants stated that they would not receive treatment if they disclosed their sex at birth, such as the Mpox vaccine.

"I remember just being very nervous and hearing a story of someone, you know, someone going in and them [healthcare professionals] seeing like an 'F' marker and being like 'Bye!' So, I feel like if I hadn't gone to like [trans specific clinic], I don't think I would have been offered it".

"Especially when people go from like being perceived to some extent in sexual services as like a straight woman...to like a transmasculine person. The minute that you're not perceived as having sex with like a cis man they are like, so you're going to be fine."

Healthcare system difficult to navigate creating personal responsibility for healthcare

Similar to the above themes, participants reported that they found the healthcare system difficult to navigate, particularly for trans people. Participants noted that this resulted in trans people being responsible for their own health research or finding a rare healthcare professional who understands trans issues.

"Things like accessing information about sexual health and about sexual health care is very difficult and is very convoluted. And there's, you know, is though especially now, the NHS is being increasingly privatised. There's a lot of bureaucracy, there's a lot of jurisdictional nonsense to navigate and it's all extremely prohibitive. You know, it makes it so hard that it's functionally not worth it for a lot of people, which I think is why a lot of people go untested for long periods of time because they can't face navigating it."

"I don't think I would have gotten any information from my GP, unless I was having therapy with a trans therapist. And he told me like basically all my rights when referring myself to the GIC...if I didn't know that, then I probably wouldn't be on the waiting list because it was just, it was just horrific."

Lack of resources in the healthcare system

Multiple participants mentioned a lack of resources in the NHS, particularly staff and access to drugs such as PrEP, which they felt made it difficult to access treatment in a consistent way.

"It was kind of difficult...not as easy as [name redacted] was describing at all. Not at all. They didn't like have a supply in [of PrEP] or anything."

Other participants mentioned a sense of guilt associated with receiving treatment due to the perception that they were taking treatment away from another person.

"...the GIC that I'm with is a trial...I wouldn't be on it unless it was a trial thing. So, it's like always this kind of like luck of the draw, like scholarship grant deal that you get with everything, healthcare."

Another participant reflected a similar view:

"Oh, if I take three months' worth of bottles, and I don't use it? Am I taking it away from someone else? Like, I always think that with trans healthcare in general, I'm like, oh, I'm taking this thing away from someone else."

Poor and often sporadic communication from healthcare providers

Multiple participants complained that communication between healthcare providers and themselves was poor. Participants noted that they did not receive adequate updates relating to the progress of their treatment and there were often delays in communication from healthcare providers.

"The gender clinic I'm with...which is known for not being great. And they just communicate so poorly...my last appointment must have been well over six months ago, and I've had no contact from them since like, I don't know anything about my progression with access to hormones. I have still been self-medicated now for years. And I've been with this clinic for over a year now well over a year."

Another participant spoke about their friends' experiences, showing the impact of word-of-mouth negative experiences.

"What keeps happening is they take her bloods. They wait about six months to send her the results. And then after six months, they're like, oh, well, it's been six months so, your bloods aren't accurate anymore, we need to take your bloods again. And then they wait like another fucking six months and this cycle just repeats."

Trans issues being underrepresented in healthcare services compared to other LGBTQIA+ issues

Related to the barriers highlighted earlier in this chapter, such 'lack of sexual health information for trans people', participants noted that healthcare services were focused towards cis-gender people or gay cis-gendered men.

"No, no. I feel like spaces tend to be more like, gay than trans."

"In like sexual health, in general, and in I guess, in the community in general, any information that's out there is always based around gay men."

Lack of / poor quality sex education about sexual health and LGBTQIA+ sex

Participants spoke about poor quality sex education, and non-existent sex education for queer or Trans people. Specifically, participants mentioned that there was no education around topics such as gay sex, queer sex, sex for pleasure or sexual health.

“Sex education in general...sucks at school, but it sucks for queer people. Like we had to learn on the job. And it's so, so fucked up...like, what about STIs? What about different types of sex? What about sex for enjoyment? Queer sex education is, like, awful.”

Not being registered to a GP / no fixed address

Two participants mentioned not being registered with a GP, one because they did not have a permanent address and the other because they were due to move. Both participants noted that this was a barrier to them accessing healthcare.

“So, basically, I am not registered to a GP, and my access to health care isn't the most ideal. I live on a boat. Um, so I don't have a permanent address.”

The barrier for those with no fixed address to access healthcare and sexual health services was further highlighted by this participant:

“Accessing sexual health care is extremely difficult with no fixed abode when everyone just says, oh, you can just get a postal kit. And I'm like, yeah, posted where?”

“So, one of the things that I really want to highlight is just how difficult basic access can often be. I can't tell you how many times I have been turned away from doctors, from urgent care, from A&E, even after being assessed and told that I needed emergency inpatient treatment and then turned away once they realised that I was no fixed abode and openly told me, we're not going to take you because you don't have a real address”.

8.2.2.2 Social Opportunity Barriers

This sub-section explores social opportunity barriers. This relates to opportunities as a result of social factors, such as cultural norms and social cues.

Being misgendered

Most participants had experienced being misgendered whilst accessing healthcare which caused stress, anxiety, and frustration. Participants noted that being misgendered happened in-person when being addressed and spoken to, and within paperwork and documentation.

“Even when...I was trying to sort out hormones and getting on the waiting list for the GIC...they misgendered me all the way through the notes...it was like ‘she is having trouble with her gender’.”

“If I had a phone call appointment, every time. No, actually even in person. They would always change my title from Mr. back to Miss. And then I had to keep calling up and asking them to change it. I had to bring my deed poll in like five different times.”

“There's an extra layer of un-comfortability because when it comes to interacting in any spaces as a trans person, you already have to get past the first barrier of how am I going to be addressed? Am I going to have to justify who I am and what I am? And that's such a big off-putting step.”

One participant noted feeling resigned that being misgendered was part of the process of accessing healthcare.

“Like, you get to a point where you have to just sort of make peace a little bit with the fact that it's going to be a bit traumatic.”

Experiencing stigma, bigotry, and intolerance

Most participants had experienced stigma. Stigma was seen to contribute towards healthcare professionals misgendering individuals.

“Like, you're not able to access health services as a trans person without facing a social barrier of someone's bigotry, like you can't get the thing you need.”

“Yeah. It's, it's wild because the GP's bias, is so at the forefront.”

“It going to be a bit traumatic, and people are not going to understand or they're not going to respect you.”

“I feel it's something that is kind of heightened in the trans community, dealing with stigma.”

Stigma surrounding taking control of sexual health

Participants noted feeling shame when taking control over their sexual health, with some participants feeling judged by others for obtaining frequent STI checks.

“There's, like, a shame, almost with, like, taking your sexual health into your control. Like, I have lots of friends who get, like, shamed for asking to use condoms. I've been shamed before for, like, having so many sexual health tests and stuff.”

Lack of conversations about sexual health with friends (taboo)

Participants noted that discussions about sexual health with their friends were rare, even if they discussed sex.

