The Role of Parental Insurance in Young Adults’ Willingness to Take PrEP

Adolescents and young adults (AYA) aged 13 to 25 years account for 22% of new HIV infections. Pre-exposure prophylaxis (PrEP) has been shown to reduce the risk of contracting HIV by 99%. Yet, in 2015, AYA accounted for 8% of PrEP-related prescriptions. Existing literature suggests that parental insurance coverage is a barrier to the health services AYA seek; however, little is known about whether it is a barrier to PrEP use. The aims are to: 1) determine whether parental insurance coverage negatively impacts willingness to take PrEP, 2) determine if confidentiality is associated with parental insurance and willingness to take PrEP, and 3) determine whether these factors confound the relationship between parental insurance coverage and willingness. Participants consisted of 156 AYA aged 18-25 years (Mean age = 22.1 ± 2.2) in an urban adult Emergency Department who completed a 15-minute survey about sexual health and PrEP use. To evaluate confidentiality, AYA were asked: 1) whether they would want their parents to know that they are taking PrEP, 2) likelihood of using PrEP if discussion about side effects with parents were required, and 3) likelihood of using PrEP if discussion about sexual activity with parents were required. Simple logistic regression examined associations between: 1) parental insurance coverage and willingness to take PrEP; 2) confidential factors and parental insurance coverage; and 3) confidential factors and willingness. Multivariable logistic regression examined associations between parental insurance coverage, confidential factors, selected covariates (at p-value<0.10) and willingness to take PrEP. Most (91%, n=143) described having health insurance, while 46% (n=71) reported parental insurance coverage. Dependence on parental insurance was not significantly associated with willingness to take PrEP (p=0.147). Individuals who indicated that they would not want their parents to know that they are taking PrEP & who were unlikely to use PrEP if discussion about side effects or sexual activity were required were positively associated with being dependent on parental insurance [OR = 2.47, 95% CI (1.36, 4.47); OR = 2.90, 95% CI (1.50, 5.61); OR = 5.31, 95% CI (2.37, 11.91) respectively]. Individuals who indicated that they would not want their parents to know that they are taking PrEP had a 59% lower odds of using PrEP than those who would, after adjusting for covariates [95% CI (0.18, 0.85)]. Concerns about parent-patient confidentiality were associated with lower willingness to use PrEP, suggesting a potential barrier to PrEP uptake. These concerns were also associated with parental insurance coverage. Parental insurance was not a direct barrier to PrEP use, but may be associated with concerns about disclosure of side effects and sexual activity to parents.