

# Preventing HIV in Sub-Saharan Africa

More than **200 m** reproductive-age women in developing regions have an unmet need for modern contraception.

More than **50 m** of these women are in Sub-Saharan Africa.

## Listening to Young Women in Kenya and South Africa to Inform Multipurpose “2-in-1” Products for HIV and Pregnancy Prevention

Unintended pregnancy and unmet need for modern contraception contribute substantially to reproductive health disparities globally. In Sub-Saharan Africa, unintended pregnancy and the need for contraception occur in contexts of disproportionately high rates of HIV infection, especially for adolescent girls and young women. Multipurpose prevention technologies (MPT) can address HIV and pregnancy prevention needs in a single 2-in-1 product.

### What Is the TRIO Study?

The Tablets, Ring, Injections as Options study, or TRIO, was conducted with young women aged 18 to 30 in Kisumu, Kenya and Soshanguve, South Africa between 2015 and 2017. The study examined young women’s perspectives on future MPT in a clinical study of three placebo MPT products. This allowed researchers to focus on attributes of each delivery form outside of drug-related side effects or varying (or unknown) efficacy that might influence acceptability. TRIO identified anticipated enablers and barriers to adoption and use of future MPT, explored preferred product characteristics, and solicited novel product design recommendations.

#### TRIO was a multiphase study that drew on multiple, complementary research approaches

##### CROSSOVER CLINICAL STUDY

A crossover clinical study in which women tried each placebo product in a randomly assigned order and then chose their preferred one to use.

##### PREFERENCE SURVEY

Women then indicated their product preferences and considered trade-offs among options via an experimental preference survey.

##### QUALITATIVE COMPONENT

Women, male partners, and health providers discussed their opinions and experiences with the products via in-depth interviews and focus group discussions.

Using these methods, the study evaluated three MPT, or 2-in-1 products for combined HIV and pregnancy prevention—daily oral tablets, a monthly vaginal ring, and monthly dual injections—and assessed product preferences, choice, and use.



To maximize public health benefits, the design of future multipurpose 2-in-1 products for HIV and pregnancy prevention and roll-out of effective products need to be **informed by user preferences and perspectives**.

**Women preferred** products that offered discreetness, did not interfere with their relationships, and conferred protection for unanticipated situations.

**Providing education and community sensitization** around new prevention tools is critical to build trust. A clear understanding of the product that addresses barriers to use and underscores benefits is key to future acceptance of new 2-in-1 products.

## What Did We Learn from TRIO about MPT Products?

**Women overwhelmingly preferred a 2-in-1 product for pregnancy and HIV prevention** (compared with using 2 single-type products) and shared that it would be simpler, easier to use, and less stressful to remember. South African women strongly preferred an injection, the most common contraceptive in this setting. Yet most women were willing to trade their preferred single-type prevention product (the injection) for a less-preferred product (tablets or a ring) that offered contraception and HIV prevention.

**Women want a product that will protect them in unanticipated situations**, such as rape, condom failure, or partner infidelity. Women also want a discreet product. However, this meant different things to different women. For example, the possibility of discovery due to the rattle of pills in a bottle or feeling a ring during sex were evaluated differently across participants. Most women also want a product that will enhance sexual pleasure for their male partners or, at a minimum, will not interfere with sex (a view also shared by men).

**Male partners expect to be involved in product choice decisions**, with some men desiring control over their partner's product use.

**Women identified four barriers to use** that help inform implementation of future clinical studies and MPT roll-out:

### Side effects

Women are concerned that a 2-in-1 product may have stronger or more severe side effects relative to a single-type product. Health providers also noted that potential side effects will be a primary concern for users.

### Fear of using new biomedical technology

Lack of information, fear, and unfamiliarity with 2-in-1 products presented challenges.

### Misunderstandings about use and stigma

Misunderstandings—such as family assuming the product was for HIV treatment—heightened perceived stigma tied to use of biomedical prevention tools.

### Relationship trust

Women's concerns about product discreetness and disclosure within relationships underscored the need to engage male partners.

### Healthcare providers identified system benefits and resource challenges.

System benefits of MPT prevention included access at a single location, time saved by limiting interactions with providers, and reducing product dispensing time. Clinic-level resource challenges include time, staffing, consistent stock supply, and inventory controls. Although providers are interested in MPT to prevent HIV and pregnancy, they need training about sharing MPT information in an accessible way to enhance product uptake.

## What Does TRIO Mean for Pregnancy and HIV Prevention?

**Developing 2-in-1 products that offer choices for pregnancy and HIV prevention and meet women's lifestyle needs stand to fill a vital role in product adoption and adherence.**



**Using strategies to address potential barriers**—such as sensitization to new technologies and education around how products may impact sex and relationships—will help increase adoption of 2-in-1 products.

**Identifying women's different preferences and needs** will support global efforts to inform design of future 2-in-1 products and to inform and expand options for choice.

*[Young women would] prefer just one method for both [pregnancy and HIV] prevention because that is simple, saves enough time ... saves complications and forgetfulness and what not. So you just use one thing, that's it.*

South African participant, age 22

*From my observation, especially for young women, some of them are more concerned about pregnancy than HIV, so if you can get a method that addresses their primary concern which is pregnancy, while also catered for HIV prevention, I think that would be a plus.*

Kenyan health provider

## Learn More

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## Additional Resources

[rti.org/womens-global-health-imperative](http://rti.org/womens-global-health-imperative)

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