

Factors influencing initiation, continuation & discontinuation of oral PrEP at selected facilities in South Africa

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*OPTIONS refers to oral PrEP as the product category (inclusive of all formulations of ARV-based HIV prevention), and refers to specific products by formulation designation and/or name (e.g. oral PrEP/TDF-FTC, topical oral PrEP/dapivirine ring, injectable oral PrEP/cabotegravir, etc).

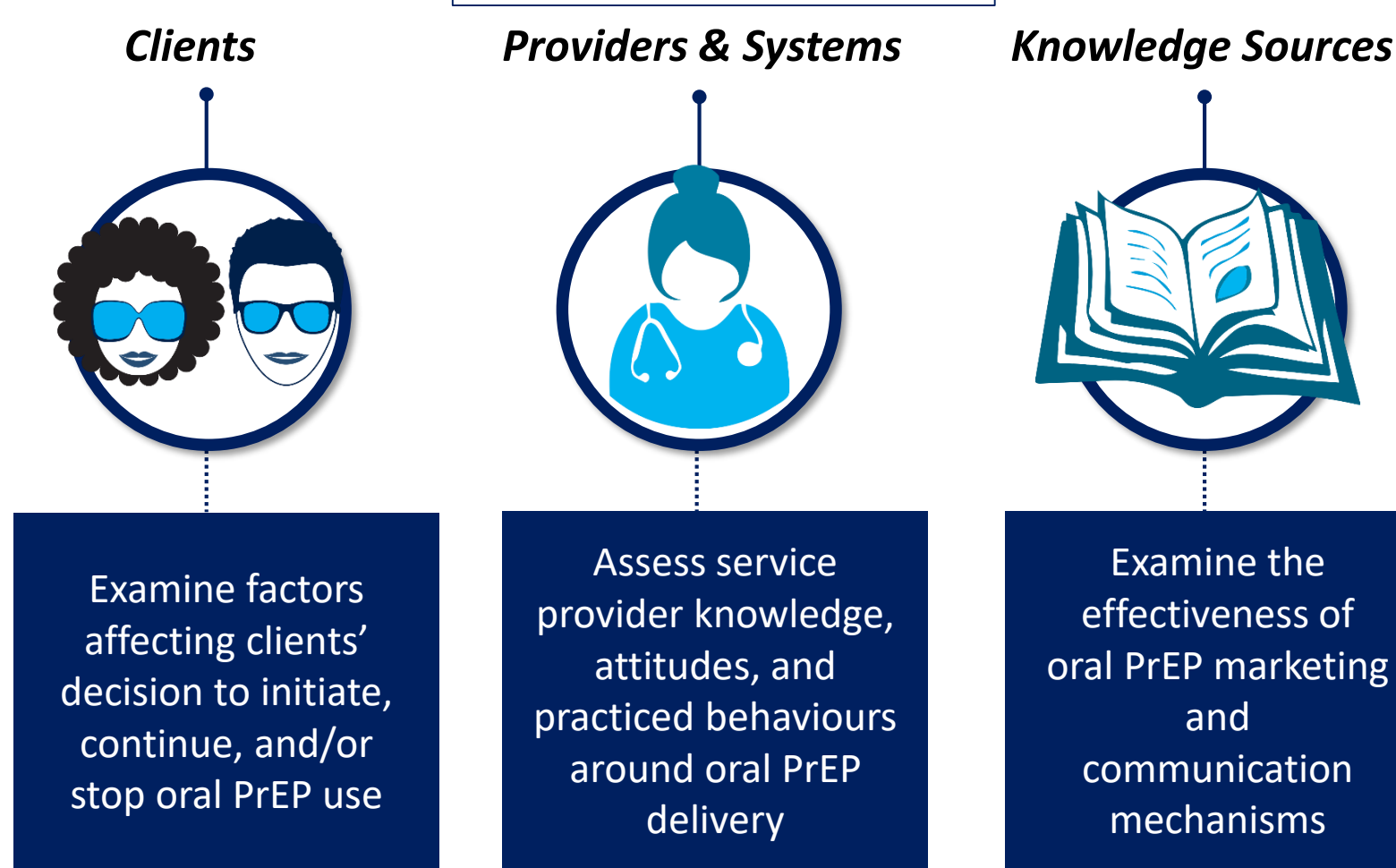
BACKGROUND



South Africa started rolling out oral PrEP in June 2016 using a phased approach beginning with sex workers. Provision then expanded to MSM in 2017 and subsequently to AGYW later that year. The phased approach to rollout allows for a dynamic learn and adapt process to implementation. Operations research is key to the learn and adapt process as a mechanism to generate rapid evidence about oral PrEP uptake and utilization.

This study reports on findings of operations research conducted at oral PrEP implementing facilities. The study adopted a descriptive cross-sectional research design and had three main objectives as per Figure 1 below.

Figure 1: Study Objectives



Cross-sectional descriptive study

This poster focuses on factors related to oral PrEP initiation, continuation, and discontinuation during national oral PrEP rollout.

METHODS

At the time this study was conducted, 16 facilities were rolling out oral PrEP, of which nine sites were selected (SW and MSM sites) as study sites. These sites were implementing oral PrEP for at least three months. The selection process was based on delivery model (fixed/mobile facility), location (urban/rural) and varying oral PrEP uptake as per Table 1.