“It is sometimes so funny when you sit around with a big group of queer people and you know, like we often discuss sex and things like that but, but not sexual health in this way.”

Another participant agreed.

“That's such a good point...we talk about that sex, but not sexual health. That's so true.”

8.2.3 Motivation Barriers

The following section explores barriers relating to motivation. Within the COM-B model, motivation relates to internal processes that influence our decision making and behaviours.

8.2.3.1 Reflective Motivation Barriers

This sub-section explores reflective motivation barriers, such as making plans and intentions, evaluating past experiences, considering options available to you.

Negative experiences with healthcare professionals relating to gender

One of the most common barriers cited by participants was previous negative experiences when accessing healthcare, which acted as a barrier to accessing healthcare in the future. It was clear that participants approached health situations with trepidation because of their earlier experiences.

"I find that I'm less inclined to go to places just because of the treatment ...it just makes you feel so like, gross. So, the first time I went to pick up testosterone, the pharmacist, he forced me to go into the back room with him to discuss my gender...he wouldn't give me my prescription... I was like, can I just have my prescription and they were like no, I need to know for a bit before I can give you your prescription so that we can check you're correct, but like, I don't like health services at all. I've not had good experiences."

Perceived pressure to take PrEP or lack of perceived choice

During a discussion in one of the focus groups, several participants noted that they did not like feeling pressured to take PrEP. Participants liked the idea of receiving information about PrEP, as well as a supply to take away, while they considered the decision of whether to take PrEP in their own time.

"I did feel very pressured into, and like, judged into, like, taking it...they were like, 'mmm you should be taking PrEP, because blah, blah, blah'. And it was just like a bit of an information overload. And then I was like, well, I feel like I need to take it now. Rather than being able to, like make an informed decision."

Health as a low priority

Two participants mentioned that their health wasn't a priority for them. They noted that they find it difficult to prioritise their health while balancing other aspects of their life.

"I don't have a permanent address. I've actually been trying to get onto the at home thing [online GP app], and my friends keep telling me to do it, but I don't. I find it quite hard to prioritise that stuff."

"So, it's hard to kind of access things anyway. But yeah, I find accessing healthcare quite a stressful thing."

One participant noted that not prioritising health resulted in a hesitancy to access healthcare in general.

"But I don't access healthcare. I'm really awful. I'm like, very much like, get on with it unless you're dying. Go to the pharmacy and get something. I'm awful."

8.2.3.2 Automatic Motivation Barriers

This sub-section explores automatic motivation barriers such as automatic processes, our desires, emotions and feelings, impulses, inhibitions and habit.

Anxiety (general and health anxiety) associated with seeking healthcare

The majority of participants mentioned that they felt considerable anxiety about accessing healthcare. This often related to negative experiences and being misgendered.

“Like, you get to a point where you have to just sort of make peace a little bit with the fact that it's going to be a bit traumatic.”

“...all of the forms and all of the things ...it was really, really horrible in one way, but ... my health anxiety is so large that I just have to make that sacrifice all the time.”

Fears of being denied access to certain forms of Trans healthcare due to neurodiversity

Some participants worried that seeking one form of medical treatment may cause them to be denied another form of treatment. Participants noted that this was the case for neurodivergent diagnoses and sexual health treatment.

“I'm autistic as hell but I'm scared of getting a diagnosis because I don't want it to be used against me in the future, like gender affirming care. And I know lots of instances of that happening. So, I think it's a very valid thing to be worried about. And I think a lot of people in our community do.”

“Similar to you, I don't want to seek autism diagnosis because I know it will be used against me, not just in terms of trans healthcare, which if I do access it will be private anyway because I just don't have capacity to deal with state bullshit.”

8.3 Facilitators

8.3.1 Capability Facilitators

The following section explores facilitators related to capability. Within the COM-B model, capability refers to an individual's psychological and physical ability to engage in a given behaviour. There are two parts related to capability, psychological capability and physical capability. These two elements are highlighted in distinct sections below.

8.3.1.1 Psychological Capability Facilitators

This sub-section explores psychological facilitators such as knowledge and information, psychological strength, skills or stamina.

Greater knowledge and awareness within healthcare about Trans and Non-binary and health issues

Participants praised several clinics, including clinics outside of London, for their knowledge about Trans and Non-binary health issues. They also praised these clinics for being non-judgmental and respectful in the way they interact and communicate with trans patients.

“There was a really good clinic that I used to go to back in my hometown in [local area]. It's the only sexual health clinic I've been to where I haven't been misgendered. And my dead name hasn't been brought up. Yeah. And it was just like a much more pleasant experience than any other clinic I've been to.”

“Because I have had some great experiences at [clinic] when I've been there, where they have like, been very aware of my gender, because I think you put in your pronouns when you make an appointment with them.”

This highlights the importance of providing the option for patients to state their pronouns at the start of their journey when accessing healthcare, and likewise for staff to be competent and confident at using correct pronouns.

Information about Trans and Non-binary health and PrEP in clinics/on GP websites

Participants said they would be more likely to visit a GP or clinic if these settings included Trans and Non-binary information on their websites.

“Well, the [name of clinic] has a lot of Trans and Non-binary information on their website, they have a section for it. That drew me towards there more than anywhere else.”

Advertise PrEP more widely, PrEP information in a range of settings

When asked what could increase PrEP uptake amongst Trans and Non-binary people, the most popular answer was to increase awareness of PrEP by advertising it more widely.

“Advertise it to them. Literally just give it to us!”

The following settings were suggested for advertising:

- LGBTQ+ venues/organisations
- Community notice boards
- Schools and colleges
- Libraries
- Youth clubs
- Toilets / bathrooms
- Supermarkets
- Pharmacies / Superdrug / Boots
- Targeted Instagram adverts
- Leaflets

Participants noted the benefit of targeted advertising on social media platforms.

“Like on Instagram. I will get targeted ads...but like if the algorithm could target trans people who aren't being necessarily reached with those ads, you know...because we're all on our phones and especially young people who maybe don't have this information.”

Additionally, participants suggested that they would like to hear more about PrEP from Trans and Non-binary organisations.

“Maybe trans organisations need to be pushing it more because I don't know of any trans organisations that are pushing it. If all the information about PrEP. that we're managing to get is only from each other than it should be these organisations that are pushing it.”

Participants also felt it was important to provide information about PrEP in settings not explicitly related to sexual health, in order to reach a wider range of people and to normalise sexual health.

“At the minute a lot of advertising is in places that people are only going to see if they're already quite conscious of sexual health and sexual healthcare. And I would really, really like to see it expanded outside of spaces like that. And I would really, really like to see it kind of separated from this idea that talking about sexual healthcare is talking about sex or that it's explicit in some way.”

“Your point about community noticeboard boards feels like a collective action to access the information rather than something buried in the corner of Soho, which is really good point.”

Another participant noted that, to engage a broader range of people, information should be easy-to-read and digestible.

