P217

Community HERO Treatment Survey: Understanding Drivers of Treatment Satisfaction and Adherence among Cis Women with HIV

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Conclusions

- In this unadjusted analysis, a lower proportion of cisgender women than cisgender men reported currently receiving antiretroviral therapy (ART), and a higher proportion reported never having started ART. These differences should be interpreted cautiously because geographic and other characteristics of the two groups differed
- Among cisgender women receiving ART, single-tablet regimen use, including bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF), was associated with higher treatment-satisfaction scores and a lower prevalence of self-reported adherence difficulties than multi-tablet regimen use. These unadjusted associations should not be interpreted as causal
- Cisgender women reported greater receptivity to several potential facilitators of ART adherence, highlighting opportunities to explore tailored approaches to support adherence and engagement in HIV care

Plain Language Summary

- HIV treatment lowers the amount of HIV in the blood (viral load). This helps prevent HIV from being passed to others and reduces the risk of developing AIDS (Acquired Immune Deficiency Syndrome)
- HIV treatment works best when people take their medication as prescribed. However, this can be difficult for some people
- This study included 2532 people living with HIV from different countries. Of these, 561 were cisgender women, and 90% were receiving HIV treatment
- Overall, 18% of cisgender women said they had difficulty taking their HIV medication regularly
- Women taking a single-tablet regimen were less likely to report difficulty taking their medication than women taking multiple tablets. They also reported higher satisfaction with their treatment
- High medication costs, side effects, and mental health challenges made it harder for some women to take their medication regularly
- Support services, such as educational programs, HIV peer support, and social assistance, helped some women take their medication as prescribed

Background

- Nearly 53% of people with HIV (PWH) worldwide are women, and of those, 84% are receiving antiretroviral therapy (ART)[1]
- Cisgender women with HIV have been underrepresented in HIV treatment studies, despite available research showing that they face intersectional barriers to HIV care,[2,3] leading to difficulties with HIV care access and ART adherence, particularly compared to men[4–6]
- ART adherence is crucial for sustained viral suppression and treatment success; and understanding the treatment experience of women living with HIV can inform gender-centered HIV care management[5,6]

Objective

- To assess the treatment experience of cisgender women with HIV, evaluating treatment satisfaction and challenges with treatment adherence

Methods

- This is an ongoing, observational cross-sectional study surveying PWH, conducted in the United States (US), Canada, Mexico, United Kingdom (UK), France, Germany, Italy, Spain, South Africa, Taiwan, and Japan thus far
- The survey was developed in collaboration with investigators and community advocates, drawing on their insights and an adapted targeted literature review to identify relevant themes and incorporate appropriate validated instruments
- Participants were recruited through general-population panels, patient advocacy groups, and healthcare professional referrals. Adults aged ≥18 years who self-reported an HIV diagnosis were eligible
- Analysis for this poster focused on cis gender women, comparing their HIV treatment journey to that of cisgender men with HIV
  - Key outcomes included current ART treatment, treatment satisfaction measured using the HIV Treatment Satisfaction Questionnaire–status version (HIVSTQs), adherence challenges, and perceived barriers and facilitators to taking ART as prescribed
  - Perceived barriers and facilitators were assessed based on how participants rated (Likert-like scaling) various factors as either impacting or helping their ability to take their ART as prescribed
- Categorical variables were summarized using frequencies and percentages (n, %). Continuous variables were summarized using mean, standard deviation (SD), median and interquartile range (IQR). Between-group comparisons were assessed using Pearson's Chi-squared test or Fisher's exact test, as appropriate, with the significance threshold set at $p<0.05$

Results

Participant Demographic and Clinical Characteristics

Demographic and clinical characteristics of participants are summarized in **Table 1**

- Among 2532 participants, 561 (22.2%) were cisgender women; most had received an HIV diagnosis within the past 10 years
- Of the 561 cisgender women, 90% (n=506) were currently on ART, compared to 94% (1719/1821) of cisgender currently on treatment

