

Community Dialogues: Potential users' perspectives on oral PrEP in Zimbabwe



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In August and September 2017, 670 people participated in 21 community dialogues in eight of Zimbabwe's 10 provinces. Program designers engaged the participants in discussions about their perceptions of oral pre-exposure prophylaxis (PrEP) for HIV prevention and what they thought would encourage or discourage its use. The insights gained from these dialogues will inform the development of a comprehensive communications strategy to support the scale-up of oral PrEP in Zimbabwe.

Background

The World Health Organization (WHO) recommends the use of oral PrEP — a daily antiretroviral pill — in combination with other effective methods of HIV prevention by HIV-negative people at substantial risk of HIV infection. Building on more than seven years' experience

Key points

- **Awareness of oral PrEP is low, and misconceptions abound.** Potential users and community members need information about what PrEP is, how effective it is, who should take it, and where to access it.
- **Stigma, gender dynamics, and negative attitudes of health care workers pose significant barriers** to oral PrEP uptake and adherence. Men, community leaders, and health providers must be engaged to sensitively address these barriers.
- **A dynamic communications strategy is needed to move potential users from awareness to action.** Messages should address individuals' situations and perceptions of HIV risk.
- **The strategy should target parents, community members, and influential leaders, as well as potential users,** to build support for consistent, sustained use of oral PrEP.

with the implementation of oral PrEP research and demonstration projects, Zimbabwe adapted WHO's December 2015 guidelines on PrEP and antiretroviral treatment (ART) in 2016. Zimbabwe's consolidated guidelines on the use of antiretroviral drugs for HIV prevention and treatment, launched in December 2016, provide an opportunity to expand access to oral PrEP, and the community dialogues were designed to help inform their implementation.

Methods

Pangaea Zimbabwe AIDS Trust (PZAT) conducted the 21 community dialogues in partnership with the Ministry of Health and Child Care (MOHCC) and the National AIDS Council (NAC), with support from

the Optimizing Prevention Technology Introduction on Schedule (OPTIONS) Consortium. The objectives of the dialogues were to gather information about community perspectives on: 1) the safety and efficacy of oral PrEP, and who should use it; 2) the perceived barriers and facilitators to oral PrEP uptake, use, and adherence; 3) the service delivery models preferred by different groups of potential users of oral PrEP; and 4) acceptable and accessible messages and channels for promoting understanding of and demand for oral PrEP. This information is intended to be used by program planners in Zimbabwe as they design communications components of the national program to deliver PrEP.

The National AIDS Council mobilized the 670 dialogue participants through the district AIDS action committees in 14 districts representing urban and

Community Dialogues

21 dialogues
14 districts
670 participants



rural areas with high HIV prevalence. Table 1 shows the groups and geographic areas included in the dialogues. Two teams, each consisting of a facilitator, a notetaker, an MOHCC official, and a NAC official, conducted the dialogues using a discussion guide developed in consultation with Zimbabwe’s technical working group on oral PrEP.

The notetakers produced 21 reports on the dialogues, based on notes and audio recordings. Three analysts read the reports and recorded emerging themes and relevant quotations in a data analysis tool. The analysts and project leads then worked together to summarize themes and quotations from the dialogues and write a comprehensive report, including recommendations for a communications strategy.

Table 1: Populations groups and locations of the community dialogues

Population group	Number of dialogues	District	Urban/Rural
Adolescent girls	2	Harare	Urban
		Buhera	Rural
Adolescent boys	2	Harare	Urban
		Gutu	Rural
Young women	2	Marondera	Urban
		Murehwa	Rural
Young men	2	Gweru	Urban
		Shurugwi	Rural
Students in tertiary institutions	2	MSU	Rural
		Chinhoyi	Urban
Adult men	2	Beitbridge	Urban
		Lower Gweru	Rural
Adult women	2	Beitbridge	Urban
		Lower Gweru	Rural
Pregnant and lactating women	2	Bulawayo	Urban
		Seke	Rural
Influential community leaders	1	Seke	Rural
Internally displaced populations	1	Hopely	Peri urban
Men who have sex with men (MSM)	2	Harare	Urban
		Bulawayo	Urban
People living with HIV	1	Mutare	Urban
Total	21		

Results

Awareness of oral PrEP was low.

Some participants had heard about oral PrEP from peers at bars and clubs; others knew about oral PrEP research or demonstration projects serving their communities. However, awareness of oral PrEP was low across all the priority groups in both urban and rural settings. In fact, many dialogue participants were hearing about oral PrEP for the first time. Community health workers who participated in a dialogue for influential community leaders in Seke confused pre-exposure prophylaxis (PrEP) with post-exposure prophylaxis (PEP).

“This HIV testing is a problem...”

