Healthcare Providers' Attitudes and Experiences Delivering Oral PrEP to Adolescent Girls and Young Women: Implementation Research to Inform PrEP Scaleup in Kenya, South Africa, and Zimbabwe

WEPDC0201

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BACKGROUND

Oral pre-exposure prophylaxis (PrEP) is a promising new HIV prevention option that is offered to populations at substantial HIV risk in Kenya, South Africa, and Zimbabwe, including adolescent girls (AG) ages 15-17 and young women (YW) ages 18-24. These countries differ in their strategy and scope of PrEP rollout **(see Table 1)**. To inform provider training and PrEP service delivery, we conducted mixed methods implementation research with healthcare providers in 2017-2018 to examine providers' attitudes and experiences delivering PrEP to AGYW.

Table 1. PrEP rollout strategy by country

Country	Year started & strategy	Target populations	Number and types of facilities where PrEP is available	# AGYW PrEP initiations
Kenya	2017 - national rollout	MSM, FSW, people who use drugs, AGYW, sero-discordant couples, fisher folk	> 900 facilities including public, NGO, faith-based organization, and private facilities	2,469*
South Africa	2016 - phased approach by target population	Sex workers (June 2016), MSM (May 2017), AGYW (Oct 2017)	72 sites^: 12 sex worker sites, 5 MSM sites, 11 university sites, 44 public facilities (AGYW target)	3,549
Zimbabwe	2016 - phased approach starting with NGO clinics	AGYW, sex workers, high risk men, sero-discordant couples	70 sites including PSI New Start Centres, public facilities, youth drop-in center	3,415

*number of AGYW taking PrEP in October 2018
^as of November 2018

METHODS

We surveyed providers in Kenya, South Africa and Zimbabwe who worked at public, private, and non-governmental health facilities, including facilities offering oral PrEP during the study period and facilities that were likely to offer PrEP in the future. Follow-up qualitative in-depth interviews (IDIs) with select survey participants were conducted to better understand key survey results. Survey data were descriptively analyzed in STATA 13. IDI data were coded and thematically analyzed in NVivo 12.

RESULTS

Participant characteristics

We surveyed 609 providers (Kenya=290, South Africa=192, Zimbabwe=127) and conducted 115 IDIs (Kenya=40, South Africa=48, Zimbabwe=27). The study included community-based workers[1] (survey=154, IDIs=43), nurses (n=153; 33), pharmacy staff (n=99; 0), counselors (n=99; 20), clinicians (n=86; 19), and facility-in-charges (only in Kenya) (n=18; 0). Participants included providers with experience delivering PrEP (335 survey, 80 IDIs) and without PrEP experience (274 survey, 35 IDIs).

Attitudes toward AGYW sexual activity and PrEP use

Some survey participants agreed "it's better to tell sexually active unmarried AG/YW to abstain from sex rather than give her PrEP"; 49% of providers agreed for AG, 35% agreed for YW **(see Figure 1)**, and providers in IDIs preferred that AG wait until they were 18 and finished with secondary school before having sex. Nonetheless, IDI participants acknowledged that many girls engage in sex before 18 and could benefit from PrEP, and the majority of survey participants disagreed with the statement "PrEP should not be given to AG/YW because they should not be having sex"; 79% disagreed for AG, 87% for YW **(see Figure 1)**.

"Our adolescents nowadays start sexual behavior very, very early so anybody who has engaged in sex and told you should just start using PrEP."
– Male village health worker with PrEP experience, age 46, Kenya

Adherence and retention

More survey participants (76%) believed YW were responsible enough to take PrEP consistently compared to AG (48%) **(see Figure 1)**. IDI participants with PrEP experience confirmed that adherence and retention have been challenging, particularly for AG, because of clients' lack of PrEP knowledge, daily pill burden, lack of disclosure and support, and association of PrEP with HIV treatment. IDI participants also said that delivering services to YW is generally easier because they are "more mature" while some AG "don't listen."

"I think they [young women] are more focused. They know their problems, they know their risk and they are determined"
– Female nurse with PrEP experience, age 52, Zimbabwe

Experienced PrEP providers shared strategies they used to help AGYW use PrEP successfully, including intensive adherence and relationship counseling, phone follow-ups, home visits, peer counseling, and community awareness-raising.

