

Health Care Providers' Knowledge, Attitudes and Practices Towards Provision of PrEP to Adolescent Girls and Young Women in Kenya

Authors: Maryline Mireku¹; Jordan Kyongo¹; Kayla Stankevitz²; Patricia Jeckonia¹; Annrita Ikahu¹; Lilian Otiso¹; Lina Digolo¹; Wanjiru Mukoma¹

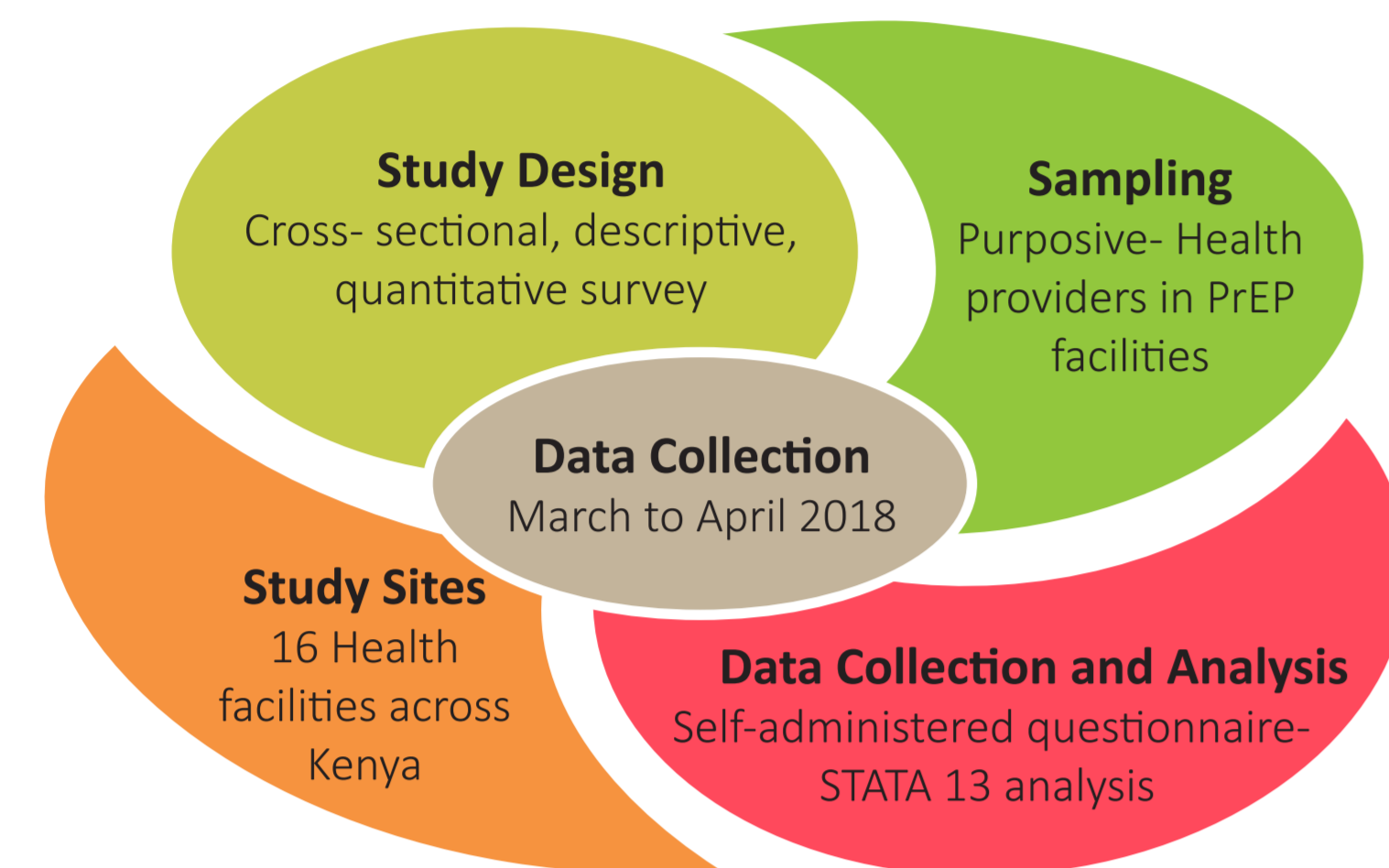
Affiliation: ¹LVCT Health, Nairobi, Kenya; ²FHI 360, North Carolina, USA

*OPTIONS refers to 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 PrEP/dapivirine ring, injectable PrEP/cabotegravir, etc.).

