Analysis of the sociodemographic and informational profile of user of pre-exposure prophylaxis for HIV

Análise do perfil sociodemográfico e informacional dos usuários da profilaxia pré-exposição ao HIV
Análisis del perfil sociodemográfico e informativo de los usuarios de la profilaxis preexposición al VIH

RESUMO
Objetivo: Analisar o perfil sociodemográfico e os fatores informacionais relacionados à utilização da profilaxia pré-exposição ao HIV. **Método:** Estudo transversal e retrospectivo com 83 pessoas em uso de profilaxia pré-exposição no município de Ponta Grossa (PR), a partir de questionário estruturado e dados cadastrais. Foram analisadas variáveis sociodemográficas, comportamentais e informacionais. A análise estatística utilizou distribuição de frequências e teste Qui-quadrado (p<0,05). **Resultado:** Predomínio de homens cisgênero, homossexuais, solteiros, brancos e com ensino superior. A maioria iniciou o uso há menos de um ano, relatando uso de preservativos, consumo de álcool e tabaco. **Conclusão:** Apesar do perfil escolarizado e da adesão recente, destaca-se a necessidade de ampliar estratégias de divulgação e acesso à profilaxia, visando garantir que os segmentos populacionais com maior vulnerabilidade ao HIV sejam alcançados.
DESCRITORES: Profilaxia pré-exposição; HIV; Saúde pública; Epidemiologia.

ABSTRACT
Objective: To analyze the sociodemographic profile and informational factors related to the use of pre-exposure prophylaxis for HIV. **Method:** A cross-sectional and retrospective study was conducted with 83 individuals using pre-exposure prophylaxis in the municipality of Ponta Grossa (PR), based on a structured questionnaire and registration data. Sociodemographic, behavioral, and informational variables were analyzed. Statistical analysis included frequency distribution and Chi-square test (p<0.05). **Results:** The majority were cisgender men, homosexual, single, white, and had higher education. Most had started PrEP use less than a year ago, reporting condom use, alcohol consumption, and tobacco use. **Conclusion:** Despite the predominantly educated profile and recent adherence, there is a need to expand outreach and access strategies for prophylaxis, aiming to ensure that population groups most vulnerable to HIV are effectively reached.
DESCRIPTORS: Pre-exposure prophylaxis; HIV; Public health; Epidemiology.

RESUMEN
Objetivo: Analizar el perfil sociodemográfico y los factores informativos relacionados con el uso de la profilaxis previa a la exposición al VIH. **Método:** Estudio transversal y retrospectivo realizado con 83 personas usuarias de profilaxis previa a la exposición en el municipio de Ponta Grossa (PR), a partir de un cuestionario estructurado y datos de registro. Se analizaron variables sociodemográficas, conductuales e informativas. El análisis estadístico incluyó distribución de frecuencias y prueba de Chi-cuadrado (p<0,05). **Resultado:** Predominancia de hombres cisgénero, homosexuales, solteros, blancos y con educación superior. La mayoría inició el uso hace menos de un año, refiriendo uso de preservativos, consumo de alcohol y tabaco. **Conclusión:** A pesar del perfil escolarizado y de la reciente adhesión, se destaca la necesidad de ampliar las estrategias de difusión y acceso a la profilaxis, con el fin de garantizar que los segmentos poblacionales con mayor vulnerabilidad al VIH sean efectivamente alcanzados.
DESCRIPTORES: Atención Primaria; Acogida; Trabajo Sanitario; Salud Colectiva.

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Ariane Gabrielli Massalaka Rublesperger
Graduanda em Medicina pela Universidade Estadual de Ponta Grossa (UEPG).
ORCID: https://orcid.org/0009-0004-6830-5553

Lucas Dolatto Milleo
Graduando em Medicina pela Universidade Estadual de Ponta Grossa (UEPG).
ORCID: https://orcid.org/0000-0002-6086-6901

Renata Nadal Bayer
Graduanda em Medicina pela Universidade Estadual de Ponta Grossa (UEPG)
ORCID: https://orcid.org/0009-0007-5492-8727.

Camila Marinelli Martins
Doutora em Ciências com ênfase em Epidemiologia.
Docente do Curso de Medicina da Universidade Estadual de Ponta Grossa (UEPG).
ORCID: https://orcid.org/0000-0002-8425-5769.

