



Characterizing Cis and Trans Women's HIV Risk and Access to HIV Prophylaxis in Ontario, Canada

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Supplementary Table 1. HIV prevention among women questionnaire.

PART ONE - DEMOGRAPHICS, HIV RISK ASSESSMENT

Demographic questions

1. What is your age?

- a. 18-22
- b. 23-26
- c. 27-35
- d. 36-45
- e. 46-55
- f. 56-65
- g. 66+

2. What was your sex assigned at birth?

- a. Female
- b. Male
- c. Intersex
- d. Prefer not to answer
- e. Other _____

3. Were you born in Canada?

- a. Yes

b. No, I arrived in Canada in the year _____

c. Prefer not to answer

d. Do not know

4. Which of the following BEST describes your racial or ethnic group? Select **ONE** only.

- a. Asian - East (e.g., Chinese, Japanese, Korean)
- b. Asian - South (e.g., Indian, Pakistani, Sri Lankan)
- c. Asian - South East (e.g., Malaysian, Filipino, Vietnamese)
- d. Black - African (e.g., Ghanaian, Kenyan, Somali)
- e. Black - Caribbean (e.g., Barbadian, Jamaican)
- f. Black - North American (e.g., Canadian, American)
- g. First Nations
- h. Indian - Caribbean (e.g., Guyanese with origins in India)
- i. Indigenous/Aboriginal not included elsewhere
- j. Inuit
- k. Latin American (e.g., Argentinean, Chilean, Salvadorian)
- l. Métis
- m. Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
- n. White - European (e.g., English, Italian, Portuguese,

Russian)

- o. White - North American (*e.g.*, Canadian, American)
- p. Mixed heritage (*e.g.*, Black - African and White - North American)

(Please specify)

q.	Other(s)	(Please specify)
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r. Prefer not to answer

s. Do not know

5. Where are you living currently?

a. Own my home (alone or with roommate(s)/partners)

b. Rent an apartment (alone or with roommate(s)/partners)

c. Living with friends or family

d. Foster home

e. School residence

f. Supportive/assisted housing

g. Group home

h. Boarding home

i. Shelter/hostel

j. Homeless/on the street

k. Not listed (please specify) _____

l. Prefer not to answer

6. What is your highest level of education? Select **ONE** only.

a. No education

b. Some elementary school

c. Completed elementary school

d. Indian day school

e. Residential school

f. Some high school

g. Completed high school

h. Trade school/apprenticeship (*e.g.* carpentry, plumbing)

i. Some college or university

j. College degree or diploma

k. University undergraduate degree (*e.g.* BA, BSc, BEd)

l. University graduate degree (*e.g.*, MA, PhD)

m. Professional degree (*e.g.* JD, MD, Peng)

n. Other (please specify) _____

o. Do not know

p. Prefer not to answer

7. What was your total family income before taxes last year? Select **ONE** only.

a. \$0 to \$14,999

b. \$15,000 - \$29,999

c. \$30,000 - \$44,999

d. \$45,000 - \$59,999

e. \$60,000 - \$79,999

f. \$75,000 - \$89,999

g. \$90,000 or more

h. Prefer not to answer

i. Do not know

8. What is your current employment status?

a. Employed

b. Unemployed - not looking for work

c. Unemployed - looking for work

d. Student/trainee and employed

e. Student/trainee and unemployed

f. Retired

g. Prefer not to answer

h. Other _____

9. If you were to need medication, what type of drug coverage would you have?

a. Ontario Works

b. Ontario Disability Support Program

c. Trillium Health Benefit

d. Non-Insured Health Benefits for First Nations & Inuit

e. Interim Federal Health

f. Private insurance coverage through my workplace/employer/school

g. Private insurance coverage NOT through my workplace/employer/school - for example from partner(s) or parent(s)

h. No coverage

i. Unsure

DISCLAIMER

The topics covered in the following portions of the survey are sensitive in nature and we understand that they may be uncomfortable or upsetting to answer. Please keep that in mind when reading over the questions and please try to answer to the best of your ability.

Sexual health history

This section will ask questions about your sexual health including relationships, safe sex practices, and higher risk activities as they relate to HIV risk. If you have questions related to your own HIV risk or about HIV prevention, please speak to a health care provider.