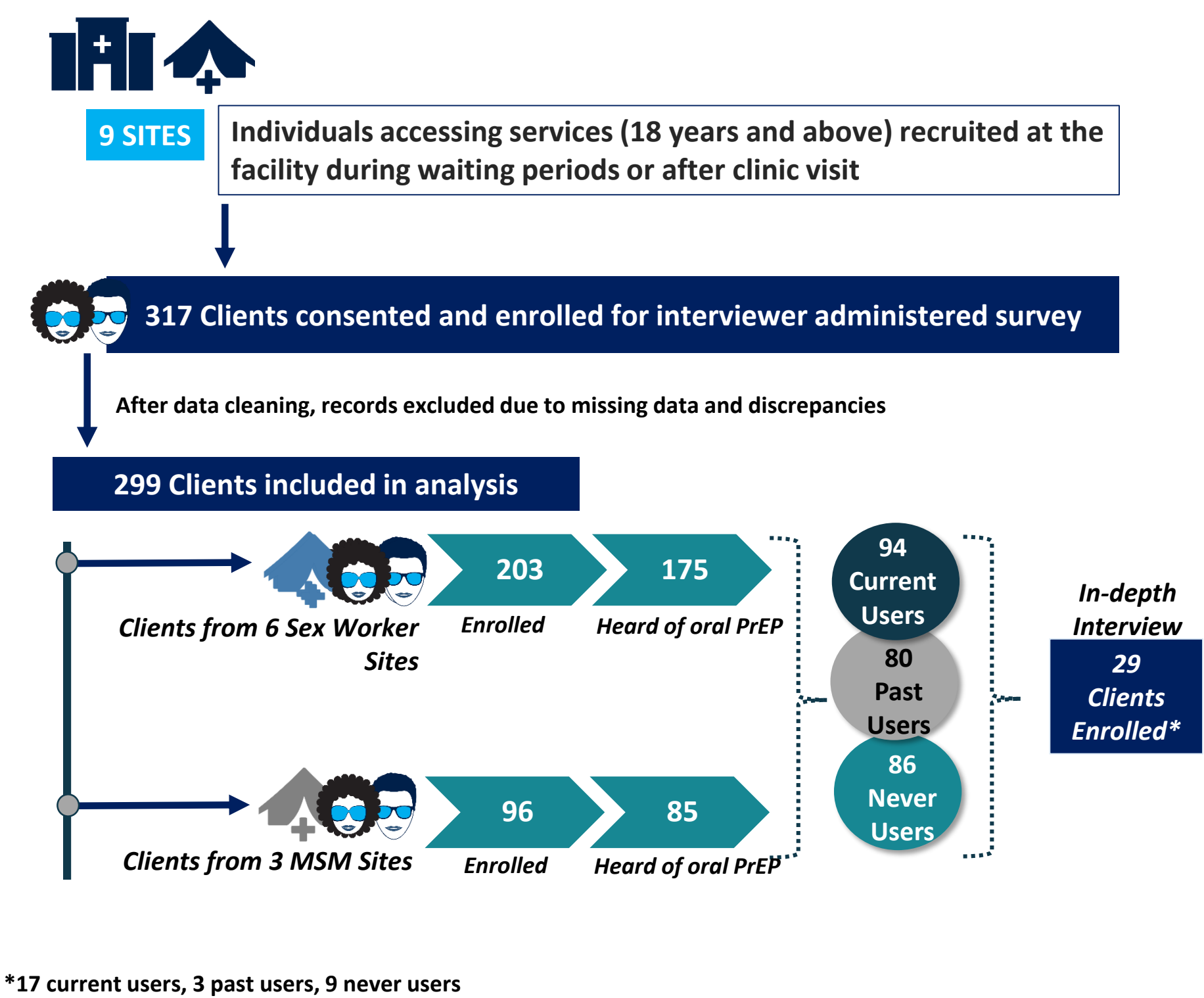
Table 1: Study Site Selection

Site	Location	Delivery model	% oral PrEP uptake*
Site 1 (SW)	Rural	Fixed	6%
Site 2 (SW)	Rural	Fixed	2%
Site 3 (SW)	Peri-urban	Fixed	8%
Site 4 (SW)	Urban	Mobile	10%
Site 5 (SW)	Urban	Fixed	49%
Site 6 (SW)	Urban	Mobile	22%
Site 7 (MSM)	Urban	Fixed	10%
Site 8 (MSM)	Urban	Fixed	13%
Site 9 (MSM)	Urban	Fixed	25%

* Oral PrEP uptake = No. of clients initiated / No. of clients offered

The study enrolled 299 clients for a once-off survey, of which 94 were current users, 80 past users and 86 never users as per Figure 2. From the survey sample, 29 clients were recruited and enrolled for an in-depth interview which were thematically analysed.

Figure 2: Study Recruitment, Enrolment and Sample Size



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RESULTS

Participant Demographics

Table 2: Participant Demographics at SW and MSM sites

	Sex Worker Sites	MSM Sites
Age (Mean)	29.7	34.6
Nationality	South Africa (77.3%)	South African (97.9%)
Ethnicity	Zulu (52.2%)	English/Afrikaans (60.4%)
Relationship Status	Single/Never Married (66%)	Single/Never Married (59.4%)

The mean age of clients at sex worker sites was late twenties, and MSM sites mid-thirties. These ages are consistent with the ages of oral PrEP clients nationally. As per Table 2, clients were primarily South Africa and single/never married.