Erildo Vicente Müller
Doutor em Saúde Coletiva.
Chefe do Departamento de Saúde Pública da Universidade Estadual de Ponta Grossa (UEPG).
Docente do Programa de Pós-Graduação em Ciências da Saúde da Universidade Estadual de Ponta Grossa (UEPG).
ORCID: https://orcid.org/0000-0003-4643-056X.

Jean Fernando Sandeski Zuber
Doutorando em Ciências da Saúde pela Universidade Estadual de Ponta Grossa (UEPG).
Enfermeiro da Fundação Municipal de Saúde de Ponta Grossa.
ORCID: https://orcid.org/0000-0001-5708-3300.

INTRODUCTION

Pre-Exposure Prophylaxis (PrEP) consists of the use of the antiretroviral drugs tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) in combination to reduce the risk of human immunodeficiency virus (HIV) infection.[1] This therapeutic regimen began in the United States in 2012 and, in 2017, was incorporated into the Brazilian Unified Health System (SUS), aimed at populations at risk for HIV infection. [2,3]

In Brazil, current guidelines have expanded the eligibility criteria for PrEP use, including all people aged 15 and over, as long as they are sexually active and in contexts that increase vulnerability to HIV infection.[1] This expansion includes, in addition to prophylaxis itself, monitoring with health professionals, testing for sexually transmitted infections (STIs) and access to other integrated care actions.[1]

PrEP has shown significant efficacy in preventing HIV infection. Among cisgender men who have sex with men and trans women, a reduction of up to 95% in the incidence of new infections was observed; among cisgender and heterosexual people, the efficacy rate was 62%. However, it should be noted that these rates are directly related to adequate adherence to the treatment regimen. [1,4]

However, despite its proven effectiveness, PrEP population coverage can be impacted by several factors, such as sociodemographic determinants, lifestyle practices and contexts of vulnerability. [3] Furthermore, as this is a strategy aimed primarily at historically stigmatized and marginalized people, it is essential to recognize that these same conditions can hinder access to health services and compromise adherence to prophylaxis. [3]

Based on the above, the objective of this study was to map demand for PrEP in Ponta Grossa, Paraná, identifying the epidemiological profile of the population using this medication. Other factors that influence optimal adherence to the medication, as well as other health determinants, were also analyzed.

METHOD

This is a cross-sectional, retrospective study conducted with individuals using PrEP and enrolled in the Specialized Care Service (SAE) in the municipality of Ponta Grossa, Paraná. Data collection occurred in two phases: initially, through a structured questionnaire developed by the authors and administered at the time of medication withdrawal; and subsequently, based on information available in the service's electronic registry.

Socioeconomic variables of interest

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included: sex at birth, gender identity, sexual orientation, race/ethnicity, age, marital status, education level, and monthly family income. Variables related to PrEP use were also analyzed, namely: duration of use, reason for use, presence of side effects, type of side effect, source of information, and perception of the adequacy of the information received about PrEP. Variables associated with lifestyle habits were also investigated, including condom use; testing for other STIs and test results; activity as a sex worker; and use of alcohol, tobacco, and/or drugs in the last 3 months.

The variables analyzed included socioeconomic data (sex at birth, gender identity, sexual orientation, race/ethnicity, age, marital status, education, and family income), aspects related to PrEP use (duration of use, reason for adherence, side effects, type of effect, source of information), and lifestyle habits (condom use, STI testing and results, activity as a sex worker, and consumption of alcohol, tobacco, and other drugs in the last three months).

All individuals who discontinued the medication between October 2023 and January 2024 and who agreed to participate by signing the Informed Consent Form were included in the study. Refusals and those whose questionnaires were completed incompletely, preventing linkage to the registration data, were excluded.

A total of 93 individuals were invited to participate in the study. Of these, 10 were excluded: four for refusing to participate and six for not providing sufficient information for identification in the service system. In the end, 83 participants were eligible.

Statistical analysis was performed using RStudio software. The results were presented as frequency distributions along with their confidence intervals. Distribution analysis was conducted using the chi-square test, examining the relationship between the variables "Time of PrEP use" (classified as "Less than one year" and "More than one year") and sociodemographic and lifestyle variables. The test was also applied to the variable "Testing for other STIs" (Yes and No) in relation to the lifestyle variables. Results were considered statistically significant when the p-value was less than 0.05, and confidence intervals were calculated in both distribution analysis cases.

