# FROM RISK TO REASONS

A guide for healthcare providers to empower conversations with women about HIV prevention

ViiV Healthcare

# WHO IS THIS FOR?

## This guide is for healthcare professionals.

Whether you work in primary or antenatal care, or you work in any setting where you speak to women about their health, this guide can help you play a part in HIV prevention in a way that's free from blame and full of understanding.

We know when it comes to women and sexual health, there is a lot of harmful, stigmatising language and beliefs that put blame where there should only be support. It's our responsibility as providers to create safe and supportive spaces that women can rely on.

Let's make every conversation count and turn discussions about risk into reasons for HIV prevention.

# Contents





## By reframing risk as reasons, we can ensure that HIV prevention information reaches every woman.

**Women make up around a third of people living with HIV in the UK.**

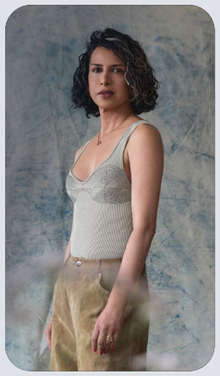
Yet, they often aren’t made a priority in conversations about HIV, that’s including clinical conversations in consultation rooms, testing settings, or routine health checks. This guide is here to change that.

Risk to Reasons turns conversations about a woman’s risk of acquiring HIV into their reasons for HIV prevention to reflect the realities and diversity of their lives, identities, and relationships. This supports open, non-judgemental, and proactive conversations about HIV prevention and care. As a clinician providing care for women, you are often the first, and sometimes the only, point of access to accurate, stigma-free information about HIV prevention.

Your approach can shape others’ understanding of prevention. By moving the conversation away from a focus on risk, and placing women at the centre, we can ensure that HIV prevention information reaches and resonates with every woman.

> “BY REFRAMING RISK AS REASONS, WE CAN ENSURE THAT HIV PREVENTION INFORMATION REACHES EVERY WOMAN.”

# REFRAMING RISK: OUR CALL TO ACTION



WE MUST REFRAME RISK...

BECAUSE NO MATTER WHAT'S GOING ON IN YOUR LIFE, WHAT YOUR CURRENT SITUATION IS OR WHAT YOUR BACKGROUND IS, YOU STILL HAVE A RIGHT TO GOOD HEALTH AND TO HIV PREVENTION THAT WORKS FOR YOU."

WE MUST REFRAME RISK...

TO SPEAK ABOUT HIV PREVENTION OPENLY, WITHOUT ANY SENSE THAT THERE'S ANYTHING SHAMEFUL OR ANYTHING TO BE AFRAID OF."

WE MUST REFRAME RISK...

BY LISTENING TO THOSE MOST IMPACTED AND LETTING THEM LEAD. BY PUTTING WOMEN AT THE CENTRE. BLACK WOMEN. ASIAN WOMEN. TRANS WOMEN. QUEER WOMEN. NON-BINARY PEOPLE. ANYONE WHOSE SEXUAL HEALTH HAS BEEN TREATED LIKE AN AFTERTHOUGHT."

WE MUST REFRAME RISK...

TO BE FREE FROM THE SHACKLES OF SHAME AND FEAR HOLDING WOMEN BACK FROM MAKING INFORMED DECISIONS ABOUT WHAT'S RIGHT FOR THEM."

Go behind the scenes and hear why we are reframing risk.

# The women working to reframe risk

## Where Risk to Reasons started

HIV disproportionately impacts Black women and other women of colour in the USA. ViiV Healthcare launched Positive Action for Women (PAFW) in 2016, where community advisors and partners in the US emphasised the need to reframe conversations about HIV prevention away from discussing a woman's risk of acquiring HIV to her reasons for HIV prevention, and to do this in ways that resonate for this group of women. Advocates across the USA supplied questions, insights and recommendations, and in 2021, with the establishment of the Black Women's Working Group, Risk to Reasons was born.

