Published in final edited form as:

J Assoc Nurses AIDS Care. 2018 ; 29(1): 107–114. doi:10.1016/j.jana.2017.06.010.

Leveraging Social Media to Explore Black Women's Perspectives on HIV Pre-exposure Prophylaxis

Bianca S. Hill, MPH,

Medical student, Meharry Medical College, Nashville, Tennessee, USA

Viraj V. Patel, MD, MPH,

Assistant Professor of Medicine, Division of General Internal Medicine, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York, USA

Lorlette J. Haughton, MPH, and

Research study coordinator, Division of General Internal Medicine, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York, USA

Oni J. Blackstock, MD, MHS*

Assistant Professor of Medicine, Division of General Internal Medicine, Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, New York, USA

Keywords

HIV prevention; pre-exposure prophylaxis; social media; women

Despite a decline in new HIV diagnoses in the United States during the past decade, significant HIV-related disparities persist (Centers for Disease Control and Prevention [CDC], 2016). Among the most marked HIV-related disparities in the United States has been the ongoing disproportionate representation of Black women in the numbers of U.S. women newly diagnosed with HIV infection (CDC, 2017). Specifically, while Black women comprise only 13% of the U.S. female population, Black women account for 61% of women with new HIV diagnoses (CDC, 2017).

Pre-exposure prophylaxis (PrEP), an innovative HIV prevention strategy, has the potential to substantially reduce this disparity (CDC, 2014). PrEP involves uninfected individuals taking antiretroviral medications and attending routine clinic visits for HIV screening and risk-reduction and adherence counseling (CDC, 2014). In 2012, Truvada® (tenofovir disoproxil fumarate/emtricitabine; Gilead Sciences Inc., Foster City, CA) was approved for PrEP by the U.S. Food and Drug Administration, and in 2014, the CDC released PrEP clinical guidance (CDC, 2014; U.S. Food and Drug Administration, 2012).

However, despite the potential of PrEP, uptake has been low among U.S. women, and racial disparities in PrEP uptake have already emerged (Blackstock, Patel, Felsen, Park, & Jain,

*Correspondence to: oblackst@montefiore.org.

Disclosures

The authors report no real or perceived vested interests related to this article that could be construed as a conflict of interest.

2017; Bush, Ng, Magnuson, Piontowsky, & Mera, 2015; Mera, Palmer, Mayer, Magnuson, & Rawlings, 2016; Wu et al., 2017). The CDC has estimated that about 500,000 heterosexual women in the United States are eligible for PrEP based on sexual and drug use behaviors (Smith et al., 2015). However, data accounting for 80% of U.S. retail pharmacies that have prescribed daily oral PrEP indicated that, as of 2015, only 19,000 women had received a PrEP prescription (Mera et al., 2016). Moreover, the same data show that, since the daily oral PrEP 2012 approval, a declining proportion of new PrEP prescriptions are going to women (Mera et al., 2016). A national study of U.S. PrEP users with commercial insurance found that, in 2014, only 2.5% of PrEP users were women (Wu et al., 2017). Notably, while PrEP uptake among women was low overall, PrEP uptake among non-Hispanic Black women was significantly lower than that of non-Hispanic White women (Bush et al., 2015; Mera et al., 2016).

Given their overrepresentation among U.S. women newly diagnosed with HIV and low PrEP uptake, understanding Black women's perspectives on PrEP is critical to identifying factors that may influence PrEP uptake. However, few PrEP-related studies have focused on U.S. women. These few studies have demonstrated low levels of PrEP awareness, but high levels of interest among women (Auerbach, Kinsky, Brown, & Charles, 2015; Flash et al., 2014; Goparaju et al., 2015). Women welcomed the idea of a user-controlled HIV prevention method, but concerns existed related to potential side effects, daily adherence, and stigma (Auerbach et al., 2015; Flash et al., 2014; Goparaju et al., 2015). However, these studies used focus groups, a conventional qualitative data collection method that could have been affected by social desirability bias, thereby limiting the range and prominence of perspectives elicited (Kitzinger, 1995).