10. What is your current relationship status?

a. Not currently in a relationship/single

b. Dating

c. In a monogamous relationship

d. Multiple partners/in an open relationship

11. Which of the following best describes your sexual orientation? Select **ONE** only.

a. Androgynosexual

- b. Aromantic
- c. Asexual
- d. Bisexual
- e. Bi-curious
- f. Demisexual
- g. Gay
- h. Heterosexual (straight)
- i. Lesbian
- j. Pansexual
- k. Polysexual
- l. Queer
- m. 2-spirit
- n. I am not yet sure of my sexual orientation
- o. You don't have an option that applies to me. I identify as _____
- p. Prefer not to answer

12. In the past 12 months, which of the following best apply to your sexual partner(s)? Select **ALL** that apply:

- a. Cisgender men
- b. Cisgender women
- c. Transgender men
- d. Transgender women
- e. Nonbinary/another gender
- f. I have not had a sexual partner in the past 12 months, but I would like to be sexually active
- g. Other _____

13. Do you currently have a consistent sex partner?

- a. Yes
- b. No (*skip to question 16*)

14. If yes, do you know your consistent sex partner's HIV status?

- a. Yes, they are HIV positive
- b. Yes, they are HIV-negative (*skip to question 16*)
- c. I do not know (*skip to question 16*)
- d. Prefer not to answer (*skip to question 16*)

15. If your consistent sex partner is HIV positive, do you know if they are detectable?

- a. They are detectable
- b. They are undetectable
- c. I do not know
- d. Prefer not to answer

16. In the last 12 months, have you done any of the following (select **ALL** that apply):

- a. Exchanged sex for money, drugs, alcohol, food, housing, *etc.*/I identify as someone who engages in sex work
- b. Had anal sex without using a condom
- c. Had two or more concurrent sexual partners without condoms
- d. Experienced sexual violence, sexual assault, or sexual exploitation
- e. None of the above

17. In the last 12 months, have you been tested for sexually transmitted infections (STIs)?

- a. Yes
- b. No (*skip to question 20*)

18. If you have been tested for STIs in the last 12 months, where have you been tested? (select **ALL** that apply):

- a. At my primary care provider's clinic
- b. At a general walk-in clinic
- c. At a hospital
- d. At a sexual health clinic
- e. Other _____

19. Over the past 12 months, have you tested positive for a sexually transmitted infection (STI)?

- a. No
- b. Yes, once
- c. Yes, two or more times

Drug use history

20. Have you ever had sex while heavily intoxicated by alcohol or drugs? This means more than a little tipsy or a little high.

- a. Yes, in the past 12 months
- b. Yes, more than 12 months ago
- c. No
- d. Unsure/don't know

21. Have you done any of the following in the last 12 months? Select **ALL** that apply.

- a. Shared injection equipment with another person (either borrowing it from them, or giving it to them)
- b. Been injected by someone else
- c. Taken drugs from someone
- d. None of the above

General HIV risk and knowledge

22. How knowledgeable would you say you are on the following aspects of HIV (select the appropriate column for each aspect):

	Not at all knowledgeable	A little knowledgeable	Somewhat knowledgeable	Fairly knowledgeable	Very knowledgeable
How HIV is spread	-	-	-	-	-
Risk factors for HIV transmission	-	-	-	-	-
Strategies to prevent HIV transmission	-	-	-	-	-
How to get tested for HIV	-	-	-	-	-

HIV treatment options	-	-	-	-	-
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23. When was the last time you were tested for HIV?

- Less than 30 days ago
- 1-3 months ago
- 3-6 months ago
- Between 6 and 12 months ago
- 1-2 years ago (*skip to question 27*)
- Over two years ago (*skip to question 27*)
- I do not remember (*skip to question 27*)
- I have never been tested for HIV (*skip to question 27*)

24. In the last 12 months, how many times have you been tested for HIV?

- 1
- 2
- 3 or more

25. Where have you been tested for HIV in the last 12 months? (select **ALL** that apply):

- At my primary care provider's clinic
- At a general walk-in clinic
- At a hospital
- At a sexual health clinic
- I used a self-test
- Other _____

26. What type(s) of HIV tests have you used in the last 12 months? (select **ALL** that apply):

- Blood work
- Rapid point-of-care test
- Not sure
- Other _____

27. How would you estimate your own personal HIV risk?

- Very low
- Low
- Average
- High
- Very high

28. Currently, which of the following strategies do you use to reduce your HIV risk (select **ALL** that apply)

- Sexual monogamy (my partner and I are only having sex with each other)
- Using condoms or other forms of barrier protection with partners
- Asking my partners to be tested regularly
- Getting myself tested regularly
- Using drug use equipment that have not been used by other people (for example, not sharing needles)
- Using medications