Risk to Reasons showcases ViiV Healthcare's ongoing commitment to improving access to HIV prevention and care for Black women, with the goal of bringing them together to better understand their circumstances, challenges, and motivations to create a new framework for HIV prevention.

## Continuing the conversation: Risk to Reasons, UK

In 2025, a women's working group was established to bring Risk to Reasons to the UK. They bring a wealth of knowledge and unwavering commitment to the initiative. They're clinicians, community advocates, experts and researchers. Together, they discussed frameworks, approaches and messages to increase women's awareness, knowledge and participation in HIV prevention and care strategies.

> "THIS IS WHAT IT MEANS TO BE TRULY HEARD. NOT SHAPED TO FIT BUT ACCEPTED AS WE ARE. NOT JUST THROUGH BEHAVIOUR, BUT BY ASKING WHY BARRIERS EXIST IN THE FIRST PLACE."
>
> Samantha Telemaque

**Find out more about Risk to Reasons here.**

## Meet the women working to reframe risk in the UK

### Dr Vanessa Apea

Consultant in Genitourinary Medicine and HIV, Honorary Senior Lecturer at Queen Mary University of London.

### Ama Appiah

Regional Medical Director – Patient Engagement at ViiV Healthcare. HIV Pharmacist.

### Susan Cole

Health writer, broadcaster and public speaker. Co-Founder & Executive Director of Phoenix Health Movement. Board member of The Global Network of People Living with HIV.

### Victoria Cristancho

Health and Wellbeing Lead at AYMARA Social Enterprise, Driving Inclusive Health and Resilience Strategies for Underrepresented Communities.

### Pamela Menzies

Women4Women Co-ordinator at Positive East.

### Sarah Mulindwa

Sexual Health Nurse. Presenter and broadcaster.

### Iris Noor

Mental Health & Emotional Wellbeing Peer Coach.

### Dr Nneka Nwokolo

Head of Global Patient Engagement at ViiV Healthcare. Consultant in HIV and Sexual Health.

### Juddy Otti

Head of HIV Services at African Advocacy Foundation.

### Grace Shinwell

ViiV Healthcare industrial placement student, Advocate.

### Dr Annabel Sowemimo*

Community Sexual & Reproductive Health Consultant, Author, Academic, Activist.

### Sophie Strachan

CEO of Sophia Forum.

### Samantha Telemaque

Education and Wellbeing Coordinator, specialising in Sexual Health, HIV Prevention, and Community Engagement.

*Photographer: Tom Trevatt

# WHY REFRAME RISK?

## Reframing how we talk about HIV with women

**Discussions about HIV with women have always focused on “risk”; in reality, a woman’s reasons for thinking about HIV prevention are shaped by her identity and the experiences she has in the world.**

So, listening to and understanding her needs gives us a chance to present prevention as a set of empowering choices, ranging from condoms to PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis).

Different prevention options will resonate with different women at different points in their life, so every woman should have the opportunity to make the choice that’s right for her.

Let’s talk about HIV and sexual health in ways that honour individuality – sharing information that works for each person, reflects their needs, and respects their choices. Women are not a monolith; though their paths differ, their right to HIV prevention is universal.

**“WOMEN ARE NOT A MONOLITH.”**

**Go behind the scenes and hear why we are reframing risk.**

# Facing the facts and figures

## What is HIV?

Human Immunodeficiency Virus (HIV) is a chronic viral infection that targets and depletes CD4+ T lymphocytes, leading to progressive immune dysfunction. If untreated, it can result in AIDS (Acquired Immune Deficiency Syndrome), marked by opportunistic infections and malignancies. With effective antiretroviral therapy (ART), HIV is now a manageable long-term condition.

## What are the symptoms?

Acute HIV infection may present 2–6 weeks post-exposure with non-specific symptoms such as: Fever, fatigue, rash, lymphadenopathy, or sore throat. However, many individuals remain asymptomatic for years. Diagnosis is confirmed via fourth-generation antigen/antibody tests, with confirmatory testing following a reactive result.