Factors influencing lack of uptake of oral PrEP

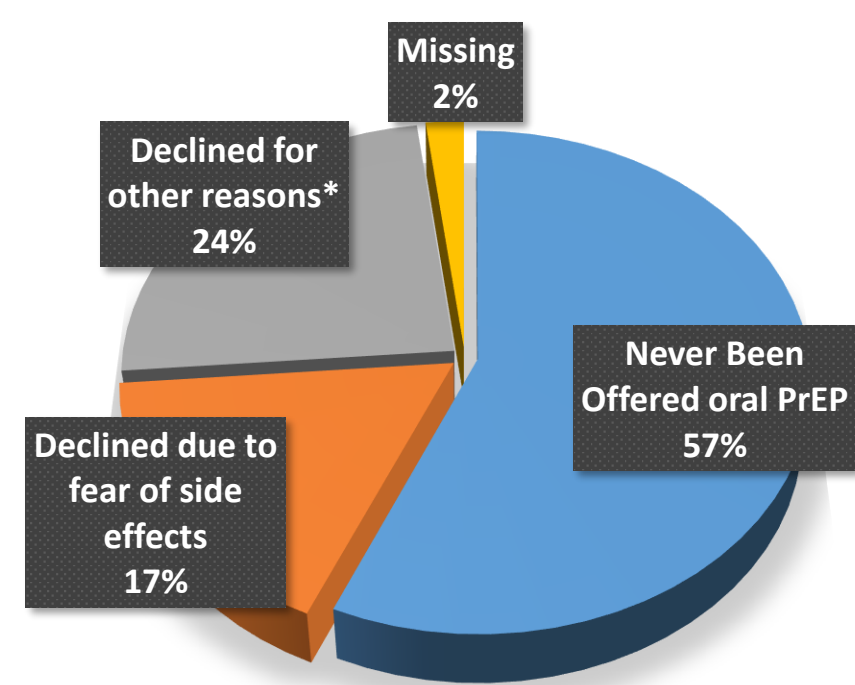


Out of 125 clients who had never used oral PrEP, 31% (n=39) had never heard of oral PrEP

Out of the 86 clients who had heard of oral