This research is part of the study "Epidemiological, biological, and quality of life contexts of people living with HIV and AIDS," registered and approved by the Research Ethics Committee (COEP UEPG) under number 2,631,445.

RESULTS

Sociodemographic analysis

Among the 83 participants using PrEP (Table 1), a significant predominance of cisgender men was observed, accounting for 95.18% of the sample. Breaking down by gender identity, 90.36% identified as cisgender men, while 2.41% identified as trans women, 1.20% as non-binary people, and 1.20% as transvestites, totaling four participants with non-cisgender identities. Only four women participated in the study, all of whom self-identified as cisgender women.

Regarding sexual orientation, the majority of respondents identified as homosexual (83.13%), followed by bisexual (9.64%) and heterosexual (7.23%). These data highlight the greater engagement of groups within the LGBTQIA+ community in accessing and using PrEP.

Regarding race/color, 83.13% of participants self-identified as White. Ages ranged from 20 to 52, with a predominance of the 30-39 age group, which accounted for the largest number of users. Regarding marital status, the majority reported being single (81.93%), followed by married (6.02%) and divorced (2.41%).

Regarding education, 91.57% of participants had completed or incomplete higher education. Only 1.20% reported having studied between four and seven years, corresponding to the initial grades of elementary school, while 7.23% had completed or not completed high school.

Regarding family income, participants were distributed into income brackets ranging from less than R$1,000.00 to more than R$5,000.00. Two groups stand out with greater frequency: those with income between R$2,000.00 and R$3,000.00 and those who receive above R$5,000.00, both representing 24.10% (n = 20) of the sample.

Table 1 - Sociodemographic characteristics related to patients using HIV Pre-Exposure Prophylaxis (PrEP)

Variable	N	%	IC
Gender at birth			
Female	4	4,82	1,5 – 12,5
Male	79	95,18	87.5 – 98.4
Gender identity			
Cis man	75	90,36	81,4 – 95,4
Cis woman	4	4,82	1,5 –12,5

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Trans woman	5	2,41	0,4 – 9,2
Non-binary	1	1,20	0,1 – 7,5
Transvestite	1	1,20	0,1 – 7,5
Sexual orientation			
Heterosexual	6	7,23%	3,0 – 15,6
Homosexual	69	83,13%	73,0 – 90,1
Bisexual	8	9,64%	4,6 – 18,6
Race / Color			
White	69	83,13%	73,0 – 90,1
Black and Brown	14	16,87%	9,9 – 27,0
Age			
20 - 29	33	39,76	29,4 – 51.1
30 - 39	37	44,58	33,8 – 55,9
40 - 49	10	12,5	6,2 – 21,5
50 - 60	3	3,61	0,9 – 10,9
Marital status			
Single	68	81,93	0,1 – 7,5
Married	5	6,02	2,2 – 14,1
Divorced	2	2,41	0,4 – 9,2
Education (years)			
4 - 7	1	1,20	0,1 – 7,5
8 - 11	6	7,23	3,0 – 15.6
12 ou mais	76	91,57	82,9 – 96,3
Monthly family income			
Less than R$ 1.000,00	2	2,41	0.4 – 9.2
R$ 1.000,00 - R$ 2.000,00	15	18,07	10.8 – 28.4
R$ 2.000,00 - R$ 3.000,00	20	24,10	15.7 – 35.0
R$ 3.000,00 - R$ 4.000,00	14	16,87	9.9 – 27.0
R$ 4.000,00 - R$ 5.000,00	12	14,46	8.0 – 24.3
Over R$ 5.000,00	20	24,10	15.7 – 35.0

Analysis of PrEP use

Regarding the variables associated with PrEP use (Table 2), the proportion of people who started treatment less than a year ago is higher than those who have been using it for longer, at 56.63% and 43.37%, respectively. This difference suggests a growing interest in HIV prevention, reflecting the recent adherence to treatment by a significant portion of the population. The main reasons stated for adherence were HIV prevention (54.17%) and the search for sexual tranquility (10.42%). Only seven people reported experiencing side effects due to the medication, corresponding to 8.43% of PrEP users. The mentioned side effects include stomach pain and bowel dysfunction, indicating that most participants did not experience significant adverse reactions.

