Understanding motives for initiating PrEP amongst adolescent girls and young women (AGYW) in South Africa and Tanzania

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**Background**

- Pre-exposure prophylaxis (PrEP) offers a promising female-controlled HIV prevention option for women.
- A systematic review concluded that PrEP is effective in reducing HIV infection across types of sexual exposure, genders, PrEP regimen and dosing.
- WHO, September 2015: Tenofivir-based oral PrEP should be offered to those at substantial risk of HIV infection.
- Pharmacokinetic studies have indicated that adherence for women will need to be more consistent than for MSM to achieve adequate HIV protective benefits.
- Adherence to daily dosing of oral PrEP may be challenging for adolescent girls and young women (AGYW) partly because forming a habit of daily pill-taking is difficult at this age.

**EMPOWER Study**

- Two sites: Johannesburg, South Africa & Mwanza city, Tanzania
- EMPOWER aimed to assess the feasibility, acceptability and safety of providing HIV screening and referral for GBV and stigma, and comprehensive care for AGYW.
- Women were randomly allocated to either:
  - Two sites: Johannesburg, South Africa & Mwanza city, Tanzania
  - EMPOWER Study

**Aim:** To explore motivators to PrEP uptake

**Methods**

- In South Africa, participants were initially sampled randomly from the main study. Halfway through the study, we purposefully sampled to include:
  - Participants who had declined PrEP at enrolment (even if they subsequently accepted), and
  - Participants who had disclosed GBV at screening.
- In Tanzania, participants were purposefully sampled according to study arm and disclosure of GBV at screening.

**Table 1. Sample composition in the qualitative sub-study**

<table>
<thead>
<tr>
<th>TENSAFEM2 n=14</th>
<th>Reported GBV</th>
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<tbody>
<tr>
<td>South Africa</td>
<td>n=25</td>
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<tr>
<td>Tanzania</td>
<td>SA</td>
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<tr>
<td>EMPOWER Club arm</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Standard Care arm</td>
<td>5</td>
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<td>TOTAL</td>
<td>7</td>
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- All women were interviewed immediately after their 3 month clinic visit.
- In South Africa:
  - 12 of the 25 participants were interviewed twice
  - 9 participants were interviewed 3 times.
- In Tanzania:
  - 12 of the 14 participants were interviewed twice.
- Informed consent was gained from all participants. All interviews were conducted in a private place, either in the clinic or a place chosen by the participant.
- Interviews were conducted in Swahili, English, IsiZulu, or a place chosen by the participant.
- Recordings were transcribed and translated into English, imported into QSR NVivo 11, and inductively coded. For this poster, themes relating to motives for PrEP use were elicited and further explored.

**Qualitative Sub-Study**

A qualitative study was conducted which aimed to explore social influences on PrEP use and motivators/barriers to PrEP uptake.

**Findings**

- In Mwanza, AGYW were working in bars or as local food vendors where sexual transactions are common. They were aware of the higher HIV risk of their work environment but also concerned about regular partners’ infidelity. Some participants cited fear of sexual assault.
- In Johannesburg, AGYW were students in the inner-city. In their social environment, multiple concurrent partnerships were the norm. Virtually none trusted their partners, and considered them to be promiscuous and high HIV risk. Most participants cited fear of sexual assault.

**Key motives for using PrEP**

Across both sites, motives for taking PrEP focused on ‘being safe’. Participants believed that using PrEP would offer them more reliable HIV protection than condoms.

**In Tanzania**

- Participants expressed trust in the safety and effectiveness of oral PrEP.

**In both sites**, a number of participants shared personal experiences of witnessing and caring for family members living with HIV and dying of AIDS.

**Conclusions**

- In South Africa, taking PrEP aligned with the aspirational image of the ‘independent, urban woman.
- In Tanzania, PrEP was considered a ‘safe’ and effective drug, reflecting trust in the research study context and confidence that HIV could be conquered.
- AGYW in these populations are acutely aware of their risk of HIV in both intimate partnerships and from non-intimate partner sexual violence.
- They understood that consistent use was necessary for effective protection. However, this may be difficult to sustain with the constant threat sexual violence.

Our study confirms high acceptability of PrEP among contrasting populations of African AGYW but cautions about the need for multiple protection methods.

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**EMPOWER Study**

- EMPOWER aimed to assess the feasibility, acceptability and safety of providing HIV screening and referral for GBV and stigma for AGYW, aged 16-24 years, at substantial risk for HIV infection.

**Ethical approval was gained from the London School of Hygiene and Tropical Medicine Ethics Committee, the Tanzanian National Health Research Ethics Committee of the National Institute for Medical Research and the Human Research Ethics Committee of the University of the Witwatersrand, South Africa.**

**Procedures**

- Women who were HIV negative, not pregnant and interested in PrEP were enrolled in the study following informed consent procedures.
- Study participants were offered oral PrEP at enrolment and followed up for between 6 and 15 months.
- Women were randomly allocated to either: 1. standard adherence/care package; or 2. standard adherence/care package plus empowerment clubs.
- At each clinic visit, women underwent: HIV testing and counselling, screening and referral for GBV and stigma, and comprehensive sexual and reproductive health care.

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