PrEP, **not being offered oral PrEP was a prominent reason for lack of uptake**

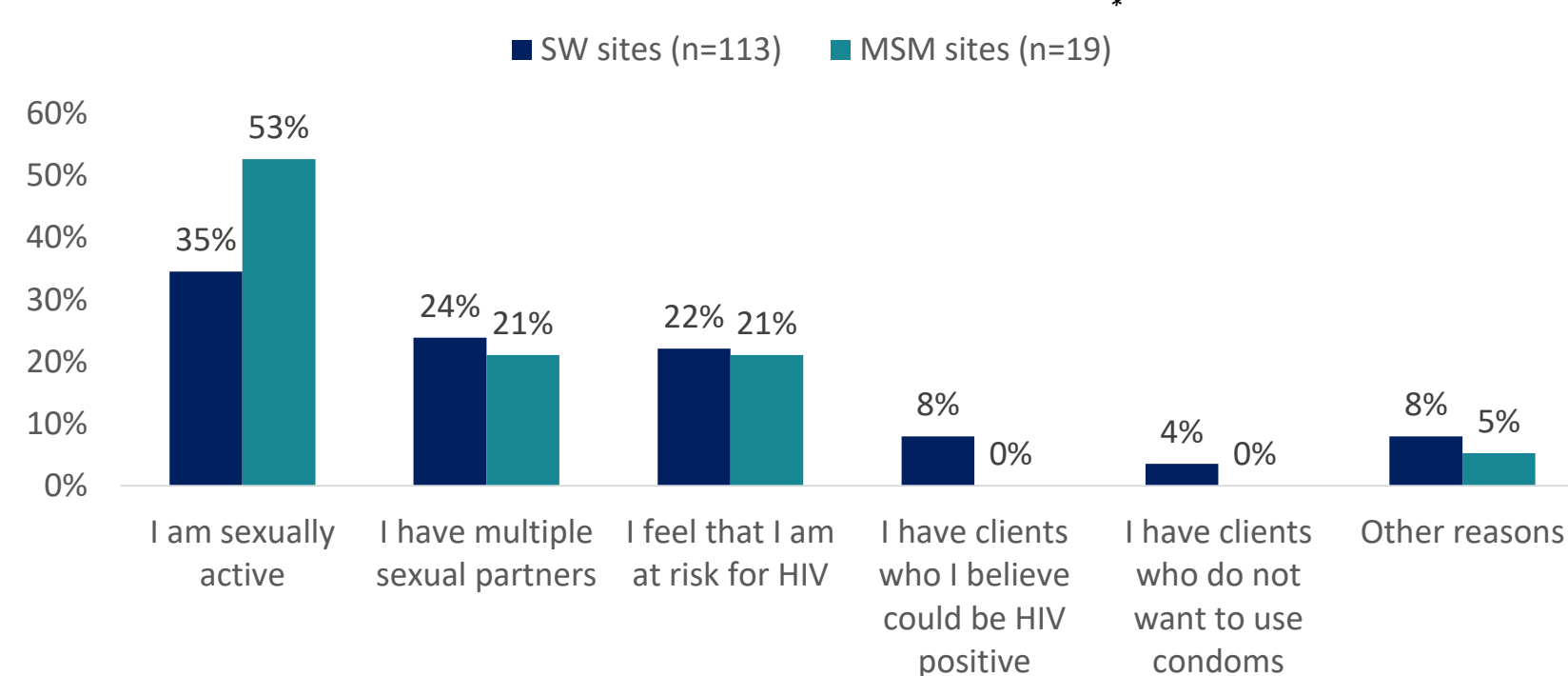
Most (23 out of 44) clients who had never been offered oral PrEP perceived themselves to be at risk of HIV.