## HIV can be passed on through:

+ Condomless vaginal, anal or oral sex
+ Sharing of injecting equipment
+ Vertical transmission (pregnancy, childbirth, breastfeeding)
+ Blood transfusion (extremely rare in the UK due to screening)

Transmission risk is influenced by viral load, presence of other STIs, and mucosal integrity.

## HIV prevention:

+ Condom use
+ Pre-exposure prophylaxis (PrEP): a medication taken to help prevent HIV acquisition via sexual intercourse. There are different types of PrEP and a sexual health professional can advise people on which is most suitable
+ Post-exposure prophylaxis (PEP): a medication taken after a potential exposure to HIV. This needs to be started within 72 hours of the incident

**Global statistic.**

**39.9M**[1]
people living with HIV globally.

**53%**
are women and girls.

**Snapshot of the UK.**

**107K**[2]
people living with HIV in the UK.

**35%**
of those diagnosed are women.

**PrEP Uptake.**

**WOMEN**[3]
are less likely to be offered PrEP despite being eligible according to national guidelines.

**2.8%**
of PrEP users in England are women, even though cis-gender women make up a quarter of all new HIV diagnoses.

[1]HIV.gov. Global HIV & AIDS statistics overview. U.S. Department of Health & Human Services; 2024. **Available from.**

[2]National AIDS Trust. UK HIV statistics. London: National AIDS Trust; 2024 Aug 20. **Available from.**

[3]UK Health Security Agency. HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report. UKHSA; published October 2023. **Available from.**

# MOTIVATING REASONS FOR HIV PREVENTION



## READY FOR SOME PRACTICAL TIPS?

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# 01. HER SITUATION

Health decisions are influenced by many factors, including our heritage, age, sex, gender identity, religion, medical or family history. They're shaped by being a carer, or a mother. Women are trying to navigate systems not designed with them as a priority. HIV prevention can give women control over their health. Especially in the face of instability and unpredictable situations, prevention can offer choice, control, and autonomy.



**Understanding her world is essential to offering care that's not only clinically sound but also respectful and relevant to her life.**

"IT'S NOT ALWAYS WHAT YOU'RE DOING. IT CAN BE WHAT'S GOING ON AROUND YOU. YOUR REASONS FOR PREVENTION CAN HELP YOU MAKE CHOICES ABOUT HOW YOU TAKE CARE OF YOURSELF ON YOUR OWN TERMS."

## How does her situation shape her choices?
Reflective questions

### What situations aren't being shared?

Trust takes time; you might not hear everything in one appointment, so it's important not to assume anything but to ask questions. Is your language focused on her 'risk'? Are you making space for her to speak openly?

### Are you asking the right questions?

Many women won't see themselves in phrases like "at risk." But if you ask about housing, safety, or stress, you'll understand what else impacts her health decisions. Are you helping her identify her own reasons for HIV prevention?

### How can my care adapt for her?

Not everyone feels safe in clinical settings. For some, prevention may mean harm reduction. For others, it's sex positivity. Give her the power. Where some may reveal all, others are selective or would prefer not to. How can your approach shift to meet her priorities? Can we adapt services to meet her specific needs?

### Is bias shaping the conversation?

Bias can lead us to over-question some women's reasons and overlook reasons for others. Are you hearing her story so you know what's going on in her life? Could you be the one who sees her as whole?

# 02. INTIMACY AND HEALTH

## Is your language helping women feel seen and safe?

Stigma can silence women and prevent them from accessing the information and care they need. But, when we speak openly and listen without judgement, we create a supportive environment that works for each woman. Women need space to talk openly, without fear, shame, or assumptions.



**Understanding the role of sex, intimacy, safety and pleasure in her life opens the door to care that affirms her sexuality and sexual health.**

“WE SPEAK UP FOR OURSELVES AND EACH OTHER. WE SPEAK UP BECAUSE WE KNOW JOY, PLEASURE AND SAFETY ARE NOT EXTRAS. THEY ARE RIGHTS.”