g. Other _____

h. None of the above

29. How much do you know about HIV pre-exposure prophylaxis (PrEP)?

- Never heard of it
- Know only a little
- Know a fair amount
- Know a lot

30. How much do you know about HIV post-exposure prophylaxis (PEP)?

- Never heard of it
- Know only a little
- Know a fair amount
- Know a lot

31. How much do you know about PEP-In-Pocket (PIP)?

- Never heard of it
- Know only a little
- Know a fair amount
- Know a lot

PART TWO - HIV PREVENTION MEDICATION

PrEP

HIV pre-exposure prophylaxis (PrEP) is a medication that helps to prevent HIV infection. Studies show that PrEP is safe and effective at reducing the likelihood of new HIV infections. It can be taken as a daily pill as a continuous regimen, or intermittently, before and after sex. In Canada, PrEP is approved for people who have increased risk of HIV infection. Health care professionals recommend PrEP for some men who have sex with men, some transgender women, people whose sexual partners have HIV, and people who inject drugs. PrEP does not protect against other sexually transmitted or blood borne infections.

32. Have you ever asked someone about PrEP before?

- Yes, I have asked my primary care provider about PrEP
- Yes, I have asked another health care professional besides my primary care provider
- Yes, I have asked friends/family about their experiences with PrEP
- Yes, I have searched on the internet about PrEP
- No, I have never asked about or searched for information on PrEP

33. Has a health care provider ever offered you PrEP?

- No
- Yes, my primary health care provider (family physician, nurse practitioner, physician assistant)
- Yes, a specialist
- Yes, a provider in sexual health

e. Yes, my addictions provider (prescribes my methadone, suboxone, etc.)

f. Yes, an outreach worker who is not one of the above options

34. In your opinion, where would be the best place to access PrEP? Select **ALL** that apply.

a. Hospital

b. Community health centre

c. STI/sexual health clinic

d. HIV prevention clinic

e. Specialized health care provider, such as an obstetrician/gynecologist

f. Primary care provider (family doctor, nurse practitioner, physician assistant)

g. NGO or charity

h. No preference

i. Other _____

35. Based on what you know about PrEP, how interested would you be in the following (select the appropriate column for each row):

	Not at all interested	A little interested	Somewhat interested	Fairly interested	Very interested
Learning more about PrEP	-	-	-	-	-
Speaking to your health care provider about PrEP	-	-	-	-	-
Getting a prescription for PrEP	-	-	-	-	-

36. If you are interested in taking PrEP, what are your reason(s) for being interested? Select **ALL** that apply.

a. I feel that I am at high risk of getting HIV from drug use

b. I feel that I am at high risk of getting HIV from a sexual partner

c. I am hoping to become pregnant, so I can no longer rely on barrier methods for HIV prevention

d. I would feel more in control of my health

e. I would feel safer

f. I would have a more satisfying sex life

g. Other _____

h. I am not interested in taking PrEP

37. Do you think you medically qualify for PrEP?

a. Yes, based on my sexual risk (*skip to question 39*)

b. Yes, based on my risk from using drugs (*skip to question 39*)

c. No

d. Unsure

38. If you think you **DO NOT** medically qualify for

PrEP, or if you have doubts about qualifying, why do you think you do not qualify?

a. I am not sexually active

b. I am in a monogamous relationship

c. I already use other forms of protection (*e.g.*, condoms)

d. I do not share drug use equipment when I use drugs

e. Other _____

39. If you were eligible, what reason(s) would you have **NOT** to use PrEP, or to hesitate in taking PrEP? Select **ALL** that apply:

a. Difficulty taking medication every day as prescribed

b. Concerns about side effects

c. Needing to attend regular checkups with my health care provider

d. Affordability concerns - worried about insurance coverage, out-of-pocket payments, etc.

e. Fear that I would be judged by my health care provider

f. Fear that I would be judged by friends or family

g. I don't feel at risk of being infected with HIV, or I feel adequately protected by the current measures I am taking

h. Another reason _____

i. I would not have any reasons for hesitation

40. Currently, PrEP is available as a daily pill. There are also new modes of PrEP which are injectable and only need to be administered every month or so. How would the route of administration make a difference to your decisions?

a. I would be interested in oral PrEP, but not injectable PrEP

b. I would prefer oral PrEP but I would still consider using injectable PrEP

c. I would be interested in either oral PrEP or injectable PrEP

d. I would prefer injectable PrEP but I would still consider using oral PrEP

e. I would be interested in injectable PrEP, but not oral PrEP

f. I would not be interested in oral or injectable PrEP

41. If you wanted to find out more about PrEP, how would you get more information?

a. I would search online

b. I would ask my health care provider

c. I would ask friends/family about their experiences

d. I would ask an NGO or charity (*e.g.* LGBTQ+ resource centre, homeless drop-in centre, etc.)

e. Other _____

PEP

HIV post-exposure prophylaxis (PEP) is a medication

that helps to prevent HIV infection if you have an exposure. Studies show that if PEP is started within 72 hours of a moderate- or high-risk exposure to HIV, PEP can reduce the risk of HIV acquisition. PEP involves 28 days of antiretroviral medications. Depending on the regimen, the 28 days can involve between 1 and 4 pills taken once or twice daily. Some people have their PEP with them in advance, for an emergency situation – this is called PEP-In-Pocket (PIP). PEP does not protect against other sexually transmitted or blood borne infections.