Social media is increasingly being used by individuals to engage in discussions about health-related topics, particularly those that may be newly emerging (Fox & Duggan, 2013). In turn, researchers are beginning to use this virtual treasure trove of publicly available data to gain further understanding about individual perspectives on a diverse array of health-related topics as well as on factors that may influence certain health behaviors (Abramson, Keefe & Chou, 2015; Lagu et al., 2016; Struik & Baskerville, 2014). Because of the ubiquity of social media and the anonymity it often provides, examining comments about PrEP collected from naturally occurring social media exchanges represents an innovative approach to broadening and deepening our understanding of Black women's perspectives on PrEP. Therefore, using this approach, we sought to gain further insight into novel factors that may influence PrEP uptake among Black women. Findings from our study have the potential to inform the development of future interventions to promote PrEP uptake by Black women.

Methods

We conducted a qualitative study of Facebook comments posted in response to an article entitled, "There is a new pill to revolutionize Black women's sexual health" (Blackstock & Smith, 2015). The article discussed existing disparities in new HIV diagnoses among U.S. women and described daily oral PrEP as well as its potential benefits for Black women. The article was posted on the Facebook page of a website focused on Black women's health and lifestyle interests, on March 23, 2015 and on December 1, 2015 (World AIDS Day). The

website's Facebook page had approximately 200,000 followers on the date of data collection (December 24, 2015). Notably, Facebook has been the most widely used social media platform and reaches a wide swath of the U.S. population, including 67% of Internet-using Black/African American adults (Duggan, Ellison, Lampe, Lenhart, & Madden, 2015).

Data Collection

We collected data on the number of *likes* and *shares* posted to the article as well as all comments in response to the article on the website's Facebook page. De-identified comments (i.e., no accompanying usernames or other personally identifying information) were entered directly into a spreadsheet file and then uploaded to Dedoose®, a Web-based application used for data management, excerpting, coding, and analysis in qualitative and mixed-methods research. We received approval for the study from the institutional review board at the Albert Einstein College of Medicine.

Analysis

We categorized Facebook comments by their PrEP stance (*favorable, unfavorable, both, neutral*). Favorable comments were those that appeared to support PrEP use, while unfavorable comments were those that seemed to oppose PrEP use. Neutral comments neither favored nor opposed PrEP. Our qualitative analysis used a grounded theory approach to organize themes that emerged from comments (Glaser & Strauss, 2009). Our multiprofessional coding team with expertise in public health, HIV prevention, and clinical medicine was comprised of three members who independently coded data in stages using systematic inductive methods to identify emergent themes (Charmaz, 2006). We first performed open coding to identify broad emergent concepts. Next, we conducted axial coding to identify relationships between open codes. Lastly, we conducted selective coding to focus on the most relevant and important concepts. We used the constant comparative method throughout to ensure that codes were applied consistently and resolved discrepancies in coding through consensus.

Results

The total number of Facebook likes, shares, and comments for the article as well as the distribution of PrEP stances in the comments are described in Table 1. Of 137 total comments posted by Facebook users, six were uninterpretable (e.g., contained unidentifiable emoticons). The 131 comments in our final analytic sample were made by 76 unique commenters. Of these, 55 comments (42%) were original comments and 76 (58.0%) were replies to original comments. Almost half of comments were neither favorable nor unfavorable toward PrEP; the remainder of comments were largely split between those with favorable versus unfavorable views about PrEP (Table 1).

Emergent Themes

Favorable comments generally endorsed increasing PrEP awareness among Black women. In comments unfavorable toward PrEP, prominent themes were related to concerns about PrEP safety, mistrust in the government and the pharmaceutical industry, and support for the use of other HIV prevention strategies as alternatives to PrEP. Neutral comments toward

PrEP tended to relate to discussions about HIV transmission risk behaviors or were clarifications of commenters' prior assertions or statements. Our discussion is focused on emerging themes related to favorable and unfavorable comments about PrEP.

