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
- uMkhanayakude 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

Table 1: Sample Characteristics (N = 7569)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>73.1</td>
</tr>
<tr>
<td>Male</td>
<td>26.9</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Median (Mean, Min-Max)</td>
<td>34 (38.7, 15-100)</td>
</tr>
<tr>
<td>Contraceptive Use</td>
<td></td>
</tr>
<tr>
<td>(Women Only, N = 5527)</td>
<td></td>
</tr>
<tr>
<td>Yes (in past 12 months)</td>
<td>39.3</td>
</tr>
<tr>
<td>No (in past 12 months)</td>
<td>60.7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24</td>
<td>101</td>
<td>126</td>
</tr>
<tr>
<td>No</td>
<td>1,999</td>
<td>5,397</td>
<td>7,402</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>11</td>
<td>29</td>
<td>41</td>
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</tbody>
</table>

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.

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