



A Mixed Methods Study Assessing Readiness for Oral PrEP in a Rural Area of KwaZulu-Natal, South Africa

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Background

Research Question: How will current awareness of and attitudes toward PrEP in a rural district of KwaZulu-Natal affect a future rollout to adolescent girls and young women (AGYW)?

Oral PrEP in AGYW

- The WHO currently recommends oral PrEP to groups at substantial risk for HIV
- Multiple RCTs of PrEP in AGYW populations have shown low rates of adherence, especially in AGYW under 21, pointing to the need for broader support
- Open label trials have shown higher levels of adherence to oral PrEP in AGYW in SSA, showing that a larger rollout to this group is possible and even feasible

Study Setting

- uMkhanyakude is a HIV hyperendemic, poor, rural area in KwaZulu Natal.
- Antenatal HIV prevalence is 40%. HIV incidence for AGYW (15-24) is >5% per annum

Local PrEP Efforts

- PrEP was provided to female sex workers (FSWs) through a community organization with funding from the PEPFAR-led DREAMS Partnership from 2016-2018. No other local coordinated efforts to disseminate the drug have been made

Objectives

Using a mixed methods study nested in a DREAMS programme evaluation in this area, we:

- Estimate the current awareness of PrEP in the general population
- Assess current attitudes to PrEP and sexual/reproductive health services (SRHS) generally among possible gatekeepers
- Identify possible barriers and facilitators to a PrEP rollout to non-FSW, AGYW

Methods

Quantitative

- The Africa Health Research Institute (AHRI) has developed the largest population-based HIV incidence cohorts in the world with a surveillance site in the study area
- We added a DREAMS-specific module to demographic surveys of this cohort, allowing us to measure PrEP awareness and uptake at the population level
- Demographic surveillance was conducted from January to November 2017

Qualitative

- We draw on a purposive sample of 52 potential gatekeepers, spanning the local departments of education and health, DREAMS stakeholders, and non-profit workers facilitating local PrEP provision to FSWs
- In-depth interviews were conducted from May to November 2017
- Interviews addressed beliefs about the HIV epidemic, awareness of PrEP and other HIV prevention tools, and attitudes toward theoretical PrEP provision for AGYW
- Interviews were transcribed, translated from Zulu, and iteratively coded

Results

| Characteristics | % | |
|--|-------------------------|--------------------------|
| Gender | Female | 73.1 |
| | Male | 26.9 |
| Age | Median (Mean, Min-Max) | 34 (38.7, 15-100) |
| Contraceptive Use (Women Only, N= 5527) | Yes (in past 12 months) | 39.3 |
| | No (in past 12 months) | 59.1 |

Table 1: Sample Characteristics (N = 7569)

| | Male | Female | Total |
|-----------------------------|---------------|---------------|---------------|
| Yes | 24 | 101 | 126 |
| | 1.18% | 1.83% | 1.66% |
| No | 1,999 | 5,397 | 7,402 |
| | 98.28% | 97.65% | 97.79% |
| Prefer not to answer | 11 | 29 | 41 |
| | 0.54% | 0.52% | 0.54% |

Table 2: “Have you heard of PrEP?” (N = 7569)