Figure 3: Reasons for Lack of Uptake of oral PrEP (n=86)



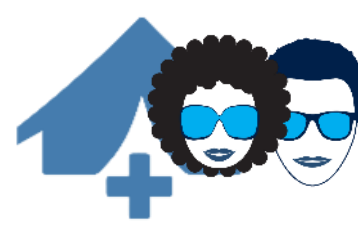
Factors influencing initiation of oral PrEP

Figure 4: Reasons for Initiation amongst Current and Past Users of oral PrEP



*Out of the 58 current and past users interviewed at MSM sites, 39 did not understand this question or responses were invalid and excluded from the analysis.

When asked in more detail about reasons for initiating oral PrEP during IDIs, respondents most often said they had received information or encouragement from health care workers, partners, family and peers:

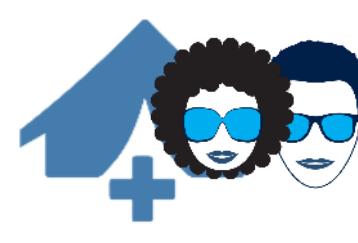


"The other sister of mine, she explaining me, you see this job is risking. The condom gonna burst and some people they're gonna force you...So, it's better to take oral PrEP [...] I start to drink until now, I don't have any problem... and when I'm working, I don't have stress, because I know that I'm preventing." – SW site client, current user

In IDIs, participants reinforced quantitative findings by describing that their **perceived risk of HIV influenced their decision to use oral PrEP.**

Participants described wanting **additional protection** from HIV and experiencing **issues using condoms alone**, such as partners being resistant to condom use and condoms breaking.

Respondents also described their **behaviours and relationships** putting them at risk for HIV, including not knowing partners' HIV status or not trusting them, having multiple partners, doing sex work, or having a partner living with HIV.