“Make it accessible to people who have not been up to their necks in medical information for years...It's important to not only provide this information, but to provide it in easily understandable, easily digestible ways.”

More information about potential PrEP side effects

Providing more information about potential PrEP side effects, and whether PrEP is suitable for those on different types of medication was seen as necessary to increase PrEP uptake.

“But in general, the lack of information about how specifically trans affirming HRT affects medication interactions and things like that needs to improve, but especially regarding sexual healthcare.”

8.3.1.2 Physical Capability Facilitators

Facilitator themes related to physical capability (physical strength, skill or stamina) were not uncovered during analysis.

8.3.2 Opportunity Facilitators

The following section explores facilitators related to opportunity. Within the COM-B model, opportunity refers to external factors that make the execution of a behaviour possible.

8.3.2.1 Physical Opportunity Facilitators

This sub-section explores physical opportunity facilitators. This relates to the wider environment and involves barriers such as such as time location or resources.

Routine conversations about PrEP / Make Every Contact Count approach

A number of participants mentioned that they received information about PrEP when they were at a clinic for another issue, which most participants found to be positive.

“So, it's funny, actually, because I didn't plan to get it...I actually just went to [name of clinic] late last year, and they were like, oh, well, while you're here. Do you want to talk about PrEP? And I was like, All right. Yeah. Tell me about it.”

“I went to [name of clinic] to get a STI checkup and then they gave it to me straightaway...they asked me if I knew about it, and then they gave me like a leaflet and then they told me about it. Like and here's the three months' supply, off you go.”

One participant highlighted that receiving information about PrEP when accessing other services could also be provided, such as when receiving information for at-home testing kits.

“So, a lot of my testing is done at home...so there needs to be information in that pack, essentially, like even a leaflet or something.”

Making conversations about PrEP more routine, and providing PrEP information and potentially a prescription, is similar to the make every contact count approach used in healthcare to promote weight loss. A similar approach to promote PrEP, or wider sexual health information could be considered. However, it is worth noting the potential risks with a MECC approach, as it can result in people feeling stigmatised and that their other health concerns are being dismissed.

Online services / opportunity to order PrEP online

Multiple participants preferred to access healthcare online and use postal tests and prescriptions whenever possible, as this was seen as more convenient.

“I've stopped going into clinics, altogether. I've started doing delivery.”

Virtual appointments/apps to improve access to healthcare

Difficulty accessing appointments was a universal experience for participants. Many participants liked the idea of virtual appointments so they could be seen quicker. The Babylon app²⁶ was referenced by multiple participants as quick and convenient. Using the app was also seen as a way to avoid uncomfortable situations such as being misgendered.

²⁶ <https://www.babylonhealth.com/en-gb>

“Also, the Babylon app because everyone I know is using it, which is so good because you can get an appointment at any time from anyone.”

“...Babylon app because I guess you have control over what your healthcare needs are. You're not being told that by...for me, a small-town GP that doesn't understand my queerness, that doesn't understand my non-binary-ness.”

8.3.2.2. Social Opportunity Facilitators

This sub-section explores social opportunity facilitators. This relates to opportunities as a result of social factors, such as cultural norms and social cues.

Using correct gender pronouns

One participant referenced specific clinics that allowed them to state their pronouns before an appointment which led to a better, and less anxiety inducing experience. As being misgendered was seen as a key barrier to access healthcare, allowing people to select their own pronouns would be an effective intervention.

“I have had some great experiences [at name of clinic] when I've been there, where they have like, been very aware of my gender, because you put in your pronouns when you make an appointment with them.”

Peer-to-peer social influence and word of mouth

The most common way that individuals found out about PrEP was word of mouth and peer-to-peer conversations. Some participants felt that the onus was on them to share information about sexual health and PrEP among other Trans and Non-binary individuals. This seemed to be a result of feeling let down by a system which provided inadequate information. There was a sense of injustice associated with this situation but there was also a positive sense of unity and care.

“Word of mouth. Yeah. Got us teaching each other like, okay, so fucked up, but so incredible as queer people.”

“I was with a group of queers. And two of them were people who probably should take it [PrEP] and not. And I was sort of trying to convince them.”

One participant mentioned that peer-to-peer conversations were likely to happen in settings that feel safe and comfortable for Trans and Non-binary people, highlighting the importance of providing a space for these conversations to happen.

“Like you say, the onus is on us to do so [learn about sexual health], which also means that we're much more likely to do so in spaces. We feel safe and it's highly unlikely that will be in a situation with straight people.”

However, it is worth noting that many participants who heard about PrEP through peer-to-peer conversations appeared to conflate PrEP and PEP.

“I first heard about PrEP 12 years ago. One of my best friends at the time was gay. So, I heard about PrEP through him because he had a condom mishap with a hook-up and had to go and get tests. After a mishap with a client, I had PrEP recently, which was great. I was very grateful to be able to access it and I've seen like posters for it in clinics.”

8.3.1 Motivation Facilitators

The following section explores facilitators relating to motivation. Within the COM-B model, motivation relates to internal processes that influence our decision making and behaviours.

8.3.1.1 Reflective Motivation Facilitators

This sub-section explores reflective motivation facilitators, such as making plans and intentions, evaluating past experiences, considering options available to you.

A feeling of choice and autonomy about the decision to take PrEP

Most participants wanted autonomy and a sense of control over their own sexual health. Participants suggested that healthcare professionals could provide information, along with a supply of PrEP so they could make their own decision about whether to take PrEP, in their own time.

“Having a health professional be like here is this supply take it and this is the information and do what makes you feel a lot more comfortable.”

“Also, as trans like having the choice to do something or not do something sits well with us. Like yeah, just being like ‘you can or cannot do it and that is your choice’, is helpful, especially if it’s healthcare.”

“Power over that choice and what you’re putting into your body.”

Being able to take event-based PrEP

Some participants had a good knowledge of PrEP and knew that cis-gender men could take PrEP using an event-based approach. For some participants who were currently taking PrEP, this is what encouraged them to start taking PrEP initially. Two participants stated that they would consider using PrEP in the future if they could take it on an event-based basis.

“If they had better education surrounding it. That people know that they don’t need to take it all the time... But if it is something you do very rarely, then it’s still worth obviously doing it and taking it.”

“So, I’ve never really thought about using PrEP, but knowing that it’s like not an everyday thing. That’s more like, oh, well, we could just keep a bottle for fun.”

“I would definitely do that. That’s something that I’d be like, yeah.”

While PrEP must be taken daily for women and Trans and Non-binary individuals, opportunity to take event-based PrEP in the future may be a facilitator.

PrEP can be liberating

One participant mentioned that they were in an open relationship, both them and their partner had recently started to use PrEP instead of condoms. The option to use PrEP instead was viewed as liberating, giving people more choice.

"It's something that [name] and I like before, we didn't really do it, because we were obviously, we're open. But our rule used to be that we would always use condom. We've decided to drop that recently. So now we've started to take PrEP in the last few months."