BACKGROUND

- HIV prevalence is four times higher among adolescent girls and young women (AGYW) compared to their male counterparts
- Health care providers knowledge, attitudes, and practices (KAP) can determine the success of oral PrEP delivery to AGYW
- We explored providers KAP towards PrEP delivery to target populations with a focus on AGYW

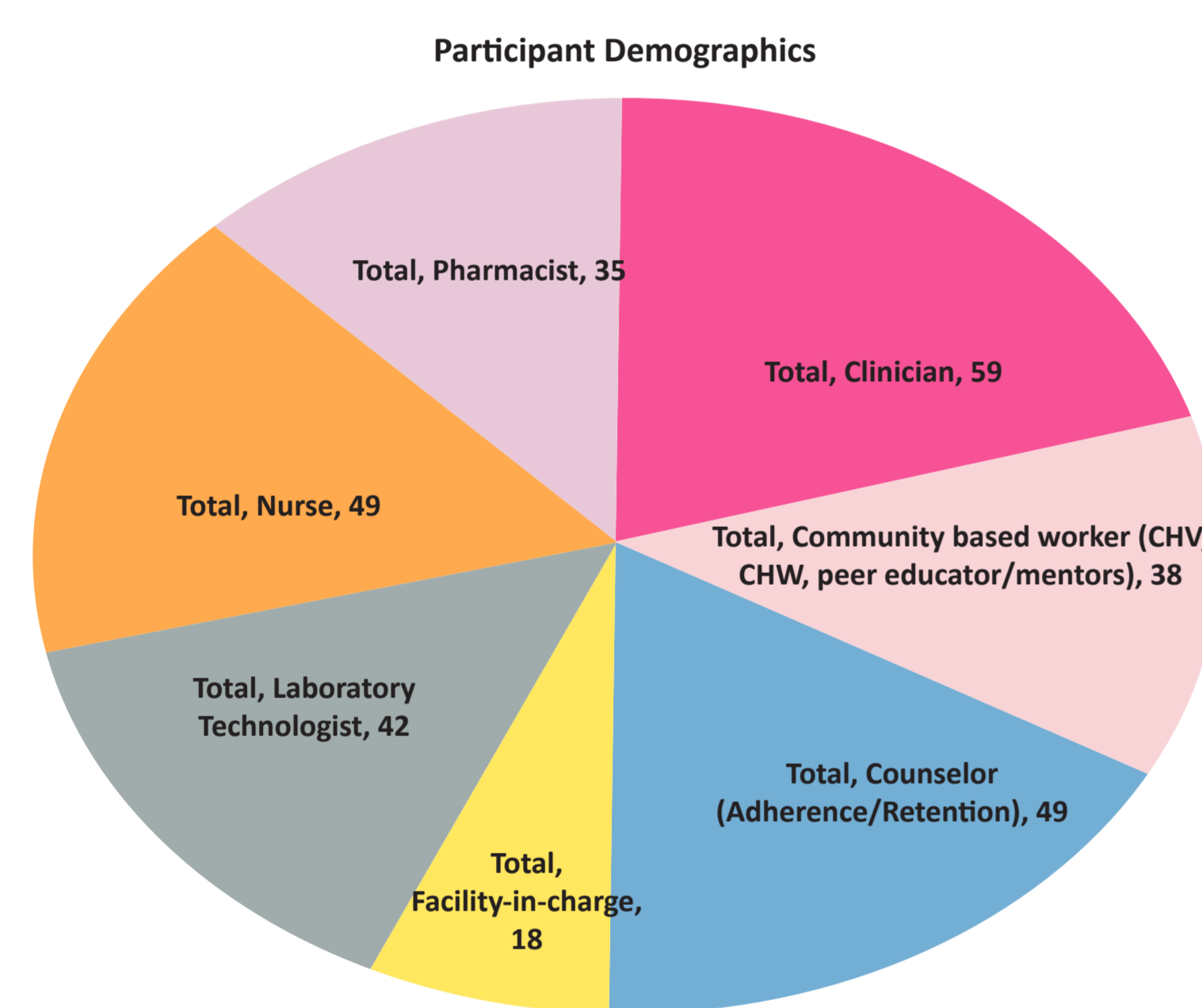
METHODS



RESULTS

Participants Demographics

290 Health providers were enrolled in the study: 40% (n=115) were men and 60% (n=175) women. These included doctors and clinical officers (clinicians), treatment adherence/retention counsellors, nurses, laboratory technicians, and community-based health workers.