## Does your healthcare include conversations about intimacy?

### Reflective questions

### Am I creating space for honest conversations?

Just because she’s not asking, doesn’t mean the conversation is off the table. Some women may want to talk about sexual health, some would prefer not to but will for the sake of their health, and others would prefer for you to raise it. Am I opening conversations by listening and paying attention to her cues?

### Do I make assumptions about women and their partners?

Identity, gender, relationship status and age shouldn’t limit the care we offer. Don’t assume monogamy, heterosexuality, or abstinence. It’s all personal. Ask more questions to understand better. How would knowing more about prevention options help her feel confident in her choices?

### Am I treating intimacy as a health priority?

Talking about pleasure or protection isn’t extra; it’s essential. But these topics are more sensitive or taboo for some, so be mindful of where her starting point is. What language would she like to use to discuss her sexual health? When was the last time I discussed HIV prevention with a patient who didn’t bring it up first?

### How do I talk about prevention options?

Prevention isn’t just about protection. It’s about choice. Do you introduce PrEP, PEP, or condoms with confidence? Or rush past them? Is she hearing about them for the first time?

# 03. CHAMPIONING SELF-CARE

Talking about HIV prevention should feel as natural as any other conversation about healthcare. But for many women, their health is pushed to the bottom of the list. Shame and stigma often get in the way. All healthcare settings should feel safe and be a place where women can ask questions, share concerns, and make decisions without fear or judgement.

**Understanding the role of HIV prevention as an act of self-care empowers her to ask questions and put herself first.**

“TAKING CARE OF YOURSELF MEANS YOUR PHYSICAL, MENTAL AND SEXUAL HEALTH. IT’S ALL PART OF SELF-CARE.”

## How do our healthcare experiences shape her wellbeing?
**Reflective questions**

### Am I treating HIV prevention like routine care?

If HIV prevention only comes up as a warning or in the context of risk, it comes with stigma. Do I talk about HIV prevention the way I talk about cervical screening, contraception, or vaccinations?

### Do I have her trust?

Sometimes women appear to be engaged but don’t return for subsequent appointments. That may be a sign they didn’t feel safe enough to ask questions. Am I connecting with her about her experiences rather than just providing information?

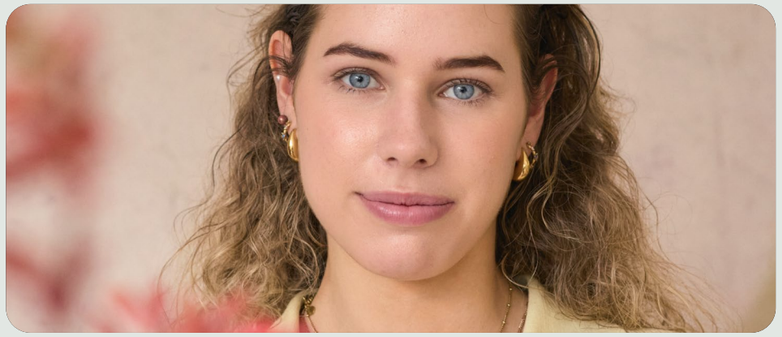
### How can I make her feel like a priority?

Different women, different lifestyles, different reasons. Healthcare can fall low on the list. What can I do to make her feel seen, supported and respected in that moment?

### How do her healthcare experiences shape her wellbeing?

People are at different levels of knowledge and need different types of care. Does your advice make sense to her situation? If not, can you put it into context? Can you share other places to seek advice?

# KEY MOMENTS FOR INTERVENTION



There's a persistent myth that HIV isn't something that affects women. But the facts are clear: HIV impacts women of all ages and backgrounds across the UK. Let's look at possible key moments for intervention.

## PEER-BASED SUPPORT

**Community-led spaces as an extension of care.**

Not every woman walks through the clinic door. That's why peer educators, community spaces, faith groups, shelters, online forums and youth hubs provide key opportunities for reaching women who may not feel seen, safe, or understood in medical settings.