“...why do I need to get tested?” asked one young man. Many participants identified the need for an HIV test before starting oral PrEP and regular testing during its use as potential barriers for those considering oral PrEP. They cited the burden of frequent trips to a testing site, as well as reluctance to take an HIV test.

Incomplete information and misconceptions led to concerns.

Most participants thought oral PrEP was just for female sex workers (FSWs), because they were the focus of the first demonstration projects in Zimbabwe.

Many dialogue participants expressed concerns about potential interactions between hormonal contraceptives, feminizing hormones, or alcohol, including fears that users of oral or injectable contraceptives might get pregnant while using oral PrEP. Transgender participants in dialogues in Harare and Bulawayo asked whether using oral PrEP would slow their transitions. Others — mainly FSWs, young men, and men who have sex with men (MSM) — worried that drinking alcohol would make oral PrEP less effective.

A man from Lower Gweru voiced a major concern for adult men, young men, and young women when he asked, “Will this pill not lower my

sexual drive when I want to have sex with my wife?” This myth was discussed extensively, because culturally, a man’s masculinity is associated with his libido.

Young women from urban areas, tertiary schools, and some rural areas feared that using oral PrEP would make them infertile later in life. For a few students and men in rural areas, this myth about infertility was the basis for discredited conspiracy theories about the promotion of oral PrEP to sterilize Africans.

Both young and adult men in rural and urban settings believed that those on oral PrEP would not need to continue using condoms. Adult men in one group thought introducing oral PrEP would result in non-condom use among adolescent girls and boys.

A few MSM and transgender participants were under the mistaken impression that oral PrEP could be taken once before a sexual encounter and would then offer full protection against HIV.

All agreed oral PrEP is a welcome addition to HIV prevention options.

After learning more about oral PrEP during the dialogues, participants generally viewed it as a promising addition to the available HIV prevention methods. For young people living with HIV and serodiscordant couples, oral PrEP offers hope. Youth participants, including young people living with HIV, explained that the protection oral PrEP offers could give them more options for relationships. “With PrEP, I can date anyone, positive or negative,” said one adolescent boy.

Women across all the communities considered oral PrEP empowering for those unable to successfully negotiate condom use. Some older woman thought their partners would find oral PrEP more acceptable than ART. “It’s easy to take PrEP, because my spouse will be pleased to know I am HIV negative,” one woman explained.

Stigma is a key issue.

Participants warned that stigma and discrimination might be associated with oral PrEP use, because it involves taking an antiretroviral drug also used to treat HIV. They were concerned that those using oral PrEP would be mistakenly identified as HIV positive. Some women and students also feared that oral PrEP users would be considered promiscuous.

The oral PrEP packaging, which resembles that of ART drugs, was singled out as a barrier. Participants explained that the rattling of the pills in the container and the bulkiness of the packaging would also make it difficult to take the pills discreetly. “It is better for them to put PrEP in the little plastic packets — at least no one will notice you have some drugs,” a young woman said.

Gender dynamics pose formidable barriers.

Because it is culturally acceptable for men — but not women — to have multiple sexual partners, some women thought it would be difficult for them to introduce oral PrEP in a relationship. “It is better to be counseled together,” one woman advised. “That way a man can initiate PrEP, which is more acceptable.”

Similar power dynamics were reported in some same-sex relationships. Some MSM who described themselves as representing the “female partner” in the relationship thought it would be important to target messages about oral PrEP to their partners. However, they acknowledged that their partners would be hard to reach because most would not want to be identified as MSM; many may be married or in other heterosexual partnerships.

Some women said that if they were “found out” using PrEP without telling a partner, they would risk being accused of being unfaithful and even subjected to violence or losing the relationship. “It is better and more dignified for one to contract HIV in a marriage setting rather go against your husband and take PrEP,” one woman said. Others said disclosing oral PrEP use was “the right thing to do.”

Dialogue participants assumed that men would have the freedom to use oral PrEP without disclosing it to their wives, just as they secretly use condoms with FSWs and other secondary partners. Artisanal (unskilled) miners, who are often away from home working at the mines, highlighted this similarity between condoms and oral PrEP. “We cannot disclose to our wives that we are taking pills,” said one miner.