PrEP is a proactive form of protection compared to STI testing or using PEP

One participant spoke about how they liked that PrEP was proactive rather than reactive like STI checks. Being proactive allowed them to feel safe and reduce the anxiety associated with getting tested after a sexual encounter.

"I haven't been the best when it comes to safe sex in the past. So, I had a lot of anxiety, a lot of being like, this could be the moment... here is still a stigma attached to HIV. And so, a lot of the time I had a lot of anxiety go to get tested... all of my friends were like, Just think you should go on PrEP and like, be a little bit more careful with my sexual health and not as kamikaze as I have been before."

8.3.1.2 Automatic Motivation Facilitators

This sub-section explores automatic motivation facilitators such as automatic processes, our desires, emotions and feelings, impulses, inhibitions and habit.

Humour

The overall tone of the session was light-hearted, even when participants spoke about subjects that caused them significant anxiety or trauma. This suggests that information and campaigns about PrEP do not have to be overly serious. Instead, messaging could be positive, empowering and could even use humour. Any messages should be tested to ensure that the approach lands well with the audience and does not come across as condescending or dismissive.

An example of this humour is reflected in the quote below, whereby a participant referred to the PrEP check-up questionnaire as a "pub quiz".

"So, I signed up for it. They asked me some questions, and every once in a while I do like a quiz, a little quiz, a pub quiz about PrEP, um. And yes, then it's really easy."

Other participants reflected on how the PrEP pill looked.

"And it's a little blue pill and it's really pretty."

"Is it pretty? I've never seen it."

"Yeah, it's blue. It's nice."

9.0 Recommendations and Discussion

9.1 Discussion of findings and recommendations

This research used the COM-B model of behaviour change to underpin the identification of barriers and facilitators to accessing PrEP. These barriers and facilitators were labelled as relevant to the COM-B constructs: *Capability* (psychological capability such as awareness, knowledge and skills, physical capability such as physical strength), *Opportunity* (physical opportunity relating to the physical environment, social opportunity relating to social influences), and *Motivation* (reflective motivation relating to internal decision-making processes, automatic motivation relating to habit and emotions).

Additionally, barriers and facilitators were labelled as relevant for one or more of the following: *System* (relating to wider healthcare structure, political or economic factors), *Provider* (relevant to primary, secondary healthcare or commissioners), or *Personal* (relating to an individual, community or society). Evidently, themes often relate to multiple COM-B constructs and types of barriers and facilitators, highlighting the multiple, interlinked factors that influence increasing PrEP uptake. A discussion of the key themes, and recommendations of how to improve PrEP uptake, is provided below.

When reviewing the identified barriers and facilitators aligned to the COM-B model, it is possible to identify common influences related to increasing PrEP uptake across all underserved audiences. Influences relating to **psychological capability** and **physical opportunity** are relevant for all underserved audiences and arguably, these are the COM-B components that appear to be most frequently referenced.

Relating to **psychological capability**, increasing awareness of PrEP is, unsurprisingly, a key influence on increasing PrEP uptake - as is greater levels of knowledge about PrEP, specifically; understanding PrEP efficacy, who PrEP is for, risk perception and relevancy of PrEP, how to access PrEP and knowledge of potential side effects.

These findings are not only relevant at a personal level, but also a provider level, with stakeholder interviews and qualitative research with audiences highlighting instances of healthcare professionals with low levels of PrEP awareness, misconceptions about who PrEP is for and, among some healthcare providers, low levels of knowledge of how to refer individuals to sexual health services to enquire about, or access PrEP.

Additionally, at a system level, a lack of available information about PrEP relevant for different audiences, particularly in places where audiences already access information, was also highlighted throughout the research. Evidently, psychological capability needs to be improved at all levels (personal, provider, and system), to increase PrEP uptake and this is likely to be a pressing priority. These influences are heavily interwoven with levels of awareness and knowledge regarding sexual health and how to access sexual health services. Additionally, at a provider level, they also relate to awareness and knowledge of providing care for a diverse range of audiences.

Relating to **physical opportunity** at a system level, a need to improve access to healthcare and sexual health services appeared to be a universal requirement to improve PrEP uptake, across all audiences. Specifically, improving access to appointments, a greater choice relating to format of appointments (online, face-to-face, date/time etc.), a joined-up approach between providers to make access to sexual health services (and PrEP) as easy as possible, and a greater variety of settings available to receive sexual health support and potentially PrEP medication, including in non-clinic settings, were relevant to all audiences.

Many of these influences are compounded by system barriers related to stretched resources in healthcare and sexual health services. It is worth highlighting that community and grassroots organisations were evidently trusted settings and messengers, for all audiences. Ensuring spaces outside of clinical settings are available, enabling conversations about PrEP and sexual health, and increased outreach activity in these settings is recommended. The benefit of providing spaces to enable conversations about PrEP is evident, as participants involved in the qualitative research cited “*sessions like this*”, in reference to the focus groups and interviews, as a positive example of what would encourage them to consider using PrEP.

Additionally, a greater variety of PrEP formats (e.g., longer-lasting pill, implant, event-based dosing), was identified as a requirement to increase PrEP uptake. At a provider level, more routine conversations about sexual health, HIV (including offering more routine HIV tests), and PrEP, alongside providing training and resources for healthcare professionals to learn more about PrEP and how to ask sensitive questions related to sexual history, for a diverse range of audiences, was recommended. This is relevant for healthcare professionals who work in sexual health *and* non-sexual health settings. Should any training or resources be produced, it is recommended that underserved audiences co-create elements of the training.

Influences relating to **social opportunity** were less commonly identified, although there were significant social opportunity influences identified from the research conducted with Black African women. However, the influence of stigma was clearly relevant for all audiences. At a system and provider level, among all audiences, the influence of experiencing stigma within society and when accessing healthcare or sexual healthcare, due to stigma towards Sex Work, Trans and Non-binary individuals or racism were mentioned as barriers relevant to accessing PrEP.

Stigma to disclose behaviours such as unprotected sex was also identified, relevant for a personal and provider level. At a personal level, the positive influence and potential for peers to normalise discussions about sexual health, address stigma, and to increase likelihood to find out more about PrEP, for all audiences, was clear.

Automatic motivation influences show that there were common themes of ‘worries and concerns’, among all audiences. This included worries about PrEP, particularly around potential side effects, concerns about efficacy, and adhering to a daily pill. There were also worries about STIs and HIV risk. Additionally, within the stakeholder interviews, it was noted that concerns about how PrEP may interfere with hormone treatment, breastfeeding or have implications during pregnancy, were also present among underserved audiences.

Therefore, increasing confidence around PrEP is key, this will relate to increasing psychological capability (awareness and knowledge), and physical opportunity (resources, more routine conversations, spaces for conversations). Increasing awareness, knowledge and skills at a system and provider level, to enable healthcare professionals to have sensitive but informative conversations about sexual health with a diverse range of audiences, will also help to mitigate worries and concerns. Similarly, ensuring there are spaces and the support for conversations to happen in non-clinic settings, potentially provided by community organisations, will again help to mitigate worries and concerns.