Support for PrEP awareness—Comments favorable toward PrEP centered on support for raising awareness about PrEP among Black women as well as the perception that PrEP was an important HIV prevention option for Black women. Comments promoted getting the word out to Black women about PrEP given their disproportionate presentation in women newly diagnosed with HIV. For instance, a Facebook user wrote: "PrEP has been out for a while. In fact, it's not being targeted towards Black women and it should be." There was also the perception that past HIV prevention efforts had neglected Black women as a focus. To this point, a Facebook user expressed a sense that Black women's health had not been an HIV prevention research priority and, therefore, she welcomed the recent introduction of PrEP: "For decades no one gave a shit, there was not research to allow us to protect ourselves. This is huge in that context. A Big step forward."

PrEP safety concerns—Concerns about PrEP overall safety emerged as a prominent theme among comments unfavorable toward PrEP. Commenters expressed apprehension about PrEP's potential adverse effects, ranging from concern about minor side effects to "death." For example, a Facebook user wrote: "But what does it do to our internal organs? Keep thinking poppin' pills is beneficial to your health; it's man made! Contraindications and side effects on fleek." Some questioned whether the benefits of PrEP outweighed the potential risks, and therefore, wanted to learn more about potential side effects. Some users worried about possible PrEP effects on their reproductive health, specifically. For example, a user wrote: "No thanks! Probably going to make us sterile." Safety concerns were sometimes placed in the context of other, often newer sexual health-related technologies for women, such as the human papillomavirus (HPV) vaccine: "It's good they have these pills. I just hope they don't turn out to be the death sentence and cause many health problems that the HPV vaccine are proving to." Another commenter argued that a cure for HIV already existed, but was being hidden, and opposed further medicalization of HIV prevention: "There's already been a cure for AIDS, but it has been kept a secret for political and financial reasons. There's already too much unnatural medication causing side effects and adverse effects to people."

Institutional mistrust—Another prominent theme that emerged from comments unfavorable toward PrEP related to mistrust of the government and the pharmaceutical industry. Specifically, users expressed concerns about the intentions of these institutions with regards to promoting PrEP to Black women.

A few Facebook users even questioned the veracity of statistics that indicated that Black women were disproportionately represented among women at risk for HIV. Yet, even when Black women's higher risk of HIV acquisition was accepted as fact, some commenters still questioned these institutions' underlying motives: "Why not across the board marketing? Yes, we are at higher risk. However, pharmaceutical companies and the government track records are questionable." Commenters wondered about financial gains for pharmaceutical companies in promoting PrEP. Some also worried that PrEP was intended to eliminate Black

people (i.e., genocide) either directly (i.e., causing death) or via its potentially sterilizing effects on women's reproductive health: "They ... Have tried everything and we continue to thrive ... whatever." Concerns also involved the belief that Black women were being experimented on by the government under the guise of PrEP ("Not buying this [PrEP]. [It's] another experiment from the government.").

Alternatives to PrEP—An emerging theme in exchanges between commenters focused on alternative HIV prevention strategies, some of which were evidence based and others that were not. Promoting or suggesting alternative HIV prevention strategies to PrEP typically occurred in response to concerns about PrEP safety and effectiveness as well as institutional mistrust. In response to the article, a user wrote: "How about using condoms ... One faulty batch [of PrEP] and then what?" Similarly, another commenter, recognizing the limitations of PrEP wrote: "Truvada does not protect against all sexually transmitted diseases—so it shouldn't be viewed as a substitute for condom use." In addition to condoms, commenters suggested monogamy (e.g., marriage) and abstinence as other options. Several commenters recommended prayer in combination with these approaches. However, most comments related to this theme promoted personal responsibility as the most effective HIV prevention approach for Black women. Specifically, commenters felt it was incumbent upon women to use their judgment in selecting partners. Moreover, commenters felt that women should have high standards for whom they chose as partners. For example, a user wrote the following: "Don't think a pill is necessarily the solution to the HIV problem. Maybe better discernment in choosing partners." Additionally, some commenters felt it was the woman's responsibility to demand her sexual partners use protection (i.e., condoms) during intercourse: "... So folks willing to take a daily pill over demanding that their partner practice safer sex? Very odd, I mean, HIV isn't airborne and a daily pill seems excessive. I can only imagine the side effects. No thank you."