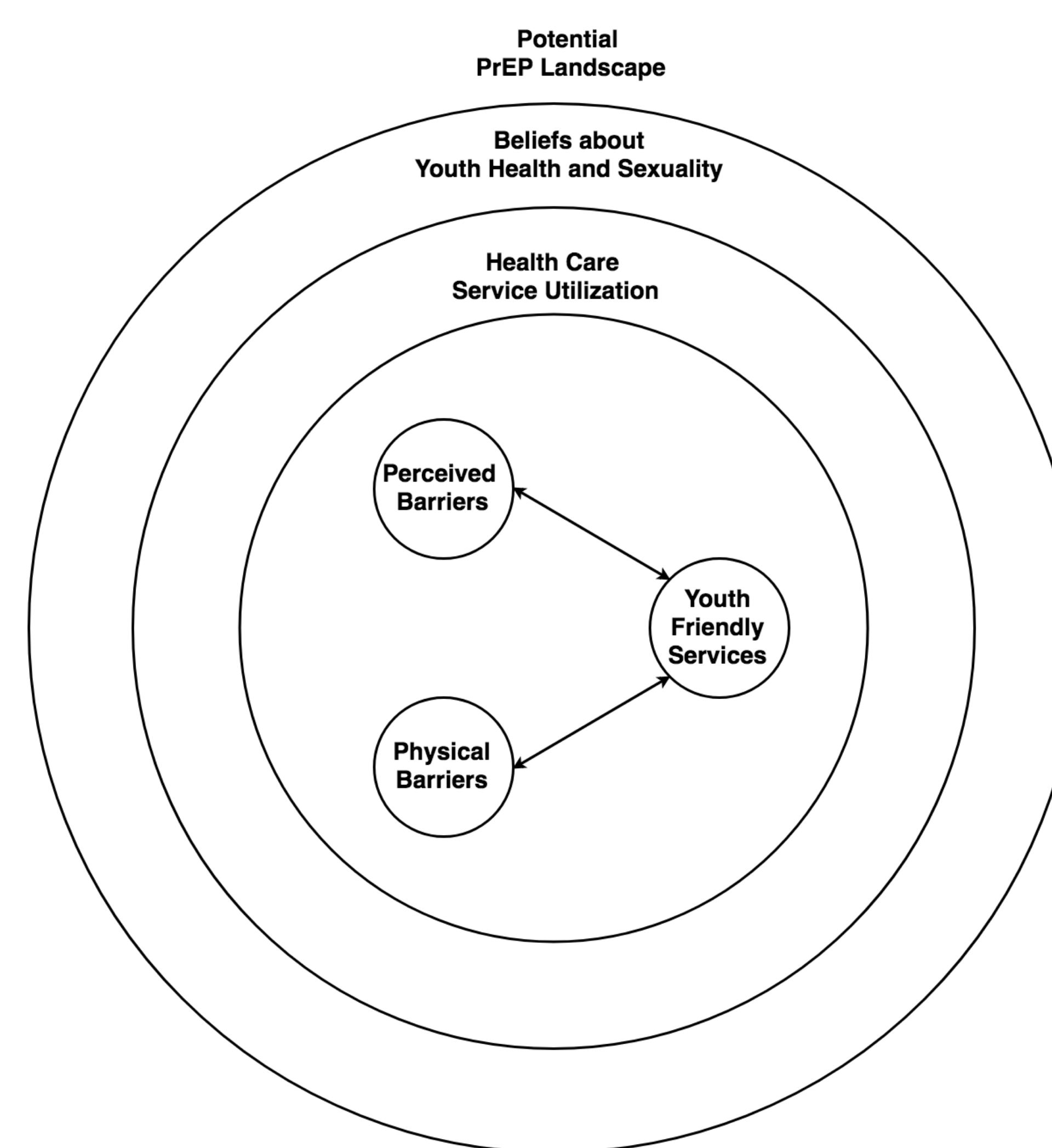


Diagram 1: Conceptual Grouping of Emerging Codes

Barriers to PrEP Use in AGYW

- Guardianship:** Many interviewed see youth as unable to determine their health needs and see themselves as responsible for making sure youth do the “right” thing
- Health Resource Constraints:** Health care workers (HCWs), especially, see the DoH as lacking the resources to handle a PrEP rollout and believe youth avoid clinics because of delays in service provision
- “Scolding Nurses”:** Many interviewed believe that AGYW avoid seeking SRHS because of fears that they will be shamed by providers

Facilitators to PrEP Use in AGYW

- Abstract Enthusiasm:** Community leaders saw a need for PrEP, especially among AGYW, and were not aware of current rollouts to FSWs
- Youth Friendly Services Movement:** DoH officials recognize that adolescents perceive clinics as stigmatizing and inefficient and have begun training HCWs to provide fast, tolerant services.
- Peer Support:** PrEP initiation among FSWs benefitted from using former sex workers as frontline recruiters and educators

Conclusions

- PrEP could be a critical tool for HIV negative AGYW, but **low population awareness** presents a major barrier. The disparate rates of knowledge between potential users and community leaders will likely heighten a **gatekeeping dynamic** during an initial PrEP rollout.
- Community leaders largely approved of PrEP in the abstract but may not be ready to support a rollout to AGYW, especially given that many believed PrEP could make young women more sexually promiscuous, creating a tension between their desires to **protect youth** from HIV and their fear of **unleashing sex and sexuality**.
- Given this tension, it may be helpful to market PrEP using narratives of protection that focus on decreasing HIV rates instead of narratives of female empowerment with a more implicit sexual connotation.
- Further support should be given for establishing **youth friendly services** in clinics. Their existence may help address stated barriers to PrEP and encourage adherence after PrEP initiation.