Table 1. Sociodemographic and clinical characteristics

Characteristics	Cis women (N=561)	Cis men (N=1821)
Age, mean (SD), years	41.4 (12.7)	42.6 (11.9)
Country, n (%)		
South Africa	133 (23.7)	63 (3.5)
USA	114 (20.3)	279 (15.3)
Germany	57 (10.2)	140 (7.7)
France	55 (9.8)	127 (7.0)
Canada	51 (9.1)	129 (7.1)
UK	50 (8.9)	152 (8.3)
Italy	30 (5.3)	157 (8.6)
Spain	28 (5.0)	156 (8.6)
Japan	19 (3.4)	221 (12.1)
Mexico	14 (2.5)	212 (11.6)
Taiwan	10 (1.8)	188 (10.3)
Years since HIV diagnosis, median (IQR)	9.0 (4.0, 24.0)	9.0 (4.0, 17.0)
Time since HIV diagnosis, n (%)		
Diagnosed <5 years ago	161 (28.7)	490 (26.9)
Diagnosed ≥5 years ago	400 (71.3)	1331 (73.1)
Diagnosed <10 years ago	283 (50.4)	978 (53.7)
Diagnosed ≥10 years ago	278 (49.6)	843 (46.3)
Treatment status, n (%)		
Currently on treatment	506 (90.2)	1719 (94.4)
Previously on treatment	21 (3.7)	55 (3.0)
Never started treatment	34 (6.1)	47 (2.6)
Type of ART, n (%)*	**N=501**	**N=1715**
Single-tablet oral regimen	363 (72.5)	1265 (73.8)
- *B/F/TAF*	88 (17.5)	548 (31.9)
Multi-tablet oral regimen	99 (19.8)	299 (17.4)
Injectable with or without oral pill(s)	39 (7.8)	151 (8.8)

*Percentages calculated on a base of N=501 as 5 participants did not answer this part of the survey among cis women, and a base of N=1715 as 4 participants did not answer this part of the survey among cis men
ART, antiretroviral therapy; B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; IQR, interquartile range; SD, standard deviation.

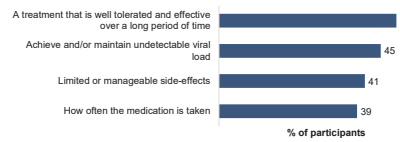
HIV Treatment Satisfaction

- The median HIVTSQs score among all cisgender women currently on ART was 52.0 [IQR: 45.0-58.0]
- Scores were also assessed per type of regimen and treatment: HIVTSQs scores were significantly higher among women on STRs compared to multi-tablet regimens (MTR) ($p<0.001$) (median: 53.0 [47.0-59.0] vs 47.0 [36.5-52.0]), with the highest scores observed among those on bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF): 54.5 [47.5-59.2]

Barriers and Facilitators to Treatment Adherence

- Overall, 18.2% (91/501) of cisgender women reported difficulty with ART adherence vs 12.3% (211/1715) of cisgender men, $p=0.001$
  - Women receiving STRs reported significantly less adherence challenges than those on MTRs, 15.3% (55/363) vs 27.3% (27/99), $p=0.005$. Among the 88 cisgender women receiving B/F/TAF, 13.6% reported adherence difficulties ($p=0.0348$)
- This descriptive subgroup finding was not adjusted for differences between treatment groups. The most important treatment features that motivated participants to take their ART as prescribed were a treatment that is well tolerated and effective for long-term, that would allow them to achieve undetectable viral load, and that has limited side-effects (**Figure 1**)

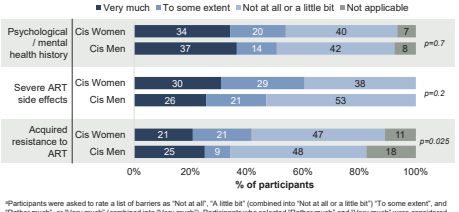
Figure 1. Treatment features considered most important for taking treatment as prescribed among cis women reporting ART adherence difficulties[a,b]



[a]Participants were asked to rank their top 3 treatment features that would be most important to motivate them to take their treatment as prescribed and stay on treatment long term among 10 possible responses. The most common reasons (reported by ≥30% of participants) are shown.
[b]Cis women currently on ART with adherence challenges n=91.