When considering **reflective motivation** themes uncovered by the research that were relevant for all audiences, previous experiences of accessing healthcare and sexual health services were a key influence that could facilitate or hinder, PrEP uptake. However, participants' previous experiences within each audience group were diverse.

Similarly, prioritising sexual health was also a key influence that appeared across all audiences but again, the extent to which individuals prioritised their sexual health was varied across individuals within each audience. It is worth noting that it is evident that this also related to an individual's needs and lifestyle and they may have needs that are prioritised over sexual health (and PrEP), such as issues relating to health and wellbeing more widely or housing and finance.

Evidently, **motivation** to access PrEP will be interlinked with levels of capability and opportunity, such as awareness, knowledge and the social and physical environment that enables someone to access PrEP. However, when reviewing motivation influences, there is perhaps a much more personal element for individuals *within* audience groups to consider using PrEP, compared to capability and opportunity themes. This shows that *how* information about PrEP is framed and communicated is of utmost importance. It is recommended that PrEP is framed as a *choice* that can provide empowerment for some, that can be an urgent need, provides a sense of safety or control for others, or that it might be relevant for someone in a specific period in their life.

Additionally, as recommended in the stakeholder interviews, PrEP should be provided as part of a wider health and wellbeing offer, where sexual health support is just one element of this offer and PrEP is just one part of the sexual health offer. This is perhaps most pertinent for those with multiple, pressing needs and it should be considered whether providing a wider health and wellbeing offer is best suited to settings outside of clinics.

There are influences identified as particularly pertinent to specific audiences. For example, a common theme identified in the research with Black African women and Sex Workers was that condoms can be seen as preferable, largely because they provide protection from a wider range of STIs, and pregnancy.

Similarly, a hesitation around PrEP was whether taking PrEP could increase risk of STI transmission. Therefore, a recommendation relevant for physical opportunity at a system level, is for PrEP, in the future, to ideally be available in a format that provides preventative protection for more than just HIV to cater to these needs. A requirement to ensure clinics cater for linguistically diverse audiences was also a relevant theme

identified from the research conducted with Black African women and Sex Workers but is likely to also be relevant for a broader audience. Providing information and resources in multiple languages, and ensuring there are translators available in clinics, such as on specific drop-in sessions, is recommended.

Additionally, increasing levels of physical opportunity at a provider level, by providing more routine conversations about sexual health and PrEP in non-clinic settings women already use, particularly primary healthcare and community settings, appeared most relevant to Black African women, due to lower levels of accessing sexual health services, comparative to other audiences.

Improving social opportunity for this audience was also key. At a personal level, normalising discussions about sexual health and PrEP, and increasing peer support for PrEP, is key to address potential stigma around PrEP, such as associations with promiscuity. This could be achieved by peer networks or ambassadors and greater outreach activity. Worries about others finding PrEP, an automatic motivation influence, was also particularly relevant for this audience. Therefore, potentially framing PrEP as discreet for this audience should be considered further, although this message could detract from efforts to normalise PrEP.

When reviewing themes identified from the research conducted with Sex Workers, there were perhaps greater levels of reflective motivation to prioritise sexual health, with many participants noting that sexual health was a personal and important responsibility, which could be capitalised upon to increase PrEP uptake. However, as noted throughout the research, the type of work, experiences and needs of individuals in the Sex Industry is incredibly diverse and this conclusion will not be relevant for all Sex Workers.

Related to this, individuals involved in Sex Work that are street-based were noted as likely to have lower levels of awareness and knowledge about PrEP and sexual health services more widely. Therefore, prioritising this subgroup and increasing levels of psychological capability (awareness, knowledge) with this audience should be considered. Promoting information on apps or websites that may be used by this audience, and greater outreach activity, should be explored further.

A requirement to improve physical opportunity at a provider level, by enabling Trans and Non-binary individuals to state pronouns at the first point of accessing healthcare or sexual health services and for correct gender pronouns to be used, were influences identified as relevant to Trans and Non-binary individuals. Additionally, relating to psychological capability, greater levels of knowledge and skills among healthcare professionals relating to Trans and Non-binary needs, was also relevant to this audience.

Although not specific to the COM-B model, it was noted throughout the research, that individuals can have multiple needs and be part of multiple audiences or population groups. Within the stakeholder interviews, 'queer migrants' were identified as an audience that should be prioritised. Additionally, from the research conducted with audiences, themes which suggested greater barriers to accessing healthcare, sexual health and perhaps comparatively greater sexual health needs, were identified as particularly relevant for asylum seekers and refugees. It should be considered whether migrants, asylum seekers and refugees, who may also be Black African, Trans and Non-

binary, or engaged in Sex Work, should be prioritised for initiatives to improve PrEP uptake. Related to this, further consideration should also be given towards to what extent behaviours or demographics are used to determine an individual's risk and relevancy for PrEP and how questions to determine relevancy, are sensitively delivered.

More generally, initiatives to increase PrEP uptake should build upon positive work currently being conducted by charities, community, and grassroots organisations. Learnings should be identified and localised models used where possible in other areas.

9.2 Behaviour Change Wheel

Throughout this report, a COM-B diagnoses has been used to identify influences, in the form of barriers and facilitators, that effect uptake of PrEP among underserved audiences. Associated and interwoven influences to accessing healthcare and sexual health services have also been explored.

To support the identification of recommendations to increase PrEP uptake, the Behaviour Change Wheel (BCW) has been used to explore potential intervention types that can help to change behaviour at a personal, provider and system level. Within the BCW, intervention types are the different methods that can be enacted to support the required behaviour change, for example, behaviour can be changed by educating or persuading. The BCW complements the COM-B model. As shown in figure 3 below, the COM-B components are at the core of the BCW. The mid-circle outlines nine potential intervention types that can be considered to support behaviour change.

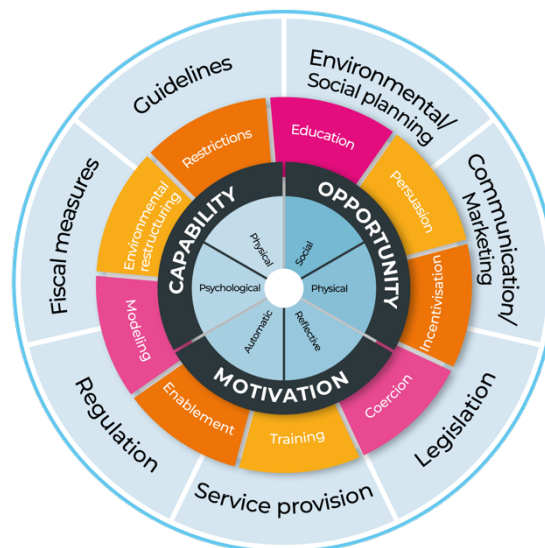


Figure 3: Behaviour Change Wheel²⁷

The nine intervention types are as follows:

- Education – informing or explaining to increase knowledge or understanding

²⁷ <http://www.behaviourchangewheel.com/about-wheel>

relating to a behaviour.

