

Impact of HIV-PrEP for female-sex-workers on community-wide awareness, uptake and perceptions in a rural area KwaZulu-Natal, South Africa

Natsayi Chimbindi¹, Nondumiso Mthiyane¹, Thembelihle Zuma¹, Kathy Baisley^{1,2}, Deenan Pillay^{1,3}, Nuala McGrath⁴, Guy Harling^{1,3}, Lorraine Sherr³, Isolde Birdthistle², Sian Floyd², Jaco Dreyer¹, Janet Seeley^{1,2}, Maryam Shahmanesh^{1,3}

1 Africa Health Research Institute (AHRI), South Africa, 2 London School of Hygiene & Tropical Medicine, United Kingdom, 3 University College London, United Kingdom 4 University of Southampton, United Kingdom

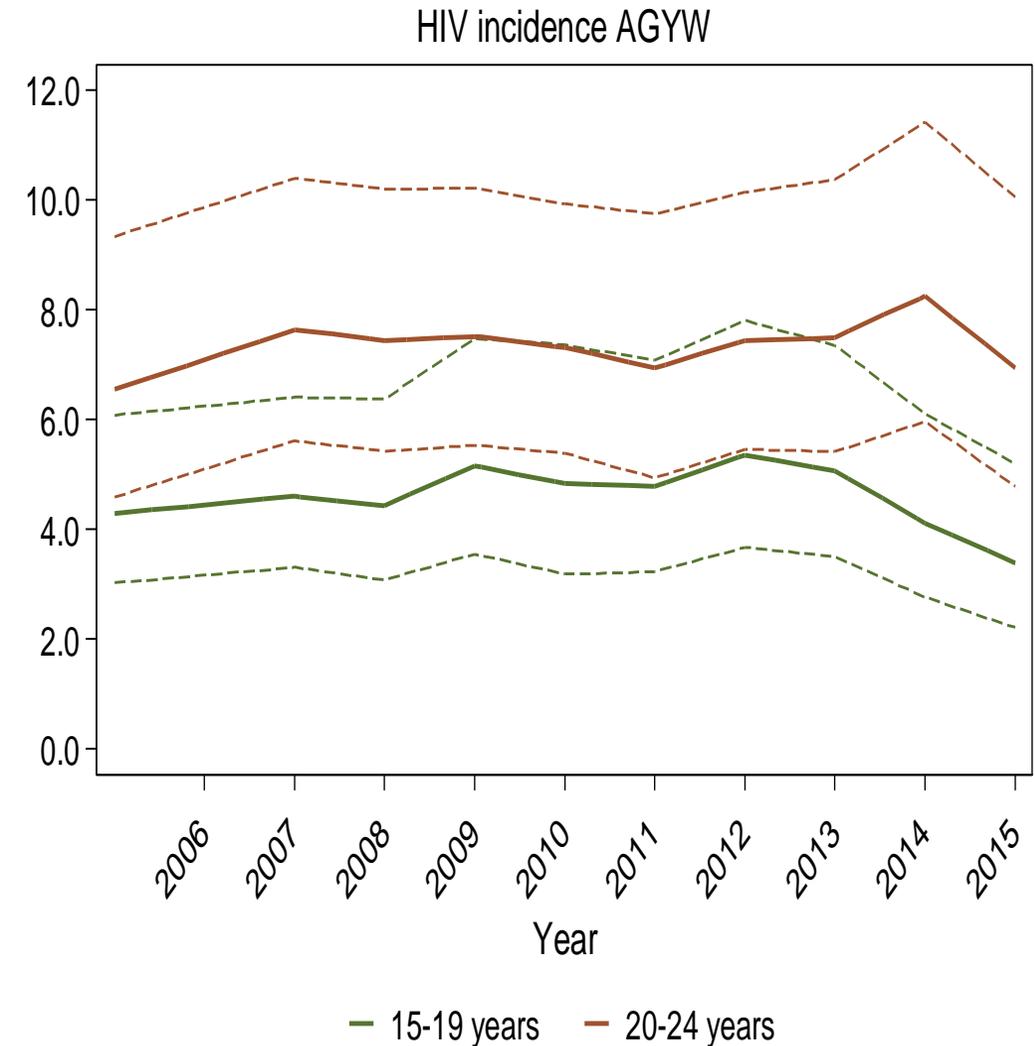
STI & HIV 2019 World Congress, Vancouver