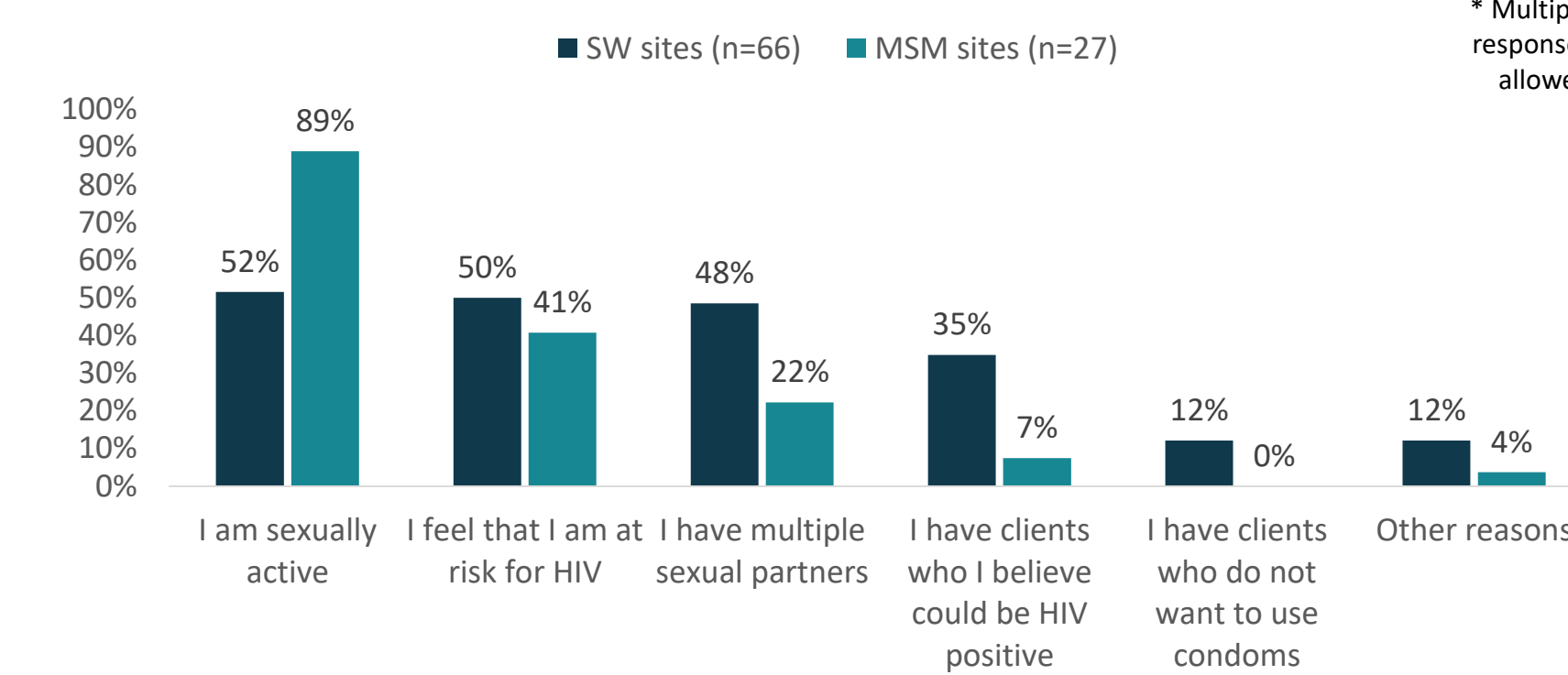


"...in relationships you can meet someone who doesn't want to be tested and they say they are okay so it's a big risk because I don't know their status. If I'm not using oral PrEP I can have HIV but I might get it because someone might lie or the condom burst ... Maybe someone is positive and I'm negative ... I know I'm protected from HIV because of that pill I'm using" – SW site client, current user

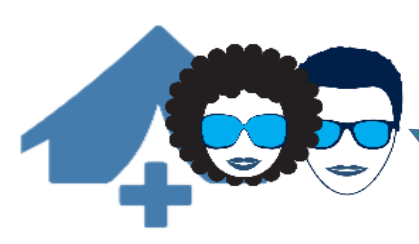
RESULTS (continued)

Factors influencing continuation on oral PrEP

Figure 5: Reasons for Continuation amongst Current Users of oral PrEP*



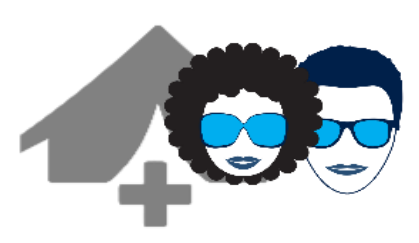
During IDIs, current oral PrEP users most often described a sense of **motivation and determination to protect their health and remain HIV-negative** as their main reasons for continuing to use it:



"It's all about willpower. And don't fall for peer pressure. It can make you stop without any good reason for yourself [...] Remember I told you about my ex-fiancé? He was [HIV] positive...I'm still negative even today because of oral PrEP, and I have this fear that if I leave it, I might be infected. What helps me is that anything I do, I do wholeheartedly." – SW site client, current user

Participants talked about motivation to **"protect myself", "stay healthy", "keep my status", "cover the bases."** Some were motivated by fear or worry, knowing that discontinuing oral PrEP would "put my life at risk" or they "might be infected".