- Persuasion – using words or images to encourage people to feel a liking or disliking for something in order to influence behaviour.
- Incentivisation - applying rewards to a behaviour.
- Coercion – applying costs or punishments to a behaviour.
- Training – using demonstration, feedback and practice to improve physical or psychological skills such as the ability to analyse information and plan based on that information.
- Enablement – providing physical or social support or material or financial resources that make it possible, or easier to, enact a behaviour.
- Modelling – providing an example for people to imitate, learn from, or aspire to.
- Environmental restructuring – shaping the physical or social world inhabited by a person to make a behaviour easier or more difficult, to appear more or less normal, or to add or remove prompts.
- Restriction – using formal social rules to set boundaries for a behaviour.

Each COM-B component relates to specific intervention types, and more than one intervention type can be used alongside each COM-B component. For example, interventions such as ‘education’, ‘training’ and ‘enablement’, can be used to increase levels of psychological capability, such as to increase awareness knowledge and skills. The relevant intervention types for each COM-B subcomponent are shown in Table 1 below.

COM-B component	Education	Persuasion	Incentivisation	Coercion	Training	Restriction	Environmental Restructuring	Modelling	Enablement
Physical Capability					X				X
Psychological Capability	X				X				X
Physical Opportunity					X	X	X		X
Social Opportunity						X	X	X	X
Automatic Motivation		X	X	X	X		X	X	X
Reflective Motivation	X	X	X	X				X	

Table 1: BCW intervention types, by COM-B component

The BCW also supports the identification of ‘policy options’, relating to how the interventions identified can be implemented. Seven policy options are displayed in the outer circle of the BCW (figure 3). The seven options are as follows:

- Guidelines – creating and disseminating guidelines.
- Environmental and social planning – formal planning processes to create and implement changes to the physical or social environment.
- Communication and marketing – using communication channels, including electronic, print and broadcast media, and correspondence, to deliver messaging.
- Legislation – developing and enacting laws.
- Service provision – providing services or resources.
- Regulation – creating and implementing regulations short of legislation.
- Fiscal measures – implementing financial rules, including taxation.

The BCW advises that the following policy options are best suited for specific intervention types, as displayed in Table 2 below.

COM-B component	Communication/ marketing	Guidelines	Fiscal measures	Regulation	Legislation	Environmental/ social planning	Service provision
Education	X	X		X	X		X
Persuasion	X	X		X	X		X
Incentivisation	X	X	X	X	X		X
Coercion	X	X	X	X	X		X
Training		X	X	X	X		X
Restriction		X		X	X		
Environmental restructuring		X	X	X	X	X	
Modelling	X						X
Enablement		X	X	X	X	X	X

Table 2: BCW policy options, by intervention type

The influences that were most commonly highlighted throughout the research, relevant to all audiences, and that arguably, have the greatest impact on improving PrEP uptake, have been considered using the BCW framework to identify recommendations at a personal, provider and system level, as shown in Table 3 below. The influences aim to mitigate barriers, and harness facilitators, to access PrEP. The influences and recommendations identified are not exhaustive. The discussion of key findings highlighted previously in this chapter provides an additional overview of influences and potential recommendations, specific to each audience.

Recommendations are often relevant for multiple influences and COM-B constructs. Where applicable, recommendations have been noted more than once. It is worth highlighting that recommendations can be relevant for more than one level (system, provider, personal), with recommendations often relevant for both provider and system levels. The risks highlighted within the stakeholder interviews, noted in section 5.1 of this report, should be considered further when reviewing the recommendations.



COM-B construct	Key influence	Personal	Provider	System
Psychological capability	Increase awareness and knowledge of PrEP.	Targeted awareness campaigns or initiatives (e.g., train-the-trainer type programmes), encouraging and equipping people with the knowledge, skills and confidence to speak about PrEP to others. Initiatives should engage key decision makers in communities (e.g., church leaders).	Greater outreach activity in key settings to promote information about sexual health services and PrEP.	<p>Healthcare professional training and resources on PrEP, including how and when to discuss PrEP, how to refer to the next step, how to ask questions related to sexual history/partners for a diverse range of audiences. Training and resources to also enable a more routine offer of HIV tests and increased discussions about sexual health (where PrEP can also be discussed). Co-production of training/resources involving underserved audiences required.</p> <p>Information about PrEP available from one trusted source that appears at the top of search engines, links to other organisations for specific information relevant for diverse audiences. Information on other forms of protection, should include a link to PrEP information.</p> <p>Tools to understand if PrEP is for you and to assess risk much more widely promoted, such as IwantPrEP now PrEP tool.²⁸</p> <p>Information in locations/settings/websites/apps audiences already access/use (e.g., pharmacies, GPs, settings relating to reproductive health, when accessing emergency contraception, women's organisations, grass roots/community organisations etc.). This should include non-healthcare settings that underserved audiences may already use and settings such as emergency temporary accommodation.</p> <p>Consider including PrEP in age-appropriate sex education to improve long-term awareness and knowledge.</p>

²⁸ <https://www.iwantprepnw.co.uk/prep-tool/>



COM-B construct	Key influence	Personal	Provider	System
Physical capability	Provide PrEP in a range of formats that may meet physical capability needs (e.g., unable to take pills).			PrEP available in a variety of formats in the future (pill, longer-lasting pill, injection) and formats that protect against other STIs and pregnancy.
Physical opportunity	Enable more routine conversations about PrEP for diverse range of audiences in settings they <i>already</i> use.		<p>Clinics cater for diverse range of languages (E.g., drop-in sessions specific for relevant languages).</p> <p>Greater outreach activity in key settings to promote information about sexual health services and PrEP.</p> <p>Training/increased support for community/grass roots organisations to promote PrEP in suitable settings/spaces (e.g., community centres, home visits etc.).</p>	<p>More resources about PrEP available for healthcare professionals to use to support discussions about PrEP/provide information for a patient to read at home.</p> <p>Healthcare professional training and resources on PrEP, including how and when to discuss PrEP, how to refer to the next step, how to ask questions related to sexual history/partners for a diverse range of audiences. Training and resources to also enable a more routine offer of HIV tests and increased discussions about sexual health (where PrEP can also be discussed). Co-production of training/resources involving underserved audiences required.</p>