14th - 17th July 2019

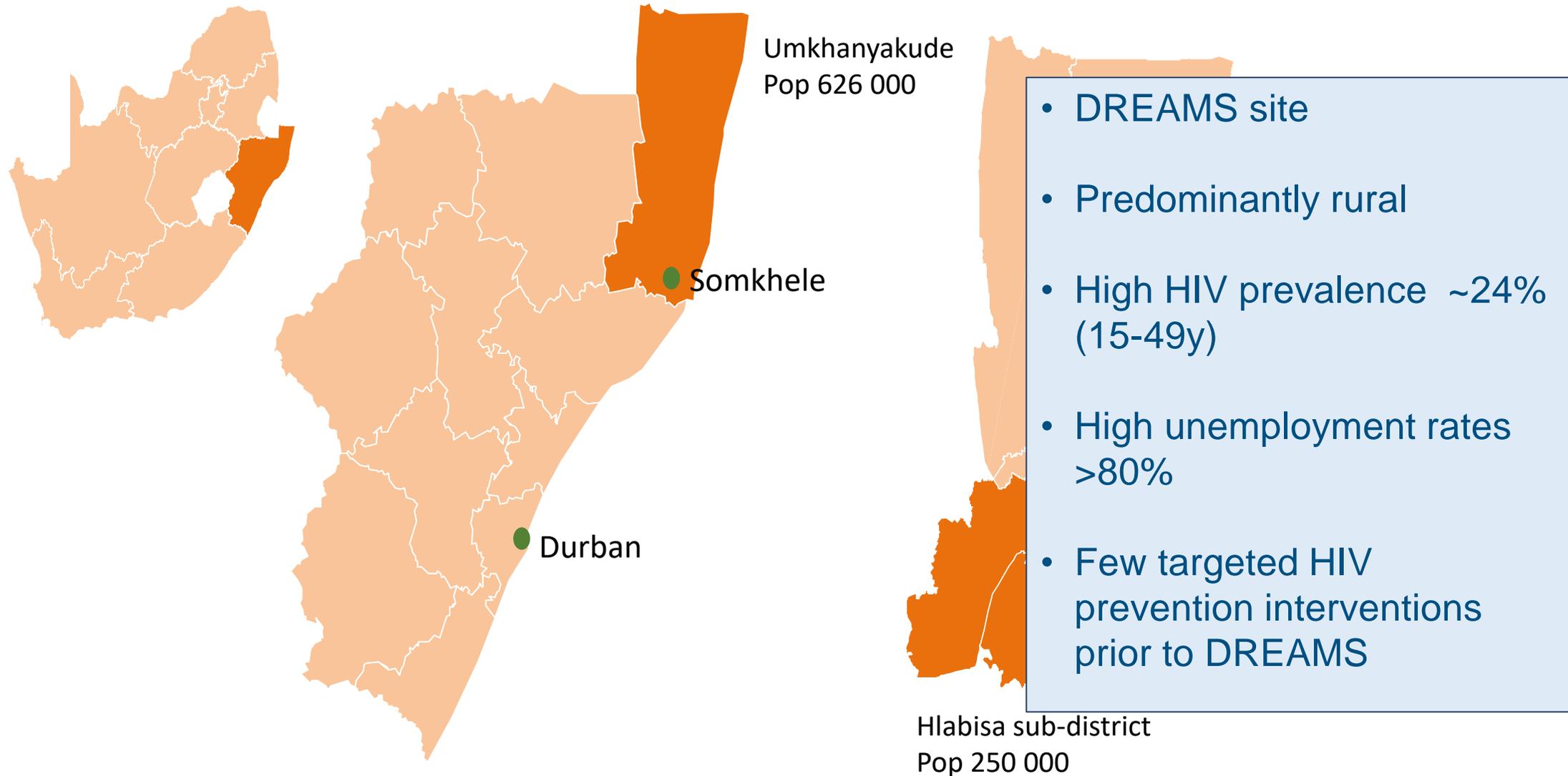


Background

- Despite availability of HIV prevention, young people in South Africa remain at highest risk of HIV acquisition [Chimbindi et al 2018, Baisley et al 2018]
- Pre-exposure prophylaxis (PrEP) was rolled out to female-sex-workers between 2016 and 2018
- *We use an HIV-prevention cascade framework to understand how implementation impacted at a population-level, demand for, access to and community members' attitudes towards PrEP*



Study setting



Study Design

- Mixed-method process evaluation
 - participatory community mapping (2017) & quantitative survey (2017-18)
- Community-mapping of 4 purposively sampled communities (1 semi-urban, 2 rural, 1 deep-rural)
 - Key in-depth interviews with implementing partners (n=33) & young people (n=58)