- Barriers most frequently reported by cisgender women with adherence challenges as impacting their ability to take ART as prescribed included mental health reasons and financial costs. Cisgender men with adherence challenges most frequently reported financial costs and limited social support (**Figures 2 and 3**)

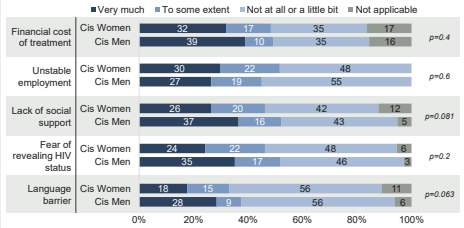
Figure 2. Clinical and health related barriers to treatment adherence among participants reporting ART adherence difficulties[a,b]



[a]Participants were asked to rate a list of barriers as "Not at all", "A little bit" (combined into "Not at all or a little bit") "To some extent", and "Rather much", or "Very much" (combined into "Very much"). Participants who selected "Rather much" and "Very much" were considered to report the item as a barrier.
[b]Cis women currently on ART with adherence challenges n=91; cis men currently on ART with adherence challenges: n=211.

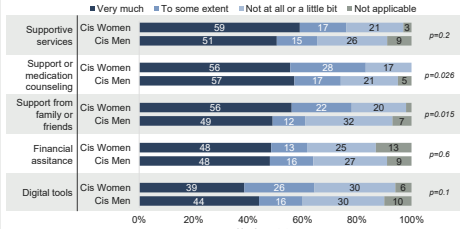
- Notably, social support was more often identified as a facilitator among cisgender women than cisgender men: 56.0% (51/91) vs 48.8% (103/211), $p=0.015$ (**Figure 4**)

Figure 3. Social and structural barriers to treatment adherence among participants reporting adherence difficulties[a,b]



[a]Participants were asked to rate a list of barriers as "Not at all", "A little bit" (combined into "Not at all or a little bit") "To some extent", and "Rather much", or "Very much" (combined into "Very much"). Participants who selected "Rather much" and "Very much" were considered to report the item as a barrier.
[b]Cis women currently on ART with adherence challenges: n=91; cis men currently on ART with adherence challenges: n=211.

Figure 4. Facilitators for treatment adherence among participants currently receiving treatment, and reporting ART adherence difficulties[a,b]



[a]Participants were asked to rate a list of facilitators as "Not at all", "A little bit" (combined into "Not at all or a little bit") "To some extent", and "Rather much", or "Very much" (combined into "Very much"). Participants who selected "Rather much" and "Very much" were considered to report the item as a facilitator.
[b]Cis women currently on ART with adherence challenges: n=91; cis men currently on ART with adherence challenges: n=211.

Limitations

- As this was a cross-sectional study using convenience sampling and self-reported measures, causal inferences cannot be made
  - For example, the reported proportion of participants with adherence difficulties may underestimate the true burden because of potential selection bias, underreporting, and recall bias
- Barriers and facilitators were assessed descriptively; multivariable analyses could have enabled a more robust evaluation by accounting for potential confounders such as socioeconomic factors, comorbidities, clinical characteristics, and ART regimen characteristics, etc.
- Recruitment channels may have preferentially reached certain populations, such as men who have sex with men and people who inject drugs. Women may have been less likely to be reached or to participate, potentially resulting in their underrepresentation in the sample and limiting the generalizability of the findings to women living with HIV

References: **1**. UNAIDS. Global HIV & AIDS statistics—Fact sheet. Available from: https://www.unaids.org/en/resources/fact-sheet. Accessed September 23, 2026.**2**. Turan B, et al. *AIDS*. 2019;33;571–6.**3**. Rice WS, et al. *AIDS Patient Care STDs*. 2019;33;184–95.**4**. de Souza DE, et al. *Arch Public Health*. 2026;84;54.**5**. Puskas CM, et al. *Curr HIV/AIDS Rep*. 2011;8;277–87.**6**. Benning L, et al. *BMC Womens Health*. 2020;20;152.

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