Discussion

PrEP uptake has been woefully low among Black women despite their overrepresentation among U.S. women with new HIV diagnoses. Our study sought to use social media to explore Black women's perspectives on PrEP to identify novel factors that might influence PrEP uptake among Black women. This approach was a strength of our study as it minimized volunteer bias and social desirability bias as well as the potential for leading responses, all of which may be more common with more conventional qualitative research data collection methods (e.g., face-to-face interviews or focus groups). Among comments that expressed favorable views about PrEP, we found that there was recognition of the need to increase PrEP awareness among Black women, given HIV's disproportionate impact on Black women. However, among the comments that appeared to view PrEP unfavorably, concerns about PrEP safety were prominent and seemed to be linked to a broader mistrust of the government and the pharmaceutical industry and their motives for promoting PrEP to Black women (i.e., sterilization, genocide). Additionally, some Facebook users advocated for HIV prevention strategies other than PrEP, some of which were not evidence-based (e.g., personal responsibility).

Our study's findings contributed to the limited literature base on factors that may influence PrEP uptake among U.S. women, particularly Black women. While other studies also identified worries about PrEP side effects and a desire to learn more about potential side effects (Auerbach et al., 2015; Flash et al., 2014; Goparaju et al., 2015), some commenters in our study appeared to be very concerned about significant adverse effects involving their reproductive health as well as general health (Auerbach et al., 2015; Flash et al., 2014; Goparaju et al., 2015).

We identified mistrust of government and the pharmaceutical industry as a prominent theme. In contrast, another study identified medical mistrust (i.e., mistrust in the health care system) as a potential barrier to PrEP uptake in a sample of predominantly Black women (Auerbach et al., 2015), and another found very few participants were worried about the pharmaceutical industry's motives regarding PrEP (Flash et al., 2014). Unlike other studies on the topic, we found women advocating for alternative HIV prevention strategies, some of which were not evidence based, but which were perceived as safer and more acceptable than PrEP.

Our findings suggest several key areas that should be addressed in developing culturally tailored interventions to promote PrEP uptake among Black women at high risk for HIV. First, it will be critical to address concerns about safety preemptively, given that PrEP is a biomedical HIV prevention strategy. Our study suggests that some women may be very concerned about potentially severe adverse effects, including possible impact on their reproductive and overall health. Second, designing interventions that specifically address culturally specific counter-narratives about PrEP might help to enhance PrEP uptake as well.

Other research has demonstrated that medical mistrust and endorsement of counter-narratives are typically negatively associated with engagement in HIV treatment and prevention (e.g., HIV testing, condom use, HIV medication adherence and retention; Bogart & Bird, 2003; Bogart & Thorburn, 2005; Bogart, Wagner, Galvan, & Banks, 2010; Eaton et al., 2015; Hoyt et al., 2012). For example, endorsement of general HIV/ AIDS, government counter-narratives are associated with negative beliefs about condom use among African Americans (Bogart & Bird, 2003; Bogart & Thorburn, 2005). A study of Black men who have sex with men found that medical mistrust was identified as a barrier to willingness to take PrEP (Eaton et al., 2014). However, a previous study found that, compared to White women, Black women were more likely to consider taking PrEP if their friends used PrEP (Wingood et al., 2013). These findings suggested that the individual or entity that delivered the PrEP information may be critically important to uptake. Related to this point, Auerbach and colleagues (2015) found that Black women wanted to learn about PrEP through friend-to-friend outreach and were interested in hearing about personal, firsthand experiences with PrEP (e.g., side effects, cost, maintaining lifestyles while on PrEP). As such, PrEP initiatives focused on Black women may consider leveraging women's existing social networks (e.g., family members, friends) to educate women about PrEP and spread PrEP awareness. Additionally, community-based organizations, particularly those that use peer educators or navigators, are well positioned to disseminate information about PrEP to women and may be considered a trusted voice. Third, future interventions may need to include education about the full toolkit of effective HIV prevention strategies and address beliefs about the effectiveness of common non-evidence-based strategies. Within this context, a discussion of

the pros and cons of PrEP in comparison to other options may be needed and likely beneficial.