 - Community based group discussions (n=19)
 - Stakeholder interviews (n=9)
- Enrolled a representative cohort of n=2184 AGYW aged 13-22 years
- Collected data on uptake of HIV prevention, including eligibility, awareness and uptake of PrEP.
- Data collected electronically and self-filled

Quant findings: Characteristics of nested cohort baseline (N=2184)

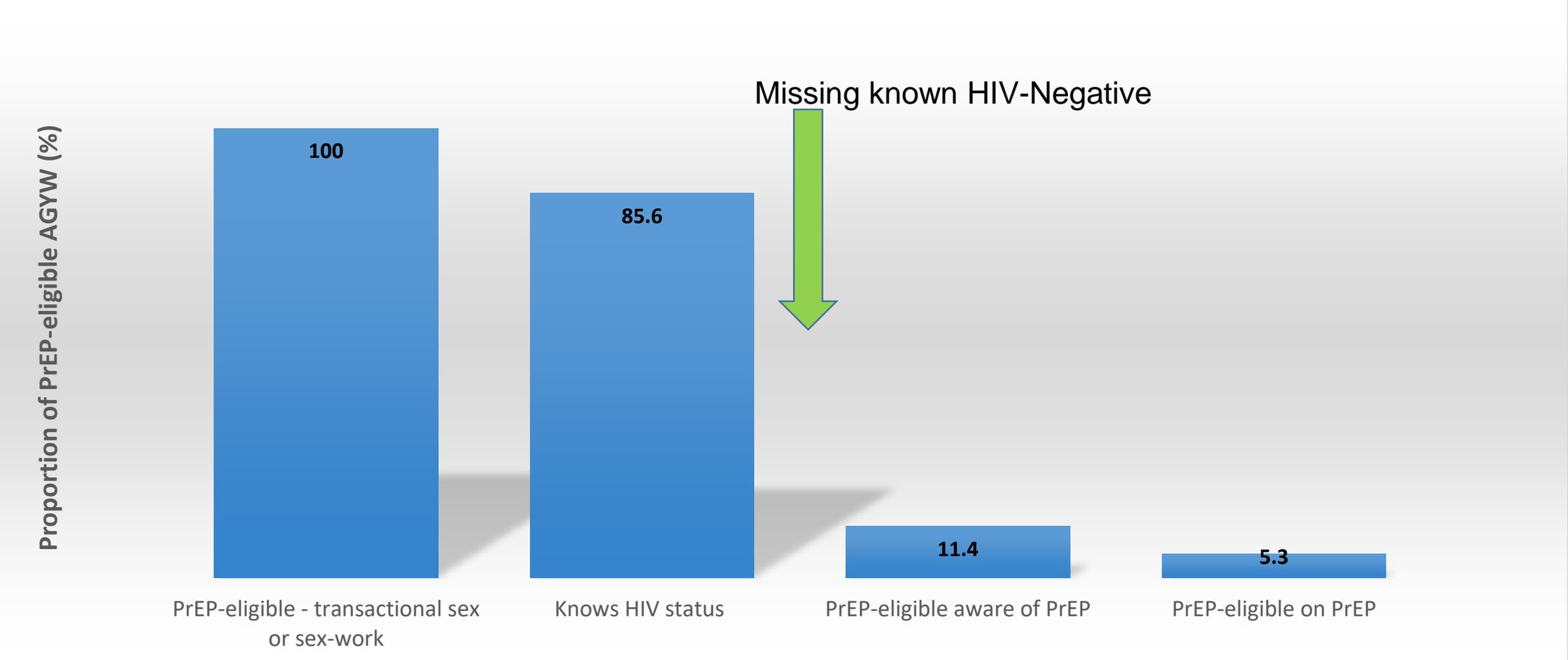
Characteristic	N	% (95% CI)
Age group		
13-17	1148	52.6 (50.5-54.7)
18-22	1036	47.4 (45.3-49.5)
Location		
Rural	1388	64.1 (62.1-66.1)
Peri-urban	660	30.5 (28.6-32.5)
Urban	117	5.4 (4.5-6.4)
Currently in school (Yes)	1644	75.3 (73.4-77.0)
Socio-economic status		
Low	727	35.1 (33.0-37.1)
Middle	747	36.0 (34.0-38.1)
High	600	28.9 (27.0-30.9)
Ever migrated in the past years (Yes)	403	18.5 (16.9-20.1)
Food insecurity (Yes)	682	31.2 (29.3-33.2)