The internet was identified as the main source of information about PrEP (60.24%), followed by healthcare professionals (28.92%) and friends (6.02%). In total, 86.75% considered the information received sufficient, which reinforces the importance of access to clear communication as a factor in adherence and continuity of treatment.

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Table 2 - Characteristics related to the use and information on HIV Pre-Exposure Prophylaxis (PrEP)

Variable	N	%	IC
Usage time			
1 year or less	47	56,63	45,3 – 67,3
Over 1 year	36	43,37	32,7 – 54,7
Reason for use			
HIV Prevention	36	43,37	32,7 – 54,7
Sexual peace of mind	8	9,64	4,6 – 18,6
Having several partners	5	6,02	2,2 – 14,1
Partner living with HIV/AIDS	5	6,02	2,2 – 14,1
Not using a condom	2	2,41	0,4 – 9,2
Prevention and peace of mind	9	10,84	5,4 – 20,0
Prevention and partner living with HIV/AIDS	2	2,41	0,4 – 9,2
Prevention and not using a condom	2	2,41	0,4 – 9,2
Peace of mind and having multiple partners	1	1,20	0,1 – 7,5
Prevention, peace of mind and having multiple partners	7	8,43	3,7 – 17,1
Prevention, peace of mind and not using a condom	8	3,61	4,6 – 18,6
Prevention, peace of mind, not using a condom and having multiple partners	1	1,20	0,1 – 7,5
Prevention, not using a condom, and partners living with HIV/AIDS	1	1,20	0,1 – 7,5
Prevention, not using a condom, peace of mind, having multiple partners, and partners living with HIV/AIDS	1	1,20	0,1 – 7,5
Side effect			
Yes	7	8,43	3,7 – 17,1
No	76	91,57	82,9 – 96,3
Type of side effect			
Stomachache	5	6,02	2,2 – 14,1
Bowel Dysfunction	1	1,20	0,1 – 7,5
Not informed	77	92,77	84,4 – 97,0
Source of information			
Friends	8	9,64	4,6 – 18,6
Internet	23	27,71	18,7 – 38,8
Internet and friends	3	3,61	0,9 – 10,9
Professionals	19	22,89	14,7 – 33,7
Professionals and friends	1	1,20	0,1 – 7,5
Professionals and internet	18	21,69	13,7 – 32,4
Professionals, internet and friends	9	10,84	5,4 – 20,0
Not informed	2	2,41	0,4 – 9,2
Adequate information			
Yes	72	86,75	14,7 – 33,7
No	11	13, 25	7,1 – 22,9

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Analysis of lifestyle habits

The analysis of PrEP users' lifestyle habits revealed behaviors relevant to both understanding the context of adherence and risk assessment (Table 3). Regarding condom use, 77.11% of participants reported using them during sexual intercourse, while 22.89% reported not using them, indicating a group still vulnerable to exposure to other STIs.

The majority of participants (75.90%) reported having been tested for other sexually transmitted infections, although 24.10% had not. Among those who tested, the most common diagnoses were syphilis (21.69%), followed by hepatitis and syphilis coinfection (2.41%), herpes (1.20%), and chlamydia (1.20%). However, 33.73% of participants did not report their results, which may compromise a more accurate assessment of the epidemiological profile.

Regarding psychoactive substance use, alcohol consumption alone was the most frequently reported, followed by the combination of alcohol and drugs, and exclusive drug use, representing 62.65%, 15.66%, and 2.41%, respectively. Reports of tobacco, e-cigarettes, and hookah use were also prominent among participants, accounting for 36.14%, 4.82%, and 3.61% of each category, in that order. These findings highlight the diversity of behaviors related to substance use in the sample analyzed.