COM-B construct	Key influence	Personal	Provider	System
	Make it easy / as easy as possible to access PrEP.		<p>PrEP advice/consultations available in non-clinic settings. For example, include non-clinic settings in the customer journey to access PrEP (e.g., consultation, bloods in non-clinic setting, attend clinic to receive medication). Remote prescription, ability to get PrEP from chemists.</p> <p>Enable regular forums/spaces for clinicians and service users to discuss barriers to accessing sexual health clinics (and PrEP). (e.g., meeting/workshop where service users are paid to attend).</p>	<p>Standardise access to PrEP as much as possible (e.g., same process across the country), patients do not have to go to their local clinic.</p> <p>Consider moving away from a criteria led model to assess PrEP candidates, to an individual risk assessment model, provide guidelines and training to enable a conversation with individuals about risk assessment.</p> <p>Enable people to opt in and opt out of PrEP. Provide a system that if they take a PrEP holiday, they do not have to begin the process all over again. Consider prescriptions that last a period of time and easier repeat prescription models.</p>
Social opportunity	Peer-to-peer support for PrEP.	Targeted awareness campaigns or initiatives (e.g., train-the-trainer type programmes), encouraging and equipping people with the knowledge, skills and confidence to speak about PrEP to others. Initiatives should engage key decision makers in communities (e.g., church leaders).		<p>Enable peer-educator network, national programme, with regional staff/organisations hosting regional peer ambassadors.</p> <p>Create resources that address stigma and misconceptions surrounding PrEP.</p>



COM-B construct	Key influence	Personal	Provider	System
Reflective motivation	Make PrEP relevant for individual needs.		Training/increased support for community/grassroots organisations to promote PrEP in suitable settings/spaces (e.g., community centres, home visits etc.) – likely to have greater knowledge of individual needs and a level of trust.	Information frames PrEP as a choice, that can meet individual’s needs, at a period in their life. Enable peer-educator network, national programme, with regional staff/organisations hosting regional peer ambassadors. Able to offer holistic support/navigate support from other organisations. Future PrEP available in a variety of formats (pill, longer-lasting pill, injection) and protect against other STIs and pregnancy.
Automatic motivation	Make people feel as comfortable and supported as possible to discuss sexual health and disclose behaviours, to enable positive experiences.		Training/increased support for community/grassroots organisations to promote PrEP in suitable settings/spaces (e.g., community centres, home visits etc.).	Enable peer-educator network, national programme, with regional staff/organisations hosting regional peer ambassadors. Healthcare professional training and resources on PrEP, including how and when to discuss PrEP, how to refer to the next step, how to ask questions related to sexual history/partners for a diverse range of audiences. Training and resources to also enable a more routine offer of HIV tests and increased discussions about sexual health (where PrEP can also be discussed). Co-production of training/resources involving underserved audiences required.

Table 3: Recommendations identified using BCW.

Appendix – Findings by Type of Barrier/Facilitator

Black African Women Research: COM-B BARRIERS to access PrEP



	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Levels of knowledge of how to access healthcare and sexual health services	●		
		Lack of information of how to access healthcare and sexual health services			◆
		Language barriers	●	■	
		Skills and confidence to communicate a healthcare problem	●		
		Levels of digital skills	●		
		Awareness and knowledge of HIV and risk perception	●		
		Low levels of awareness of PrEP	●		
		Low levels of knowledge about PrEP and how to access	●		
		Misconceptions about who PrEP is for	●		
		Levels of knowledge and skills to provide services for diverse audiences		■	
	Forgetting to take PrEP daily	●			
Physical capability	N/a				
OPPORTUNITY	Physical opportunity	Levels of contact with healthcare	●	■	◆
		Lack of time to prioritise health	●		
		Stretched healthcare resources and staff turnover		■	◆
		Difficulty booking appointments, long waiting-times and appointments not available at convenient times		■	◆
		Additional barriers for asylum seekers to access healthcare		■	◆
		Gender/ethnicity representation among healthcare professionals		■	◆
		Healthcare professionals levels of cultural awareness		■	◆
		Lack of HIV and PrEP promotion from healthcare professionals		■	◆
		Easy access to condoms	●		◆
		Information and adverts not culturally sensitive		■	◆
	Social opportunity	Culturally insensitive marketing contributing to stigma		■	◆
		Cultural norms and stigma to accessing healthcare and sexual healthcare	●		
		Stigma towards discussing sex and sexual health	●		
		Stigma towards HIV	●		
Automatic motivation	Stigma towards sexual health and PrEP /promiscuity	●			
	Stigma towards sexual health and PrEP /HIV+	●			
	Lack of partner support to take PrEP	●			
	Reflective motivation	Negative perceptions/lack of trust of the healthcare system	●		
		Sexual health not a priority (especially preventative)	●		
		Previous negative side effects of contraceptives	●		◆
Established use of condoms / contraceptive a priority		●			
PrEP only protects from HIV				◆	
PrEP has to be taken daily				◆	
Automatic motivation	Embarrassment to discuss sexual health	●			
	Intrusive medical questions		■	◆	
	Feelings of sadness and oppression	●			
	Fear of HIV and stigmatisation	●			
	Trauma and sadness	●			
	Concerns about people finding PrEP medication	●			
	Concerns about PrEP efficacy	●			
	Intention / action gap	●		◆	

Black African Women Research: COM-B FACILITATORS to access PrEP



	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	More information about sexual health services		■	◆
		Greater awareness and understanding of HIV	●		
		Levels of PrEP awareness, among some	●		
		More information about PrEP			◆
		Improving levels of awareness of PrEP	●		
		More/clearer information about who PrEP is for, such a criteria tools			◆
		More information about PrEP possible side-effects			◆
		Information about PrEP in primary healthcare settings		■	◆
		Outreach activity to increase awareness of PrEP		■	◆
		Engage/train community groups to promote information about PrEP		■	◆
	Peer mentor / PrEP champions			■	◆
Physical capability	N/A				
OPPORTUNITY	Physical opportunity	Established contact with a GP, offering the same GP		■	◆
		Greater choice of date/time of appointments		■	◆
		Female healthcare professionals		■	◆
		Confidential healthcare services		■	◆
		Choice of format of sexual healthcare services – in-person or online		■	◆
		PrEP available in non-healthcare settings		■	◆
		Sexual health services that offer holistic support		■	◆
		Translated services and resources		■	◆
	Social opportunity	Normalising sex	●		
		Comfortable to discuss sex with friends	●		
		Normalising discussions about HIV and addressing stigma	●	■	
		Inclusive marketing of PrEP		■	◆
		Engage and gain support of men/partners	●	■	◆
		Lack of condom negotiation opportunities/partner stigma towards condoms	●		
Peer-to-peer promotion of PrEP	●				
MOTIVATION	Reflective motivation	Positive perceptions towards healthcare, particularly GPs	●		
		Importance and personal responsibility of maintaining health	●		
		Importance, personal responsibility, and sense of control of maintaining health	●		
		Relevance of HIV	●		
		New relationship status, being single/dating triggers thoughts about sexual health and risk	●		
		PrEP offers benefits to women experiencing domestic violence	●		
		Dislike of condoms	●		
		Planning ahead for potential unprotected sex	●		
	Automatic motivation	Fear and worries of HIV and STIs	●		
		Worries about condoms not offering complete protection	●		
		Worries of partner infidelities/trust	●		
		PrEP can be seen as empowering	●		
		PrEP information can address concerns/common worries relating to stigma	●	■	◆
		PrEP can be viewed as private/discreet, addressing concerns about medication being found	●		