PrEP awareness for AGYW (N=2184)

- PrEP awareness increased from 2.0% (95% CI:1.5-2.7%) in 2017 to 9.0% (95% CI:7.3-9.8%) in 2018 ($p<0.001$)
- 965/2184 (44.2%) AGYW reported being sexually active
- 13.4% (95%CI: 11.4-15.7%) AGYW reported transactional sex*
- 10.6% (95%CI:8.8-12.7%) AGYW reported sex for money*
- *n=194 AGWY were PrEP-eligible



HIV prevention cascade for PrEP-eligible AGYW (n=194)

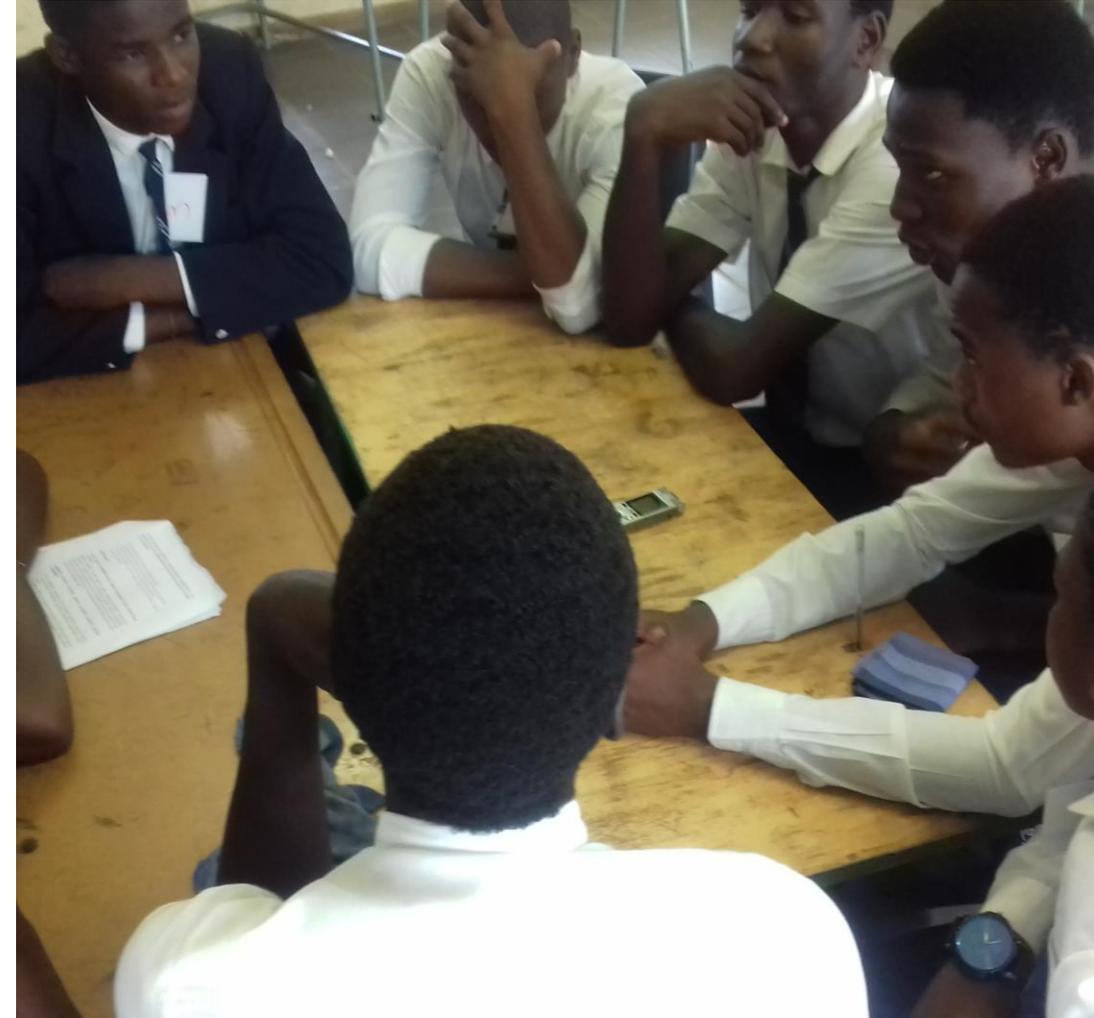


Qual findings: Community and young people's awareness of PrEP

- Interview respondents were generally unaware of PrEP
- Some young people it was their first time to hear about PrEP and could not attach meaning to it

“I don't know what it means even in Zulu”

- Most community members were not aware of PrEP, often confusing it with post-exposure prophylaxis (PEP)



Community and young people's demand/benefit of PrEP

- PrEP was seen as a possible alternative to condoms,

“eating sweets in a wrapping paper” and

“killing your babies”

Because

“...it will be in their system”



Community and young people's demand/benefit of PrEP

- PrEP was imagined would benefit young people, discordant couples and those with long-distance partners
- PrEP was thought to be more beneficial to boys or young men who were believed to *“love sex more than women”*

“I think it is a good thing because...those who are in relationships with older people who are infected, they can be able to get treatment beside leaving him because of his HIV status.”

Community and young people's demand/benefit of PrEP