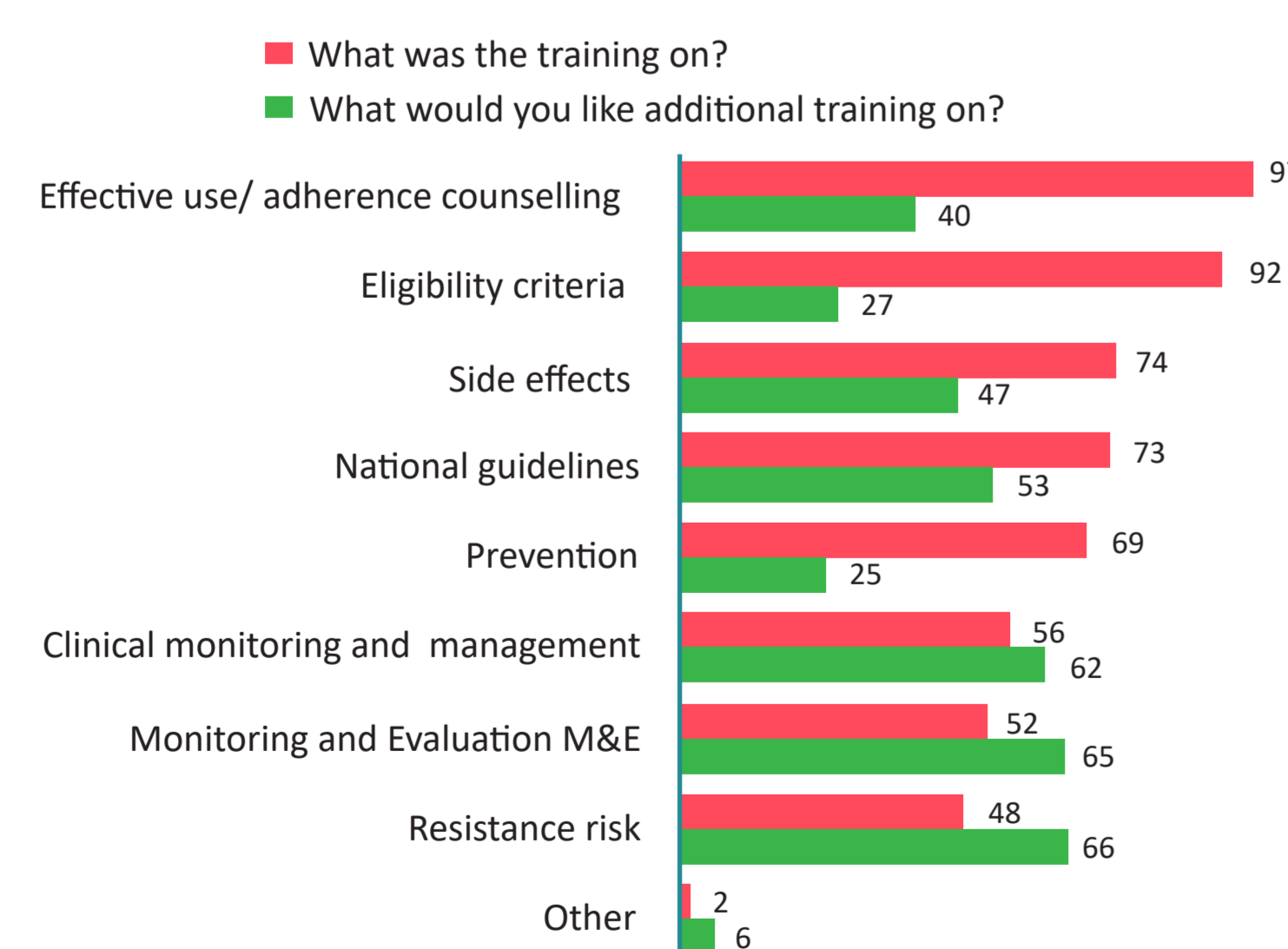


Oral PrEP Knowledge

269 Providers reported to be familiar of PrEP and correctly answered most of the PrEP knowledge questions recording a mean score of 88.4% ±10.0%. Only 44% (n=119) of these providers had received some formal PrEP training with the others reporting getting information from non-formal sources such as their friends, colleagues and social media.

Additional training required by those who had received formal training was especially on monitoring and evaluation, clinical monitoring, and the risk of drug resistance among PrEP users.

Training received and training needs (n=119 who had received training)