Sex Worker Research: COM-B BARRIERS to access PrEP



	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Levels of knowledge of how to access sexual health services	●		
		Lower levels of knowledge of how to access healthcare among asylum seekers	●		
		Lower levels of knowledge of preventative sexual health measures among asylum seekers	●		
		Lack of information/advertising of sexual health clinics			◆
		Lack of sexual health information for independent Sex Workers			◆
		Levels of digital skills	●		
		Lack of awareness of PrEP among some	●		
		Misconceptions about who PrEP is for	●	■	
		Misconceptions about risk perception	●		
		Healthcare professionals levels of knowledge and understanding of Sex Work		■	◆
	Forgetting to take PrEP daily	●			
Physical capability	Unable to take PrEP/medication due to side effects	●			
OPPORTUNITY	Physical opportunity	Difficulty obtaining appointments		■	◆
		Low number of sexual health clinics			◆
		Healthcare/sexual health services not provided in a range of languages		■	◆
		Digital/online services confusing		■	◆
		Healthcare waiting rooms lack privacy		■	◆
		Lack of promotion on range of preventative measures from sexual health services		■	◆
	Social opportunity	Stigma towards Sex Work		■	◆
		Stigma to disclose unprotected sex	●	■	
		Cultural barriers to discuss sexual health	●		
		Lack of relevancy of HIV, for some	●		
MOTIVATION	Reflective motivation	Negative experiences of healthcare/sexual health services	●	■	◆
		Dislike pills/taste of medicine	●		
		Established use of condoms	●		
		PrEP only prevents against HIV			◆
		PrEP seen to increase unprotected sex and STIs	●		◆
	Automatic motivation	Concerns about judgement	●		
		Concerns about confidentiality	●		
		Concerns about PrEP side effects and effects on other medication	●		
		Worries about other STIs	●		

Sex Worker Research: COM-B FACILITATORS to access PrEP



	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Confidence to seek healthcare and sexual healthcare	●		◆
		Knowledge of how to navigate sexual health services, for some	●		
		High levels of awareness/risk perception knowledge, among some	●		
		Wider societal sex education			◆
		Awareness of PrEP, for some	●		
		Word of mouth promotion of PrEP	●		
		Sexual health Information in parlours		■	◆
		More information about PrEP, particularly to increase knowledge of side effects			◆
		Providing information about PrEP, in one centralised place/website			◆
		More promotion/adverts about sexual health and clinics		■	◆
	Promote information on relevant Sex Worker sites		■	◆	
Physical capability	Pills viewed as easy to take, by some	●			
OPPORTUNITY	Physical opportunity	Time and means to maintain sexual health and access clinics	●		
		Regular contact with healthcare and sexual healthcare	●	■	
		Offering confidential and discreet sexual health services, including home visits		■	◆
		Translation of services/resources		■	◆
		Information about PrEP that can be read in private/is discreet		■	◆
		Regular contact with, and promotion of PrEP via sexual health charities	●	■	
		In-person healthcare services		■	◆
		Sexual health clinics best setting to access PrEP		■	◆
		PrEP offered in other settings, as an option		■	◆
		Long term prescriptions of PrEP			◆
		Online repeat prescriptions of PrEP			◆
	Provide option of PrEP format			◆	
	Social opportunity	Relevancy of HIV, for some	●		
Peer support to take PrEP		●			
MOTIVATION	Reflective motivation	Importance and personal responsibility of health and sexual health	●		
		Additional barriers to using other forms of protection (eg condoms) for some audiences	●		
		Benefits of PrEP for porn industry	●		
		Changing type of Sex Work, triggers thoughts about risk, prevention, and PrEP	●		
		Client demand for condomless sex	●		
		Experience of STIs, condom splitting or having unprotected sex triggers thoughts about risk and prevention	●		
		Positive perceptions of PrEP, particularly being preventative	●		
	Automatic motivation	Worries about HIV risk	●		
		Feeling embarrassed to have an STI	●		
		PrEP can provide a sense of security	●		
		PrEP can offer a sense of control	●		
	Worries about condoms not offering complete protection	●			

Trans and Non-binary Research: COM-B BARRIERS to access PrEP



	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Lack of information about PrEP			◆
		Misconceptions about PrEP	●	■	
		Low levels of awareness within healthcare about Trans health issues		■	◆
		Lack of sexual health and PrEP information for Trans and Non-binary audience		■	◆
		Low levels of knowledge within healthcare services about Trans health issues		■	◆
	Physical capability	N/a			
OPPORTUNITY	Physical opportunity	Difficulty obtaining appointments			◆
		Lack of promotion about sexual health from healthcare services		■	◆
		Healthcare services are 'gendered'		■	◆
		Healthcare system is difficult to navigate		■	◆
		Poor and often sporadic communication from healthcare providers		■	◆
		Trans healthcare underrepresented compared to other LGBTQIA+ audiences		■	◆
		Lack of / poor quality sex education, especially LGBTQIA+ sex			◆
		Lack of permanent address	●	■	◆
		Not being registered to a GP / lack of contact with healthcare	●	■	
	Social opportunity	Being misgendered		■	◆
		Experiencing stigma, bigotry, and intolerance		■	◆
		Lack of conversations about sexual health with friends (taboo)	●		
MOTIVATION	Reflective motivation	Negative experiences with healthcare professionals relating to gender	●	■	
		Perceived pressure to take PrEP or lack of perceived choice	●		
		Hesitancy to access healthcare	●		
		Health as a low priority	●		
	Automatic motivation	Anxiety (general and health anxiety) associated with seeking healthcare	●		

Trans and Non-binary Research: COM-B FACILITATORS to access PrEP



	Subconstruct	Description	Personal	Provider	System
CAPABILITY	Psychological capability	Greater knowledge and awareness within healthcare about Trans health		■	◆
		Advertise PrEP more widely		■	◆
		Provide PrEP information on clinics/GP websites		■	◆
		Promote PrEP information through clinics and Trans organisations/venues. Such as offering leaflets and displaying posters		■	◆
	Physical capability	N/a			
OPPORTUNITY	Physical opportunity	Routine promotion of sexual health / PrEP discussions within healthcare settings		■	◆
		Opportunity to order PrEP online			◆
		Online systems that improve access to GP/clinic appointments/ prescriptions		■	◆
		Ensure healthcare systems enable choice to provide correct gender, pronoun, and name		■	◆
		Provide education or training about PrEP for staff who work in clinics and trans organisations / venues		■	◆
	Social opportunity	Using correct gender pronouns		■	◆
		Peer-to-peer social influence and word of mouth	●		
MOTIVATION	Reflective motivation	A feeling of choice and autonomy about decision to take PrEP	●		
		Being able to take event-based PrEP	●		◆
		PrEP can be perceived as liberating	●		
		PrEP a proactive form of preventative protection	●		
	Automatic motivation	Humour	●		