### What can you do?

**Collaborate with community-led organisations and peer support groups to drive awareness of HIV prevention.**

- Establish clear referral routes between your service and peer support/community organisations.
- Provide up-to-date materials or sessions on HIV prevention options like PrEP and PEP.
- Ask women what is and is not working. Seek feedback. Adapt as needed.

## PROVIDER CONVERSATIONS

**If you don't raise it, how will she know if HIV is relevant for her?**

Routine care should include sexual health. That includes STI and cervical screenings and contraception reviews. These are opportunities to bring up HIV prevention without it feeling like a separate or sensitive topic.

### What can you do?

**Include sexual health and HIV in your conversations, share materials for further learning, and provide a choice of options.**

- Talk about HIV prevention as part of routine care.
- Share information or follow-up resources so she can consider it in her own time.
- Make space for her to understand and ask questions.

## INTERSECTING SERVICES

**Prevention needs to fit into real lives, not just ideal conditions.**

For many women, health isn't a single issue. It's also affected by the complexities of housing insecurity, trauma, migration, violence, or substance use that aren't always labelled "healthcare". Talking about these provides opportunities for connection and care.

### What can you do?

**Identify touchpoints where women can be engaged in HIV prevention.**

- Check-in on her situation, understand her needs and the services she uses.
- Build and utilise links with social care, housing, women's support services, and migrant networks.
- Ensure there are clear referral pathways.

# A GUIDE FOR TALKING ABOUT SEX

**Prevention works best when it's personal. Simple language shifts that frame HIV prevention or testing as self-care can help increase uptake and reduce stigma.**

### Open the conversation with what matters to her

**Instead of:** Let's go through your risk factors.

**Say:** I'll be asking a few questions about relationships and sex. Before we start, is there anything you'd like to raise about your sexual health?

### Respect her reality

**Instead of:** Do you trust your sexual partners?

**Say:** It's important to know this is all confidential. It would be good to understand the dynamics of your partners. What are your relationships like? Do you have one partner or more than this? Can you talk about trust and sexual health with your partner?

### Shift from blame to empowerment

**Instead of:** You should consider prevention if you're high-risk.

**Say:** Do you ever think about HIV? Would you like to hear some more about this and some of the different ways to protect yourself?

### Normalise experiences to reduce shame

**Instead of:** Have you had an STI previously?

**Say:** STIs are very common and there is nothing to be ashamed of. Have you ever been diagnosed with one?

### See the person not just the results

**Instead of:** It says you haven't been tested in a while...

**Say:** When was the last time you had a sexual health check? Do you feel like it's time?

### Tackle stigma by focusing on her

**Instead of:** You need to protect yourself.

**Say:** You deserve to feel good about your sex life and your health. Would you like to talk about how HIV prevention can help make that possible?

**"I FOUND IN MY EXPERIENCE THAT HAVING THAT ONE QUESTION ABOUT HOW A WOMAN IS PROTECTING HERSELF COULD BE THE START OF HER JOURNEY TOWARDS EFFECTIVE HIV PREVENTION."**

**See behind the scenes of our photoshoot.**

# MANAGING “WHAT IF?”



**Stigma creates silence.**

Women have been taught to fear many things about their bodies. The “What if?” and “What will they think?” can stop people from reaching out for help and accessing the tools they need to stay healthy.

“Catching a cold” doesn’t affect how people perceive us, but “sexually transmitted” infections can trigger unfair assumptions and stigmas about our values, who will love us, and our worth as individuals.

“What ifs” aren’t irrational or hysterical questions made up out of nowhere. These questions and scenarios come from real experiences.

**“I WANT TO BE MY AUTHENTIC SELF – BOLD AND PROUD – NOT JUST A SHADOW OF WHAT SOCIETY EXPECTS ME TO BE.”**

# WHAT'S HER REASON?

WE ARE NOT THE RISK.

WE ARE THE REASON.

JOIN US. SPEAK UP. LET'S REFRAME RISK TO REASONS.

Design by Radley Yeldar
Photography by Fran Gomez de Villaboa

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