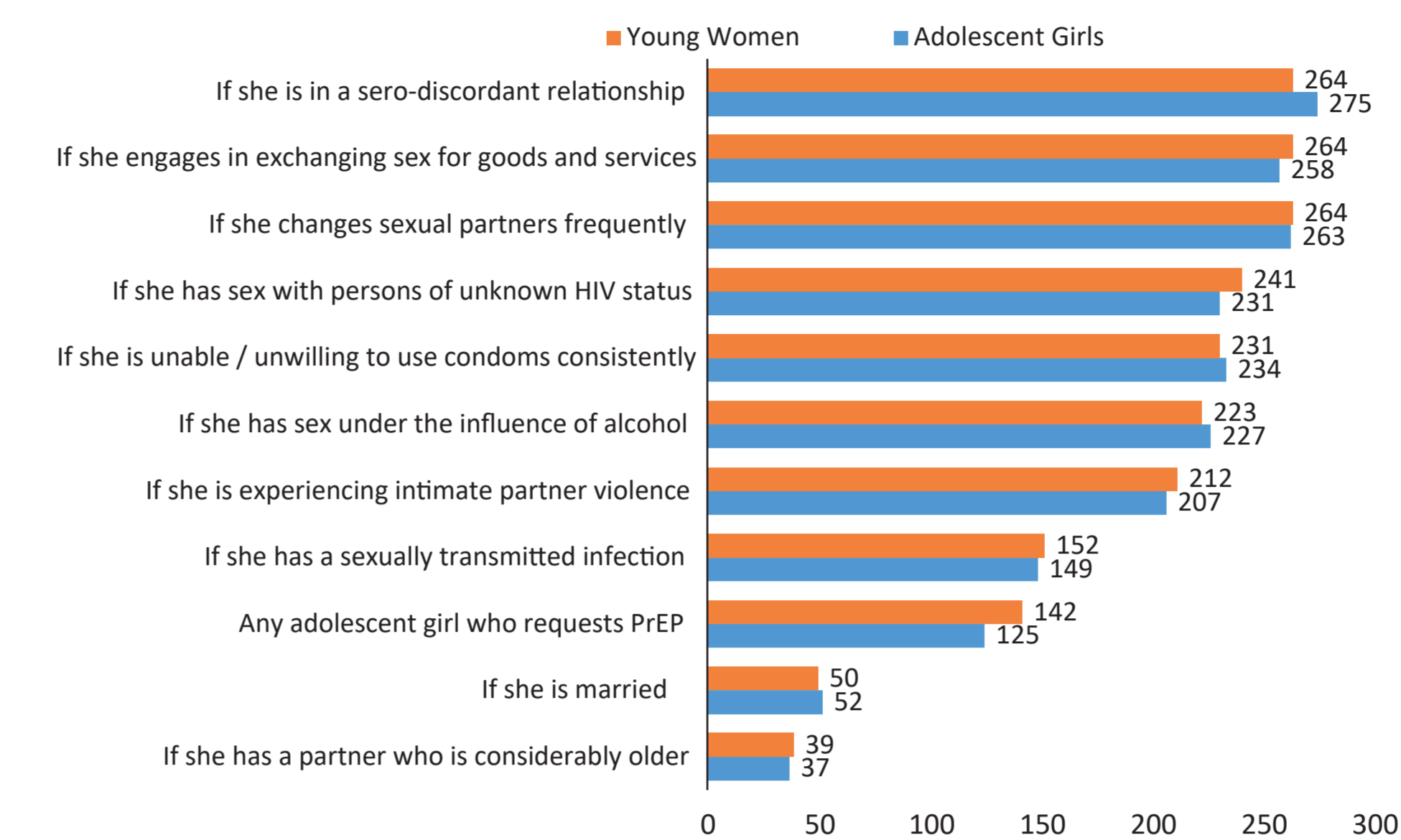


Oral PrEP Perception

Most providers believed that PrEP should be provided to AGYW although there was a higher preference for YW (n=255, 88%) compared to AG (n=210, 72%). Some providers were however uncertain about providing PrEP to AGYW who have considerably older partners (n=263, 91%), are married (n=256, 88%), or have an STI (n=147, 51%).

RESULTS (continued)

Perceptions on provision of PrEP to AG or YW in different situations (n= 290)



