Client strategies for PrEP use among female sex workers in four provinces in South Africa: A cross sectional study

P Shamu, D Pillay, M Murire, A Musekiwa, K Stankevitz, K Ridgeway, S Mullick

Wits Reproductive Health and HIV Institute, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

FHI 360, USA

BACKGROUND

The South African National Department of Health (NDoH) introduced oral pre-exposure prophylaxis (PrEP), a daily antiretroviral pill taken to help prevent HIV, in June 2016 as part of a phased approach for rollout of oral PrEP to populations most at risk of HIV infection, such as sex workers, men who have sex with men and adolescent girls and young women.

Adherence to PrEP is key to its effectiveness; however, little is known about effective strategies to help clients continue to use PrEP in South Africa as literature commonly focuses on adherence to antiretroviral therapy (ART) or TB treatment. Understanding the clients’ strategies used to adhere daily to PrEP among female sex workers in South Africa can inform interventions for effective use of PrEP.

RESULTS

Demographics

We asked participants, “Do you identify as a FSW, male sex worker, MSM, non or other,” and 156 individuals self-identified as female sex workers. Participants’ demographics are described in Figure 2.

Survey and IDI Results

During the survey, we asked current PrEP users, “Is there anyone/anything that regularly reminds you to take your oral PrEP on time?”

Out of the FSWs who were currently using PrEP (n=58), over half (n=32, 56%) used something to remind them to take their pill while the remainder replying to this question (n=25, 44%) did not use anything. Six FSWs who were currently using PrEP participated in the IDIs.

“Who or what reminds you to take your oral PrEP on time?” (n=32)

Figure 3: Sex worker’s oral PrEP pill taking strategies

Figure 2: Demographics of FSW participants who participated in the survey

METHODS

We conducted a survey and follow-up in-depth interviews (IDIs) with current, past, and never users of PrEP in South Africa from September 2017 through January 2018. Data were collected at eight purposively selected mobile or fixed clinic sites in rural, peri-urban and urban areas with varied PrEP uptake in four provinces. Six of the eight facilities were providing services to female sex workers (FSWs) (referred to as sex worker sites) and two to MSM (referred to as MSM sites).

This poster is a sub-analysis of FSWs who were currently seeking services at the seven sites.

Conscious of ways to facilitate PrEP adherence was facilitated by social support from family and friends, phone reminders, and incorporating pill taking into existing routines. The majority of the female sex workers either used cell-phone reminders or relied on family and friends. Service providers can suggest some of these strategies to PrEP clients when counselling on adherence. However, there is need for more research on how effective these strategies are on daily pill taking.

CONCLUSIONS

PrEP adherence was facilitated by social support from family and friends, phone reminders, and incorporating pill taking into existing routines. The majority of the female sex workers either used cell-phone reminders or relied on family and friends. Service providers can suggest some of these strategies to PrEP clients when counselling on adherence. However, there is need for more research on how effective these strategies are on daily pill taking.