Limitations

Despite the strengths of our study, several limitations merit discussion. First, unlike more traditional methods of qualitative data collection, collection of existing online qualitative data does not allow for follow-up probes or clarification of statements, and thus, limits the ability to elucidate concepts in greater detail as compared to conducting an interview or focus group in person. Second, data on user sociodemographic characteristics was generally unavailable, and as such, we were unable to comprehensively characterize our study sample. Related to this point, it is possible that not all commenters were Black women and that many may not have been potential PrEP candidates. Nevertheless, given that the comments were collected in response to an article about PrEP and Black women from the Facebook page of a website oriented toward Black women, it is likely that the majority of commenters were Black women. Even if not all women who left comments were potential PrEP users, it is possible other women in their social networks might be; peer norms have been associated with potential PrEP uptake (Wingood et al., 2013). Third, as several city Departments of Health and community-based organizations throughout the United States have recently carried out PrEP mass media education campaigns to increase awareness among women (District of Columbia Department of Health, n.d.; New York City Department of Health and Mental Hygiene, 2014; Project Inform, 2016), it is possible that our results may have differed if the study were conducted more recently. However, PrEP uptake remains persistently low among Black women, making it unlikely that our results would differ substantially. Fourth, because we were unable to systematically collect Facebook user engagement data for Facebook pages of similar websites, we cannot say definitively whether our article had higher or lower user engagement as compared to articles posted to other similar Facebook pages. However, our article appeared to garner the average number of likes, shares, and comments as other health-related articles posted to the website's Facebook page. Lastly, there is potential for selection bias, as not all Black women are Facebook users and, of Black women who are Facebook users, not all read or followed the Facebook page involved in our study. Moreover, the proportion of women who may have read the article but who did not engage with the article (i.e., like, share, or comment) is unknown. Despite these limitations, our study provides a first step in using social media to collect data that enable the identification of factors that may influence PrEP uptake among Black women, a priority population for PrEP.

Conclusions

In our study, which leveraged Facebook to examine Black women's views about PrEP, we identified what we believe are essential factors that should be addressed by future interventions designed to increase PrEP uptake by Black women. Culturally tailored interventions should consider addressing specific safety concerns, including those related to reproductive health, counter-narratives, and institutional mistrust, and discuss the lack of supportive data for non-evidence-based HIV prevention approaches. PrEP has the potential

to be a critically important tool in reducing disparities in new HIV diagnoses among women; however, to realize its full potential, these critically important issues must be addressed.

Acknowledgments

BSH was supported through an award from the U.S. Health Resources and Services Administration (D34HP16299) and the Montefiore/Einstein Division of General Internal Medicine. VVP is supported by K23MH102118 and OJB by K23MH102129.