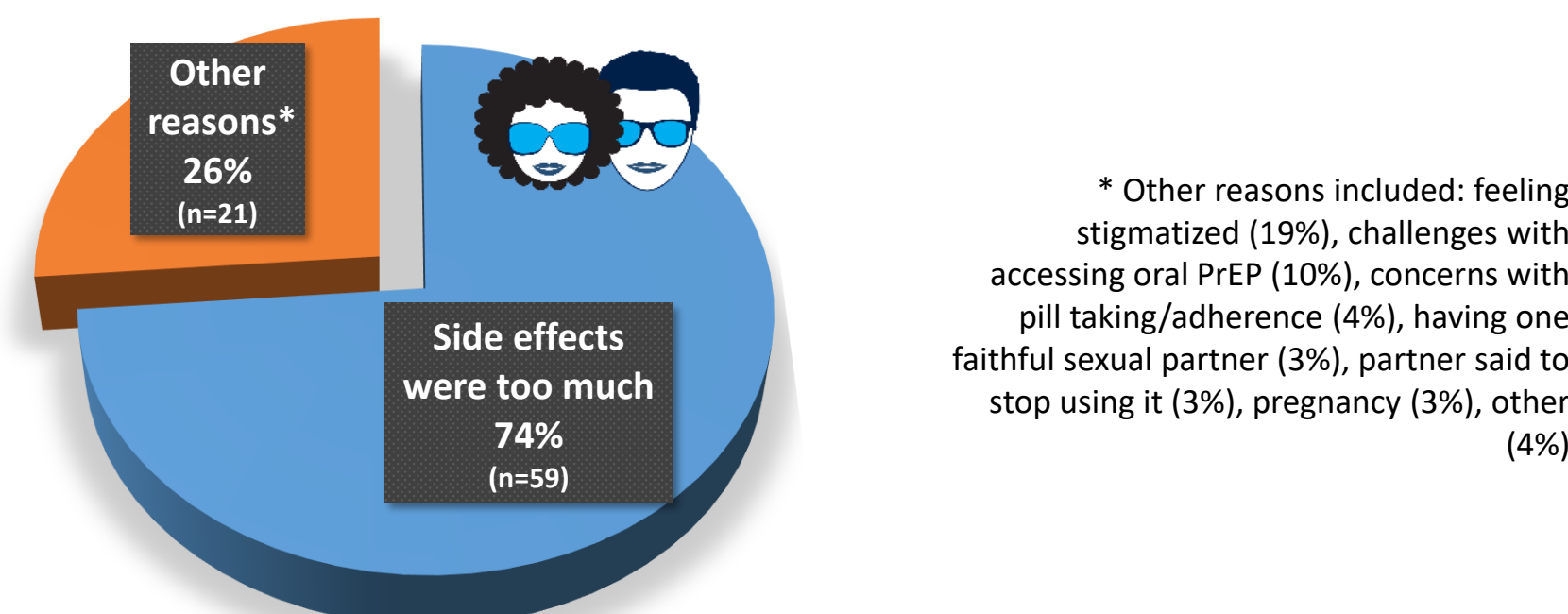
Participants described **behaviours and relationships that put them at risk of HIV** and motivated them to use oral PrEP, including having multiple partners, knowing their partner is HIV positive, not knowing their partner's HIV status, not trusting their partner, and forgetting to use condoms.