Oral PrEP Attitudes

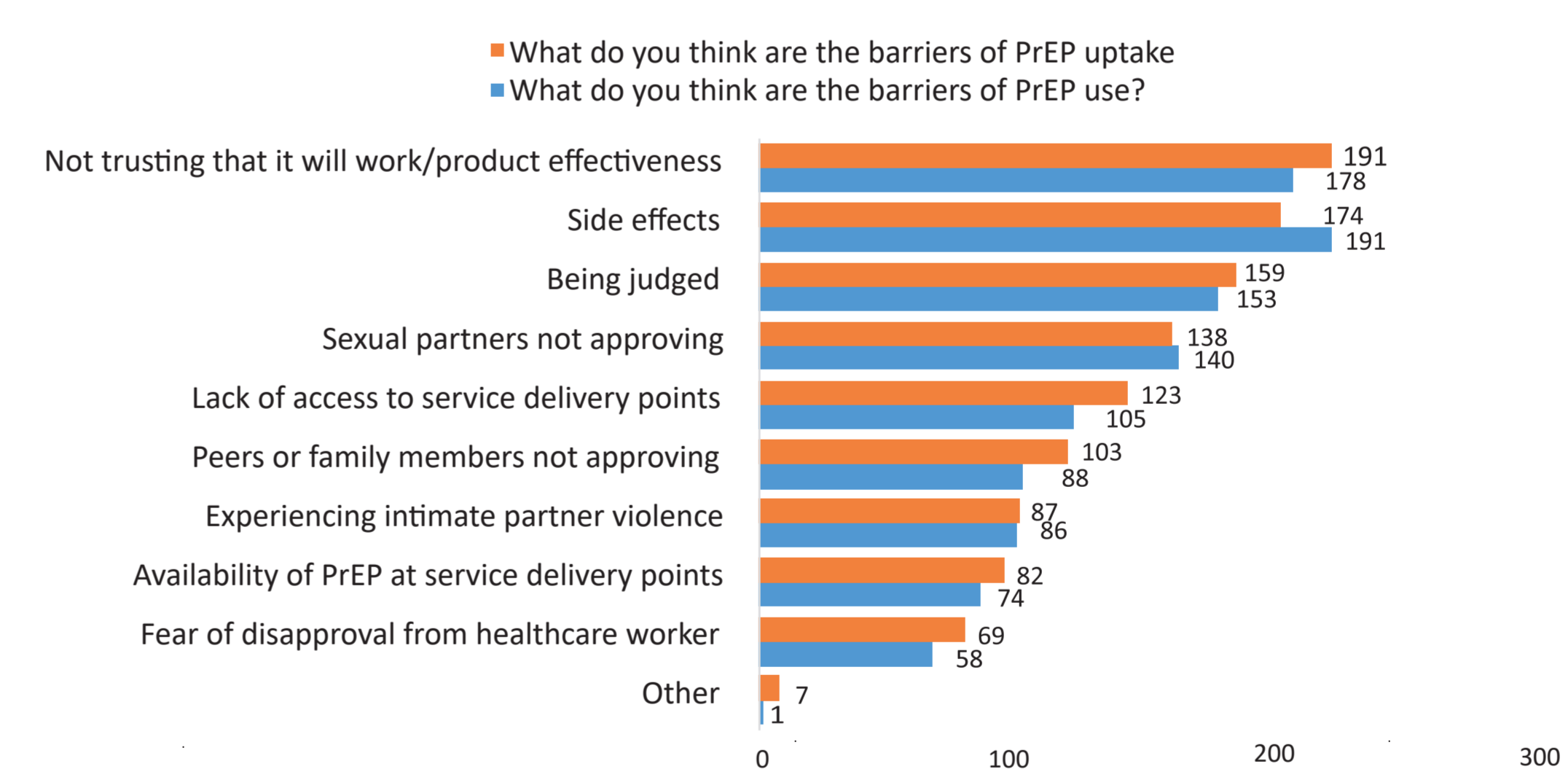
We assessed oral PrEP attitudes among providers who were familiar with PrEP (n=269):

- More than 60% of the providers agreed/ strongly agreed that AGYWs should tell their partners if they are using PrEP; 62% (n=167) for AG and 67% (n=181) for YW
- When asked whether they felt that sexually active unmarried AGYW should abstain from sex rather than take PrEP, more respondents agreed/strongly agreed to this statement for AG (n=133, 49%) compared to YW (102, 38%)
- Some providers agreed/strongly agreed that PrEP provision promoted sexual promiscuity for those who were not married especially for AG (n=119, 44%) compared to YW (102, 38%).
- Providers felt that providing PrEP to AGYW would result in negative reactions from the community especially for adolescent girls (n=129, 49% for AG vs. n=96, 36% for YW)

Oral PrEP Service Delivery Experiences

Respondents experienced barriers to PrEP uptake that they reported to be more drug-related (lack of trust in drug effectiveness and side effects) and originating from reactions by people around PrEP users such as their sexual partners and peers or family members. Barriers to giving PrEP to adolescents that were identified included lack of AGYW-friendly environment in the facilities, unwillingness by AGYW to go to the facilities and lack of health providers who have received training to work with adolescents.

Perceptions of barriers to PrEP uptake and use amongst providers who are familiar with PrEP (n=269)



CONCLUSION

- Health care providers attitudes toward AGYW could potentially hinder PrEP provision - Providers require support on values clarification to address potential attitude-based barriers
- Providers involved in PrEP should receive regular training to improve and refresh their PrEP knowledge; for those involved in PrEP provision to AGYW particular attention should be placed in sensitization on HIV risk factors among AGYW eligible of PrEP
- The next phase of the study will employ qualitative interviews to explore health providers' experiences with PrEP provision especially in providing support to AGYW PrEP uptake and use.

Maryline.Mireku@lvcthealth.org

@merylinem



This poster was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the authors and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government



OPTIONS Consortium Partners