Behavioral disinhibition

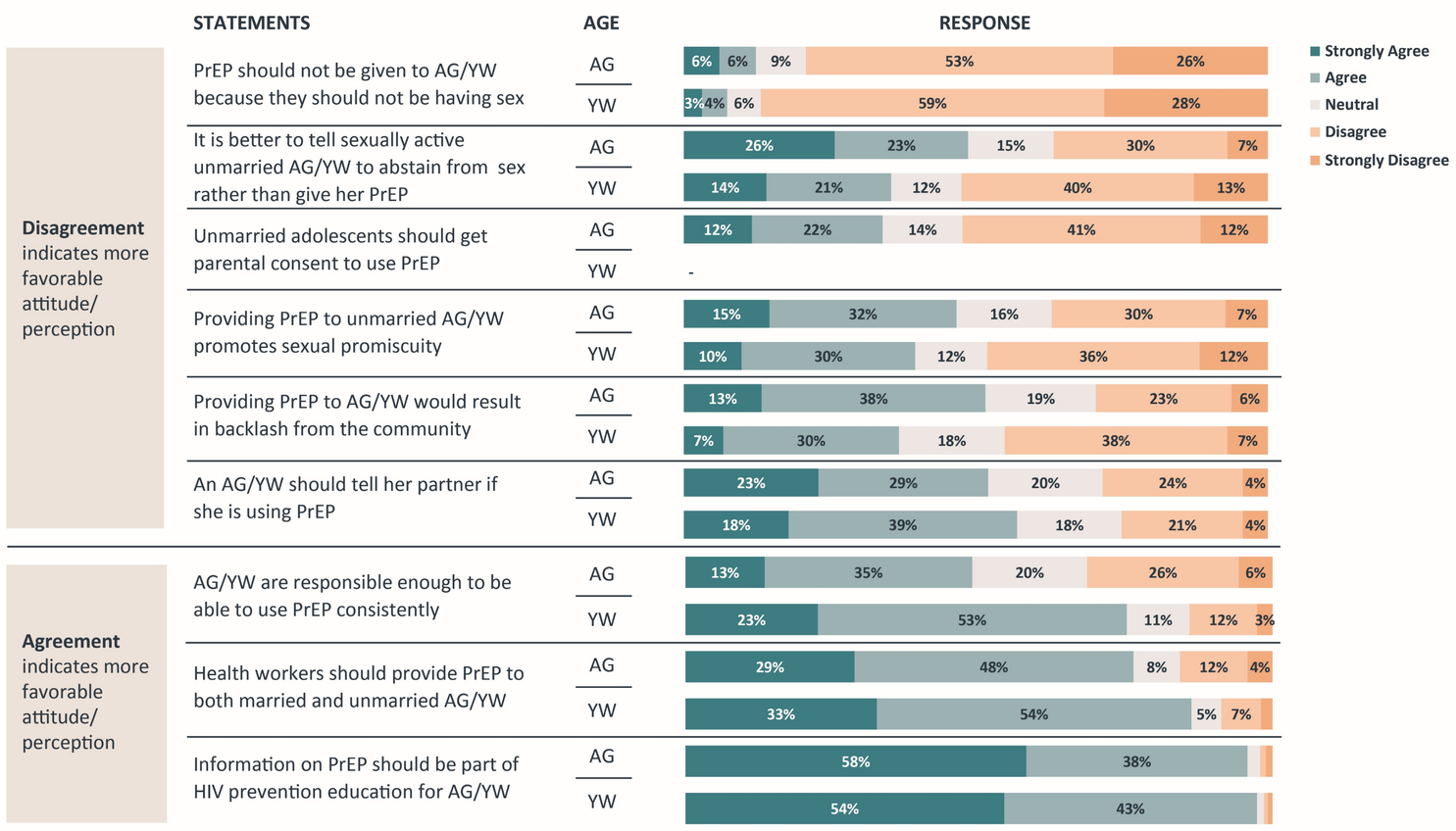
Some providers in IDIs voiced concern about potential decreased condom use and increased risky behavior. Surveyed providers had mixed opinions about this topic, with 47% (AG)/40% (YW) agreeing or strongly agreeing that "providing PrEP to unmarried AG/YW would promote sexual promiscuity" **(see Figure 1)**.

Disclosing to parents and partners

In the survey, 34% thought AG should disclose to parents, and about half thought AG/YW should disclose to partners (52% AG, 57% YW) **(see Figure 1)**. In IDIs, providers said that disclosing PrEP use could make adherence easier. Whether an AGYW disclosed PrEP use to her partner and parents or if they discovered she was using it, many providers were concerned about negative reactions due to lack of awareness about PrEP, negative assumptions about an AGYW's sexual activity, or disapproval of her being sexually active.

"Her parents are her support system, so her parents need to be dedicated as much as she is dedicated. They should support her physically, mentally and […] encourage her to say that […] what you are doing is actually good for your health."
- Female peer educator, no PrEP experience, age 20, South Africa

Figure 1. Survey participants' attitudes and perceptions of PrEP delivery to AGYW



[1] Community-based workers include peer educators, village health workers, health promoters, community-health workers and community-health volunteers

CONCLUSIONS

Although PrEP delivery differs across countries, providers shared similar attitudes. Providers were generally supportive of PrEP for both age groups, but had more reservations about PrEP for AG. Hesitations about providing PrEP to AG seemed mostly related to negative attitudes about AG being sexually active and concern about the ability of AG to adhere, particularly if using PrEP without disclosing to parents and partners.

Recommendations & research utilization:

- Conduct **values clarification training** to help providers reflect on their personal views about AG being sexually active.
- Deliver **tailored technical support** to PrEP providers to help them deliver services that are responsive to the needs of AGYW.
- **Assess which forms of provider support are most effective** at increasing AGYW PrEP adherence and retention.
- Build providers' **capacity to counsel AGYW** on whether/how to disclose PrEP use to partners and parents.
- Conduct **community sensitization** about PrEP as a prevention option for AGYW—particularly targeting parents/guardians and male partners—to make it easier for AGYW to use PrEP.

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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

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