"We did use protection and stuff but, I'm pretty sure with the open relationship thing, there might have been occasions where I did actually have intercourse with somebody that was also HIV positive and didn't tell me about it. So, the protecting yourself component as an additional protection is [...] probably the main factor [for continuing oral PrEP] actually" – MSM site client, current user

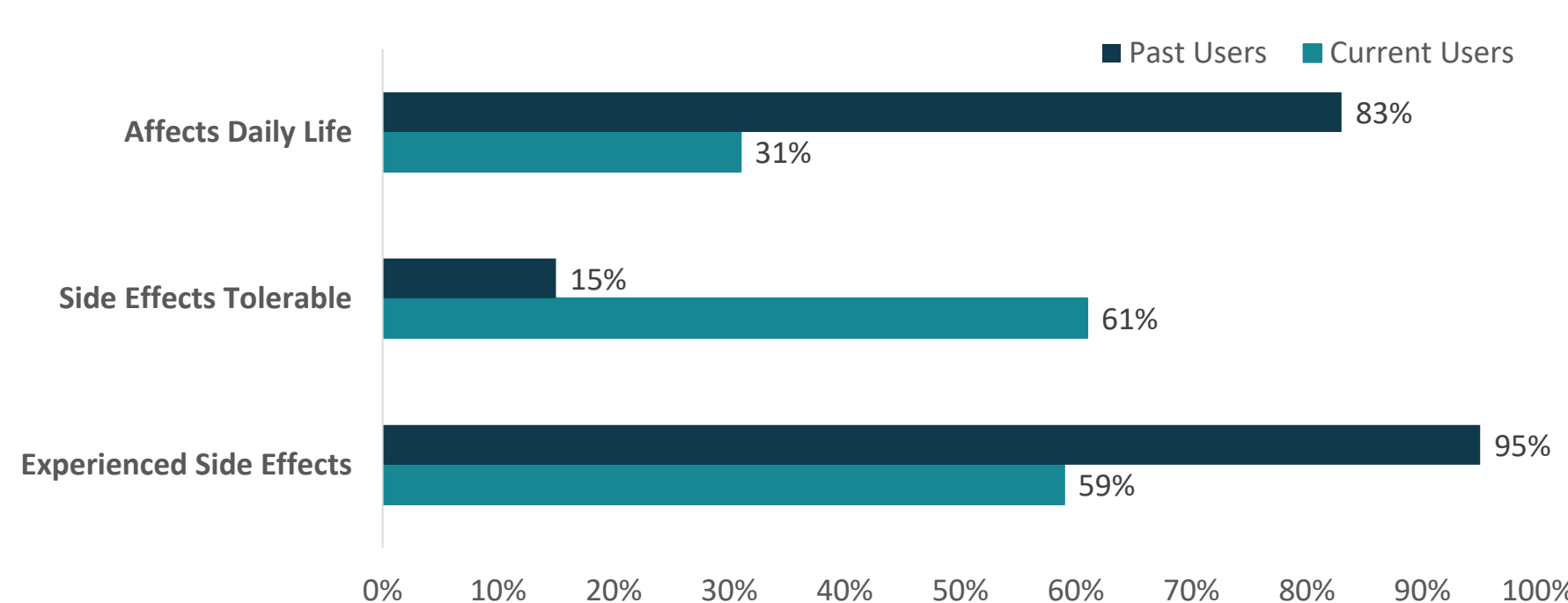
Factors influencing discontinuation of oral PrEP

Figure 6: Reasons for Discontinuation of oral PrEP



Participants across SW and MSM sites noted that side effects were the primary reason for discontinuing oral PrEP. The majority of clients (68%) who discontinued due to side effects did so within the first 5 months of use.

Figure 7: Tolerability of Side Effects



Most past users found side effects intolerable and affecting daily life. Some current users stated that they were determined to use oral PrEP despite side effects and used strategies like seeking help from the clinic or changing time of day they took the pill.

CONCLUSION

SW and MSM in South Africa identify sexual behaviour and HIV risk as reasons to initiate oral PrEP. Side effects are a challenge for oral PrEP continuation. There could be distinct differences between current and past users in the way in which they tolerate side effects. There is a need to better sensitize providers on user perceptions about side effects to inform counselling messages and side effect management.

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