42. Has a health care provider ever offered you PEP/PIP?

- a. No
- b. Yes, my primary health care provider
- c. Yes, an emergency room health care provider
- d. Yes, at the sexual assault clinic
- e. Yes, in a walk-in clinic
- f. Yes, another specialist such as an obstetrician/gynecologist
- g. Yes, in an HIV prevention clinic

43. Would you consider using PEP to prevent HIV infection?

- a. Yes, I would get a prescription for PEP in the event of an HIV exposure
- b. Yes, but only if I could get my PEP in advance (like in PIP)
- c. No, I would not use PEP/PIP

44. In your opinion, where would be the best places to access PEP/PIP?

- a. Hospital
- b. Community health centre
- c. STI/sexual health clinic
- d. HIV prevention clinic
- e. Walk-in clinic
- f. Specialized health care provider, such as an obstetrician/gynecologist
- g. Primary care provider (family doctor, nurse practitioner, physician assistant)
- h. NGO or charity
- i. No preference
- j. Other _____

45. If you were in a situation where you felt you needed to start PEP, what would be your biggest concern or barrier to accessing PEP?

- a. Fear that I would be judged by my health care provider
- b. Fear that I would be judged by friends or family
- c. Price of PEP/getting it covered by insurance
- d. Worried I would forget to take the pills on time for the full 28 days
- e. Difficulty getting a prescription within 72 hours

f. Concerns about side effects

g. Having to wait in an emergency room

46. Based on what you know about PEP, how interested would you be in the following (select the appropriate column for each row):

	Not at all interested	A little interested	Somewhat interested	Fairly interested	Very interested
Learning more about PEP	-	-	-	-	-
Speaking to your health care provider about PEP	-	-	-	-	-
Getting a prescription for PEP after I have an exposure	-	-	-	-	-
Getting a prescription for PEP in advance of an exposure (like in PIP)	-	-	-	-	-

47. If you are interested in taking PEP, what are your reason(s) for being interested? Select **ALL** that apply.

- a. I feel that I am at high risk of getting HIV from drug use, but don't want daily medication
- b. I feel that I am at high risk of getting HIV from a sexual partner, but don't want daily medication
- c. I generally feel that I can manage my HIV risk without medications, but I would want PEP/PIP in the event of an emergency (*e.g.*, using condoms but taking PEP if they break)
- d. I would feel more in control of my health
- e. I would feel safer
- f. I would have a more satisfying sex life
- g. Other _____

h. I am not interested in taking PEP

48. If you wanted to find out more about PEP, how would you get more information?

- a. I would search online
- b. I would ask my health care provider
- c. I would ask friends/family about their experiences
- d. I would ask a NGO or charity (*e.g.* LGBTQ+ resource centre, homeless drop-in centre, *etc.*)
- e. Other _____

Health Information, Services, and Preferences

49. What is your preferred method to learn about health options such as PrEP and PEP?

- a. Online/social media advertisements
- b. From a health care provider
- c. Word of mouth (from family/friends)
- d. Physical advertisements (billboards, signs)
- e. Other _____

50. To support you with your health care needs, which of the following do you have? Select **ALL** that apply.

a. Primary health provider (*e.g.* primary care/family doctor, nurse practitioner, physician assistant)

b. Mental health worker

c. Case worker

d. Pharmacist

e. Supportive family members

f. Supportive friends

g. Other _____

h. None of the above

51. When you speak to a health care provider about your sexual health, how does their gender impact your comfort in having this conversation?

a. I am most comfortable with a provider who is a cisgender woman

b. I am most comfortable with a provider who is a cisgender man

c. I am most comfortable with a provider who is

transgender or nonbinary

d. My provider's gender does not have an impact on my comfort

52. Now that you are aware of the medications available to prevent HIV, how do you feel? Indicate your top 3 reactions using numbers (write "1" next to the option that best describes how you feel, followed by "2" for the next best, and "3" for the third).

a. I feel safer knowing my options

b. I feel more in control of my health

c. I feel upset that nobody told me about these medications until now

d. I have doubts about the efficacy of PrEP and/or PEP

e. I intend to ask a health care provider about PrEP and/or PEP

f. I want to tell other people about PrEP and/or PEP

g. I am indifferent/this information has no effect on me