References

- Abramson K, Keefe B, Chou WY. Communicating about cancer through Facebook: A qualitative analysis of a breast cancer awareness page. *Journal of Health Communication*. 2015; 20(2):237–243. <http://dx.doi.org/10.1080/10810730.2014.927034>. [PubMed: 25495200]
- Auerbach JD, Kinsky S, Brown G, Charles V. Knowledge, attitudes, and likelihood of pre-exposure prophylaxis (PrEP) use among US women at risk of acquiring HIV. *AIDS Patient Care and STDs*. 2015; 29(2):102–110. <http://dx.doi.org/10.1089/apc.2014.0142>. [PubMed: 25513954]
- Blackstock OJ, Patel VV, Felsen U, Park C, Jain S. Pre-exposure prophylaxis prescribing and retention in care among heterosexual women at a community-based comprehensive sexual health clinic. *AIDS Care*. 2017; 1:1–4. <http://dx.doi.org/10.1080/09540121.2017.1286287>.
- Blackstock, OJ., Smith, KJ. There's a new pill to revolutionize Black women's sexual health. 2015. Retrieved from <http://www.forharriet.com/2015/03/theres-new-pill-to-revolutionize-black.html>
- Bogart LM, Bird ST. Exploring the relationship of conspiracy beliefs about HIV/AIDS to sexual behaviors and attitudes among African-American adults. *Journal of the National Medical Association*. 2003; 95(11):1057–1065. [PubMed: 14651372]
- Bogart LM, Thorburn S. Are HIV/AIDS conspiracy beliefs a barrier to HIV prevention among African Americans? *Journal of Acquired Immune Deficiency Syndromes*. 2005; 38(2):213–218. [PubMed: 15671808]
- Bogart LM, Wagner G, Galvan FH, Banks D. Conspiracy beliefs about HIV are related to antiretroviral treatment nonadherence among African American men with HIV. *Journal of Acquired Immune Deficiency Syndromes*. 2010; 53(5):648–655. <http://dx.doi.org/10.1097/QAI.0b013e3181c57dbc>. [PubMed: 19952767]
- Bush, S., Ng, L., Magnuson, D., Piontowsky, D., Mera, R. Significant uptake of Truvada for pre-exposure prophylaxis (PrEP) utilization in the US in late 2014-1Q2015. Abstract presented at the 10th International Conference on HIV Treatment and Prevention Adherence; Miami, Florida, USA. 2015 Jun 28–30.
- Centers for Disease Control and Prevention (CDC). Preexposure prophylaxis for the prevention of HIV infection in the United States, 2014: A Clinical Practice Guideline. 2014. Retrieved from <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
- Centers for Disease Control and Prevention (CDC). HIV in the United States: At a glance. 2016. Retrieved from <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>
- Centers for Disease Control and Prevention (CDC). HIV among women. 2017. Retrieved from <https://www.cdc.gov/hiv/group/gender/women/>
- Charmaz, K. Constructing grounded theory: A practical guide through qualitative analysis. Thousand Oaks, CA: Sage; 2006.
- District of Columbia Department of Health. PrEP for African American Women. n.d. Retrieved from https://dctakesonhiv.com/prep/african_american_women
- Duggan, M., Ellison, NB., Lampe, C., Lenhart, A., Madden, M. Social media update 2014. 2015. Retrieved from http://www.pewinternet.org/files/2015/01/PI_SocialMediaUpdate20144.pdf
- Eaton LA, Driffin DD, Kegler C, Smith H, Conway-Washington C, White D, Cherry C. The role of stigma and medical mistrust in the routine health care engagement of Black men who have sex with men. *American Journal of Public Health*. 2015; 105(2):e75–e82. <http://dx.doi.org/10.2105/AJPH.2014.302322>.