Table 3 - Characteristics of lifestyle habits of patients using HIV Pre-Exposure Prophylaxis (PrEP)

Variable	N	%	IC
Use of condom			
Yes	64	77,11	66,3 – 85,3
No	19	22,89	14,7 – 33,7
Testing for other STIs			
Yes	63	75,90	65,0 – 84,3
No	20	24,10	15,7 – 35,0
Test results			
Chlamydia	1	1,20	0,1 – 7,5
Hepatitis and Syphilis	2	2,41	0,4 – 9,2
Herpes	1	1,20	0,1 – 7,5
Syphilis	18	21,68	13,7 – 32,4
Negative	33	39,76	29,4 – 51,1
Not informed	28	33,73	24,0 – 45,0
Sex-related professional activities (last 3 months)			
Yes	3	3,61	0,9 – 10,9
No	80	96,39	89,0 – 99,0
Alcohol and drug use (last 3 months)			
No	16	19,28	11,7 – 29,7
Yes, alcohol	52	62,65	51,3 – 72,8
Yes, alcohol and other drugs	13	15,66	8,9 – 25,7
Yes, others drugs	2	2,41	0,4 – 9,2
Smoking (last 3 months)			
Yes (cigarette)	30	36,14	26,1 – 47,5
Cigarette and E-cigarette/Pod	1	1,20	0,1 – 7,5
E-cigarette/Pod	4	4,82	1,5 – 12,5
Hookah	3	3,61	0,9 – 10,9
No	45	54,22	0,9 – 10,9

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Analysis of the relationship between time of use, socioeconomic data, lifestyle habits and sti testing

The chi-square test to assess possible associations between duration of PrEP use (classified as "less than one year" or "more than one year") and socioeconomic and behavioral variables revealed no statistically significant relationships. In all comparisons, p-values were above the adopted cutoff ($p < 0.05$), indicating no association between these variables.

Similarly, the analysis of the relationship between testing for other STIs and lifestyle habits also demonstrated no statistically significant associations. The p-values obtained remained above the significance threshold for all variables investigated, not supporting an association between STI testing and self-reported behaviors.

DISCUSSION

The sociodemographic profile observed in this study reaffirms a trend highlighted in the literature: the concentration of PrEP use among cisgender men, with higher education and income.[5,6,7] This pattern highlights persistent inequalities in access to prophylaxis, segments that are often made invisible in care practices, especially among trans and transvestite people[8,9], sex workers[10], cis women[9], black populations[7] and those with lower levels of education.[11] This exclusion not only reveals the weaknesses in the design and implementation of public policies related to PrEP, but also reinforces the importance of approaches that consider social markers such as gender, race, class, and gender identity in formulating more equitable actions. [10]

Although PrEP represents a significant advance in HIV prevention, its adoption is part of a broader set of care practices, which are not limited to the use of the drug. 1 The results obtained in this study reveal that, although most participants reported concomitant condom use, there remains a certain fragility in the adoption of combined prevention strategies. This finding reinforces that access to PrEP does not necessarily imply an immediate change in sexual behaviors, but it can represent a turning point in preventive care, especially by strengthening the connection with health services.

In this sense, it is essential to consider that adherence to prophylaxis is not associated with an increased incidence of other STIs, but the number of infections may be slightly higher when compared to non-PrEP users.[12] However, caution is needed, given the diversity of variables that can influence this interpretation, as most of the population no longer uses barrier methods (internal or external condoms), or if they do, it is inconsistently. This claim is reinforced by Felisbino-Mendes *et al.* (2019)[13], who, when analyzing a significant sample of 88,531 people, found that 77.2% reported not using condoms consistently. These findings demonstrate that PrEP should not be seen as an additional risk factor, but rather as an opportunity to improve care, especially for more exposed populations.[12]

The analysis of the item "testing for other STIs" also reveals important aspects, as 24.1% of participants reported not having undergone any testing. This discrepancy may reflect more than a lack of care; it may indicate, for example, gaps in understanding of the comprehensive nature of STI prevention.

In the service evaluated, periodic STI testing is an integral part of the PrEP monitoring protocol, in accordance with national guidelines.[1] Thus, what we observed may be the result of participants' memory bias or difficulties in appropriating the information provided by healthcare professionals.