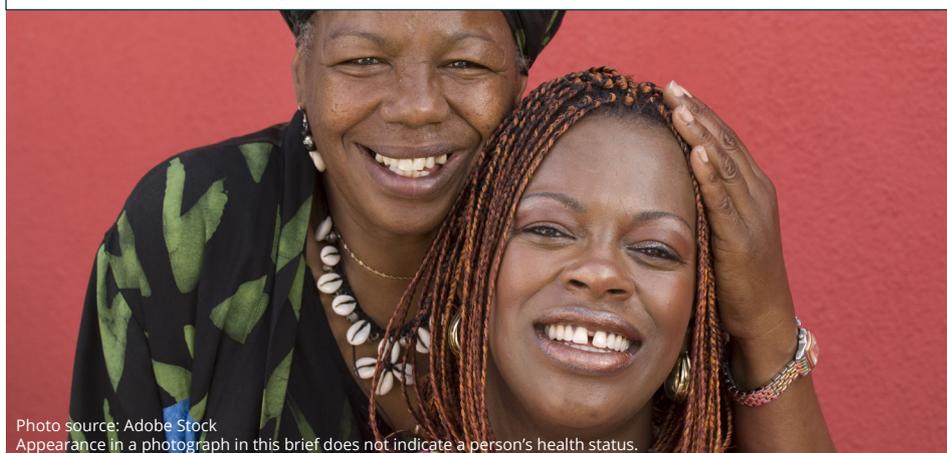


Photo source: Adobe Stock
Appearance in a photograph in this brief does not indicate a person's health status.

For women, disclosure may be risky.

Many women expressed concern about disclosing oral PrEP use, fearing it would jeopardize their relationships or their safety. Adolescent girls, young women, and FSWs expressed concern that after disclosure, their partners or clients would expect them to have unprotected sex. Adult women, MSM, and some adolescent girls said disclosing oral PrEP use would raise questions of trust in their relationships. Adolescent girls feared being considered “loose girls.”

Adolescent girls also worried about their parents finding out through their oral PrEP use that they were sexually active, and some said they would keep both a secret from their parents. Other adolescent girls and young women said they wanted to consult their mothers about using oral PrEP. However, some parents said they would be uncomfortable discussing oral PrEP with their children, fearing that such discussions would encourage premarital sex. “It is culturally unacceptable to discuss issues to do with sex with our children,” one man said. Parents living with HIV had a different perspective, wishing that oral PrEP had been available to them and embracing the opportunity to talk to their children about it.

Participants called for messages that spur action.

Awareness is needed, they said, but also messages that address individuals' situations and perceptions of their own risk of HIV. To reach a wide range of people, participants recommended the use of social media, particularly affordable platforms such as bulk short-message services.

Participants suggested channels for reaching different audiences with messages about oral PrEP. MSM called for current oral PrEP users to serve as champions. Community members expressed interest in being involved in mobilization activities, PrEP-related dramas, and road shows to provide community-level support for use and adherence. Some adolescents and young women suggested campaigns to educate their mothers about oral PrEP. People living with HIV said they could draw on their experiences with ART to offer oral PrEP users support for adherence to daily pill taking.



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Service delivery preferences varied.

Adults called for integrating oral PrEP in services they already use, such as family planning and (for serodiscordant couples) ART. Younger groups tended to prefer more discreet

ways of accessing PrEP and more stand-alone, specialized services. Both groups stressed the importance of decentralizing services to the community level and providing mobile services, so that potential users do not have to walk long distances to obtain oral PrEP. All agreed it would be inappropriate to offer oral PrEP at the opportunistic infections clinic, which is reportedly associated with being HIV positive.

All participants highlighted poor provider attitudes as a barrier to uptake of health services. FSWs, MSM, transgender participants, and young people voiced concerns about health workers making them feel unwelcome at health facilities. "When I go to the clinic to find out about PrEP, the nurse may start asking a lot of personal questions, and judging me for being in a sexual relationship," said one young woman. Participants agreed that service providers should be empathetic, nonjudgmental, respectful, and friendly to all clients.

Communications Recommendations: Key tips for developing PrEP communications

Campaign Inception

- Strengthen HIV testing services to identify those who need oral PrEP and refer them appropriately.
- Clearly articulate your communications objectives by answering what problem you aim to solve.
- Plan engagement with stakeholders (parents, community leaders and members, and potential users) to foster an enabling environment before launch.

Insight Generation

- Review the key insights collected from the community dialogues about potential users' attitudes, beliefs, perspectives, desires, and challenges.

- Time permitting, consider conducting qualitative or quantitative research to enrich your collection of key insights.

Communications Strategy and Messaging

- Use authentic and relatable messaging that connects emotionally with target users and reflects key insights.
- Convey favorable, accurate information about oral PrEP and encourage consistent, sustained use.
- Demonstrate credibility by clearly communicating the MOHCC's role in the oral PrEP program.

Media Mix

- Identify the preferred channels and platforms of your target audiences.
- Consider a multi-level campaign that utilizes both interpersonal and mass media communications channels.

Monitoring and Evaluation

- Continue engaging with potential users to ensure their perceptions and contexts inform the strategy and communications.
- Adapt effective strategies for creating demand, enhancing uptake, and supporting adherence from programs such as ART and voluntary medical male circumcision.

For more guidance on developing demand creation communications, visit The PrEP Communications Accelerator at <http://accelerator.prepwatch.org/>