- Eaton LA, Driffin DD, Smith H, Conway-Washington C, White D, Cherry C. Psychosocial factors related to willingness to use pre-exposure prophylaxis for HIV prevention among Black men who have sex with men attending a community event. *Sexual Health*. 2014; 11(3):244–251. <http://dx.doi.org/10.1071/SH14022>. [PubMed: 25001553]
- Flash CA, Stone VE, Mitty JA, Mimiaga MJ, Hall KT, Krakower D, Mayer KH. Perspectives on HIV prevention among urban Black women: A potential role for HIV pre-exposure prophylaxis. *AIDS Patient Care and STDs*. 2014; 28(12):635–642. <http://dx.doi.org/10.1089/apc.2014.0003>. [PubMed: 25295393]
- Fox, S., Duggan, M. Health online 2013. 2013. Retrieved from http://www.pewinternet.org/~media/Files/Reports/PIP_HealthOnline.pdf
- Glaser, B., Strauss, A. The discovery of ground theory: Strategies in qualitative research. Piscataway, NJ: Transaction Publishers; 2009.
- Goparaju L, Experton LS, Praschan NC, Warren-Jeanpiere L, Young MA, Kassaye S. Women want pre-exposure prophylaxis but are advised against it by their HIV-positive counterparts. *Journal of AIDS Clinical Research*. 2015; 6(11):1–10. <http://dx.doi.org/10.4172/2155-6113.1000522>. [PubMed: 27019765]
- Hoyt MA, Rubin LR, Nemeroff CJ, Lee J, Huebner DM, Proeschold-Bell RJ. HIV/AIDS-related institutional mistrust among multiethnic men who have sex with men: Effects on HIV testing and risk behaviors. *Health Psychology*. 2012; 31(3):269–277. <http://dx.doi.org/10.1037/a0025953>. [PubMed: 22059617]
- Kitzinger J. Qualitative research. Introducing focus groups. *British Medical Journal*. 1995; 311(7000):299–302. [PubMed: 7633241]
- Lagu T, Goff SL, Craft B, Calcasola S, Benjamin EM, Priya A, Lindenauer PK. Can social media be used as a hospital quality improvement tool? *Journal of Hospital Medicine*. 2016; 11(1):52–55. <http://dx.doi.org/10.1002/jhm.2486>. [PubMed: 26390277]
- Mera, R., Palmer, B., Mayer, G., Magnuson, D., Rawlings, MK. FTC/TDF (Truvada) for HIV pre-exposure prophylaxis (PrEP) utilization in the United States: 2012–2015. Abstract presented at AIDS; 2016; Durban, South Africa. 2016 Jul 18–22.
- New York City Department of Health and Mental Hygiene. PrEP and PEP: New ways to prevent HIV. 2014. Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/prep-pep-brochure-eng.pdf>
- Project Inform. A new option for women for safer loving. 2016. Retrieved from http://www.projectinform.org/pdf/prep_women.pdf
- Smith DK, Van Handel M, Wolitski RJ, Stryker JE, Hall HI, Prejean J, Valleroy LA. Vital signs: Estimated percentages and numbers of adults with indications for preexposure prophylaxis to prevent HIV acquisition—United States, 2015. *Morbidity Mortality Weekly Report*. 2015; 64(46):1291–1295. <http://dx.doi.org/10.15585/mmwr.mm6446a4>. [PubMed: 26606148]
- Struik LL, Baskerville NB. The role of Facebook in Crush the Crave, a mobile- and social media-based smoking cessation intervention: Qualitative framework analysis of posts. *Journal of Medical Internet Research*. 2014; 16(7):e170. <http://dx.doi.org/10.2196/jmir.3189>. [PubMed: 25016998]
- U.S. Food and Drug Administration. FDA approves first drug to reduce HIV risk. 2012. Retrieved from <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm311821.htm>
- Wingood GM, Dunkle K, Camp C, Patel S, Painter JE, Rubtsova A, DiClemente RJ. Racial differences and correlates of potential adoption of preexposure prophylaxis: Results of a national survey. *Journal of Acquired Immune Deficiency Syndromes*. 2013; 63(Suppl 1):S95–S101. <http://dx.doi.org/10.1097/QAI.0b013e3182920126>. [PubMed: 23673895]
- Wu H, Mendoza MC, Huang YA, Hayes T, Smith DK, Hoover KW. Uptake of HIV preexposure prophylaxis among commercially insured persons—United States, 2010–2014. *Clinical Infectious Disease*. 2017; 64(2):144–149. <http://dx.doi.org/10.1093/cid/ciw701>.

Table 1

Article Facebook Reach and Engagement Characteristics and Comments PrEP Stance

	<i>n</i>
Likes	678
Shares	451
Comments	131
Comments PrEP stance, <i>n</i> (%)	
Favorable	31 (23.7)
Unfavorable	34 (26.0)
Both favorable and unfavorable	8 (6.1)
Neither favorable nor unfavorable	58 (44.3)

Note. PrEP = pre-exposure prophylaxis.