It is important to emphasize that a high level of education alone does not guarantee understanding of the language used in healthcare. More than simply knowing how to read, it is necessary to understand, interpret, and apply information in real-life care settings. When there is a mismatch between institutional language and the patient's ability to understand, care becomes fragmented.[14]

Considering that the language used in health services can interfere with the understanding of care, it is also important to recognize that low demand for prophylaxis among people with lower levels of education may be associated with limited or even absent understanding of the risks and ways to prevent STIs. People with lower health literacy in the context of HIV demonstrate a lower propensity to adopt prevention strategies, such as pre-exposure prophylaxis (PrEP), which compromises their ability to effectively prevent transmission of the virus.[15]

This scenario is aggravated by the multiple barriers faced in everyday life, such as difficulty in accessing health services[9], misinformation[16], the stigma[9,17] and the naturalization of risk situations. 18 Studies have already highlighted that some people's distance from PrEP is due to the fear of being mistakenly recognized as people living with HIV, which demonstrates that stigma is still one of the main factors in non-adherence to prophylaxis. [16,19]

In this context of symbolic, structural and informational barriers that compromise access to PrEP, the low proportion of participants who declared engaging in professional activities related to sex (3.61%) also stands out, which raises important reflections on the limits of public policies in reaching populations considered key in the response to HIV. [20]

Furthermore, sex work, especially when carried out by cis women, transvestites and trans people in contexts of social vulnerability, is often permeated by experiences of fear[21], violence[22,23], discrimination[22,24,25] and denial of rights, situations that adversely impact your health[26] and make it difficult to access and establish links with health services. [27]

Even though the Ministry of Health recognizes sex workers as a priority[20], it is essential that health services operate with approaches that are responsive to the particularities of this population. This includes providing a welcoming space and care[28]; days, times and schedules compatible with the dynamics of sex work[28]; guarantee of confidentiality[29]; non-moralizing postures[26]; accessible language[30], and active outreach[31] that recognize the social contexts in which these individuals are inserted. The low adherence observed in the present

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study, therefore, may not simply reflect a lack of interest in adhering to PrEP or the absence of risk, but rather highlight the concrete mismatch between institutional guidelines and the daily practice of services, where multiple barriers to access and retention still persist.

In this sense, the study by Pimenta *et al.* (2022)[9] shows that both users and professionals point out that the opening hours of the units are one of the main obstacles to PrEP adherence, especially for the trans population involved in sex work, whose routine requires care at alternative times. Furthermore, Villela and Monteiro (2015)[17] reinforce that the restricted functioning of services, combined with the nocturnal lifestyle and fear of stigma, drives prostitutes away from care spaces, increasing their exposure to problems such as depression, induced abortion and STIs.

This gap between users' real needs and the structure of health services also manifests itself in other aspects of the PrEP experience. The fact that the internet has been the primary source of information about prophylaxis points to an autonomous movement of seeking care, revealing, on the one hand, interest and engagement[32], on the other hand, it exposes the risks associated with the circulation of inaccurate or decontextualized information, especially on complex topics such as HIV.[33]

Another relevant finding concerns the consumption of psychoactive substances, especially alcohol. The high percentage of participants who reported recent use (over 60%) highlights the need to reflect on how these practices relate to PrEP use. The literature shows that alcohol and drug use can interfere with adherence to the prophylactic regimen and negatively impact self-care, as well as being a marker of social and emotional vulnerability. [34,35]

Among the limitations of this study is its single-center design, which may limit the generalizability of the results. Furthermore, some of the information analyzed was obtained through self-reporting, which is subject to recall and interpretation biases. However, the study design allowed us to identify nuances regarding PrEP use, providing insights for improving prevention strategies in public health services.

CONCLUSION

The findings of this study show that PrEP use in Ponta Grossa, Paraná, remains concentrated in a specific population profile, predominantly composed of cisgender, homosexual men with high levels of education and better socioeconomic status, indicating persistent inequalities in access to prophylaxis. The predominance of recent adherence and the low incidence of adverse effects suggest a scenario of expanding use, albeit limited. Risky sexual practices, significant use of psychoactive substances, and suboptimal use of barrier methods reveal weaknesses in combined prevention strategies.

Furthermore, the low representation of strategic populations from an HIV prevention perspective reinforces the existence of barriers that compromise equitable access to PrEP.

Finally, considering the limitations of the single-center design and sample, it is recommended that multicenter studies with greater population representation be conducted to broaden our understanding of the different contexts of PrEP adherence in Brazil. Such evidence is essential for improving prevention policies, with a focus on equity, comprehensiveness and effectiveness of HIV responses.

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