METHODS

- Population: 451 HIV-uninfected AGYW ages 16-25 years from Cape Town and Johannesburg, South Africa; and Harare, Zimbabwe.
- In addition to PrEP, AGYW were offered STI diagnosis and treatment, contraceptive counseling and services, 2-way text messages, and counseling in youth-friendly clinics.

RESULTS

- Of the 427 AGYW who accepted PrEP, 361 (85%) completed the month 3 visit. Both biomarker DBS TFV-DP and patient-reported adherence data were available for 354 (82%).
- About one-fourth (23%) of the participants were ‘concordant adherent’, 16% were ‘concordant non-adherent’, 36% were ‘discordant non-adherent’, and 24% were not categorized to avoid misclassification.

CONCLUSIONS

- In the context of adolescent and youth-friendly services, our study provides empirical evidence that trust in the PrEP provider increases likelihood of concordance between patient-reported adherence and biomarker concentration of PrEP.
- Education and training that focuses on building trusting relationship between providers and AGYW may lead to not only preventing HIV infection, and it may also lead to better health outcomes in the long term.

REFERENCE


Table 1. Association between trust factors and concordant adherence and non-concordance compared to discordant non-adherence

<table>
<thead>
<tr>
<th>Provider Characteristics</th>
<th>Effect</th>
<th>Reference=Discordant non-adherence</th>
<th>Odds Ratio (95% CI)</th>
<th>Adjusted Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusting relationship with the study staff</td>
<td>Agree vs. Disagree</td>
<td>Concordant adherence</td>
<td>3.72** (1.20, 11.51)</td>
<td>3.72** (1.20, 11.51)</td>
</tr>
<tr>
<td>Let study staff know if mixed pills</td>
<td>Agree vs. Disagree</td>
<td>Conordant non-adherence</td>
<td>0.81 (0.36, 1.32)</td>
<td>0.81 (0.36, 1.32)</td>
</tr>
<tr>
<td>Know who to contact for questions/problems about PrEP</td>
<td>Agree vs. Disagree</td>
<td>Concordant non-adherence</td>
<td>1.37 (0.81, 2.29)</td>
<td>1.37 (0.81, 2.29)</td>
</tr>
</tbody>
</table>

All models were adjusted for site, *p < 0.1, **p < 0.05

*Variables significant at p-value < 0.1 in the univariate analysis included and backward elimination selection method was used.

ACKNOWLEDGMENTS

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