Examining Facilitators, Barriers, and Social Support in PrEP Uptake and Utilization for Young African Women: Implications for HIV Prevention

HPTN 082: Uptake and adherence to daily oral PrEP as a primary prevention strategy for young African women: A Vanguard Study

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Project Objectives/Aims

The current study seeks to examine how facilitators, barriers, and social support impact whether young African women are able to **begin** (facilitators) and **continue** (barriers and social support) PrEP through an in depth qualitative analysis of PrEP that examines the reasons for initiation or declining PrEP using data from HPTN 082

**Aim 1:** Assess the proportion and characteristics of young HIV-uninfected women who accept versus decline PrEP at enrollment.

**Aim 2:** Explore qualitative factors that influence women’s decisions to use PrEP, to adhere to PrEP, and acceptability of PrEP in the first 3 months after PrEP acceptance.
Background/Rationale

What is it?

- Sub-Saharan-based research study designed to assess the number of and characteristics of young women who accepted versus declined pre-exposure prophylaxis (PrEP) at enrollment.

- The study also compared adherence to PrEP between women who were randomized to receive standard adherence support and those who received enhanced adherence support.

Why is it important?

Young African women are an important population for PrEP implementation, representing three of the four million young people living with HIV in sub-Saharan Africa.

Study Highlights?

Results showed there was a very high PrEP uptake (95%) among young women who were at risk for HIV, a majority of whom took PrEP in the first 6 months.

- Women who perceived themselves to be at risk of HIV and were motivated to use PrEP (HPRM score) had higher adherence at 6 months.

- Adherence declined significantly after month 3.

- There was low HIV incidence (1%) given the risk profile of this cohort.
Analysis Plan

- To address Aim 1, a comparative analysis of themes was conducted to elucidate barriers, facilitators, and social support.
- The qualitative data analysis highlighted individual and social factors that impact a young woman’s likelihood of accepting and adhering to PrEP, and ultimately provide insight into future HIV prevention efforts.

Methods

In order to address Aims 1 and 2, an inductive thematic analysis of qualitative data from the 67 interviews conducted in South African and Zimbabwe using NVivo 12, qualitative data analytic software was applied.

Emergent data analytic methods (i.e., iterative development of codes and constant comparison of themes) were used to strengthen scientific rigor, as it is essential for capturing the voices and lived experiences of participants.
Results

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Support relating to PrEP

“She did not understand what we are taking the pills for and I then explained to her. She did not understand that if you take it well, you can be protected from getting HIV. That is what she did not understand because it is said HIV is transmitted. Yes. She is alright. She feels happy now. It’s my father and my mother, the people who motivate me to take it.”

Participants expressed that some family and community members did not understand the benefits of PrEP intake and were dismissive at first. However, once the benefits were explained, they became supportive and encouraged participants to adhere to their pill regimen. PrEP education is not only for individuals who may be at higher risk of HIV transmission but also for their families and members in their communities.
Many participants expressed that they stopped taking PrEP or did not feel the need to restart their pill regimen because of the side effects from the pill. Participants continued to express that once they skipped a pill because they left it home while they were away, they saw no need to start over when they returned home.
“Whoever guy I’m with, I just know that he has multiple girlfriends, so whoever guy I was with, chances were very high to catch, you see, that’s how bad I was. So I didn’t catch it, so it’s actually working. My partner is in Lebowakgomo and I live this side and even if I’m in Lebowakgomo, it’s far. Like it’s 45 minutes to go to him. When I ask him where he is and he tells me, I think did I take my Truvada today? I don’t only think of my cheating, I think about his cheating so that I don’t cheat my life, get my pill, yeah. That’s what motivated me most of the time, that I’m gonna die, yoh yoh yoh my child. And I love travelling, most of my time, I’m on the road, so I’m like did I take Truvada. Oh yeah, I took it”

Many participants expressed their HIV risk perception to be the motivation for PrEP intake and adherence. Furthermore, some participants also expressed that taking PrEP makes them able to further engage in risky sexual behaviors since they are protected with PrEP. As such, one's vulnerability to HIV transmission is substantial motivation to PrEP intake and adherence.
• PrEP adherence and non-adherence are not only connected to social support but also to HIV risk perceptions.

• Significantly, many participants explained that they initiated PrEP because they wanted to protect themselves and stay safe. Studies show that risk indicators most closely associated with PrEP interest included behavioral and partner factors like partner concurrency, age, and disparate relationships (Hill et al., 2020).
Social support plays a major role in PrEP uptake and utilization. Most participants expressed that the involvement of family members and partners in ensuring they take their PrEP pill had been vital in their PrEP uptake and utilization. Social support is crucial and beneficial to PrEP acceptance and adherence.

While participants see the benefit in utilizing PrEP, the social support helps them accomplish adherence. Notably, participants elucidated that consistent reminders to take their pill was helpful in ensuring adherence.
• Future research should include a deeper assessment of what is motivating PrEP interest among AGYW who are at risk of transmission beyond the perceived HIV risk.

• It is necessary to ensure tailored PrEP education and delivery in areas with high HIV risks.
Thank you

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