- Teachers and healthcare providers were more ambivalent about PrEP

“Mmm doing that will mean setting them free to engage into unprotected sexual intercourse anyhow”

Conclusion

- PrEP awareness increased and was generally acceptable
- Uptake was low amongst eligible AGYW who reported FSW activity
- Targeted nature of public-sector PrEP may have affected reach and may affect future roll-out of PrEP to the wider population
- Community-based approaches to PrEP education and provision, including engagement of youth and key stakeholders, may help improve demand for, access to, and optimise the PrEP cascade

Disclosure & Acknowledgements

- *I have no conflict of interest and nothing to disclose*
- *We would like to thank all the participants who contributed data to this study and the data collection team from AHRI. The impact evaluation of DREAMS is funded by the Bill and Melinda Gates Foundation (OPP1136774, <http://www.gatesfoundation.org>). Foundation staff advised the study team, but did not substantively affect the study design, instruments, interpretation of data, or decision to publish. The research leading to these results has received funding from the People Programme (Marie Curie Actions) of the European Union's seventh Framework Programme FP7/2007-2013 under REA grant agreement n° 612216 and the National Institutes of Health under award number 5R01MH114560-03. Africa Health Research Institute is supported by core funding from the Wellcome Trust [Core grant number (082384/Z/07/Z)]*