

**Villalba, Karina**

**Villalba K.** University of Central Florida: Rosenberg R. Florida International University; Jean-Gilles M. Florida International University; Cook R. University of Florida; Dévieux. Florida International University

**PERCEIVED ATTITUDES AND GENDER ROLES AND LIKELIHOOD OF PREP UPTAKE AMONG WOMEN OF COLOR IN VIOLENT RELATIONSHIPS AT RISK FOR HIV**

Background: Women in violent relationships have few feasible HIV risk reduction options. Thus, PrEP is an effective prevention method that can be independently controlled by women. However, traditional gender roles may have the potential to affect PrEP uptake. The aim was to assess group differences for gender roles and perceived attitudes to PrEP uptake among women of color with and without a history of intimate partner violence (IPV) at risk for HIV.

Methods: This is a cross-sectional analysis using data from parent study. Descriptive analyses were used to compare PrEP uptake between women with and without a history of IPV. Correlation analyses were used to measure the relationships between risk behaviors and PrEP uptake, and binary logistic regression was used to analyze the associations between gender norms and PrEP uptake.

Results: A total of 186 women participated in the study ((54% with IPV and 45% without a history of IPV) The majority were African American (42%), followed by Latinas (31%), and Caribbean (28%) women. Alcohol use was significantly higher for women with 11.7 (SD = 20.8) versus women without a history of IPV 6.7 (SD = 6.9). There were significant group differences between women with and without a history of IPV and PrEP uptake, women with a history of IPV would use PrEP if suggested by the doctor; and would use PrEP if covered by insurance. Alcohol abuse was significantly correlated with taking PrEP makes safer sex less important ( $p = 0.04$ ) gender roles including subordinate to others and silencing the self, were significantly associated with PrEP uptake. Women with a history of violent relationships were more likely to agree with taking PrEP makes safer sex less important (OR = 1.2,  $p = 0.5$ ), whereas women without a history of IPV were more likely to agree with no need to use condoms to have sex, if taking PrEP (OR 1.3,  $p = 0.5$ ). Women with a history of IPV were more likely to agree with taking PrEP if recommended by the doctor (OR = 1.5  $p = .02$ ) and PrEP decreases the risk for HIV (OR = 1.8,  $p = .03$ ).

Conclusion: Results indicate that health providers can play a significant role in promoting PrEP among women in violent relationships. It also showed that gender norms may play a significant role in decision making behavior for PrEP uptake among women with a history of IPV.