The Need to Address Violence for PrEP Uptake Among Adolescent Girls and Young Women in South Africa

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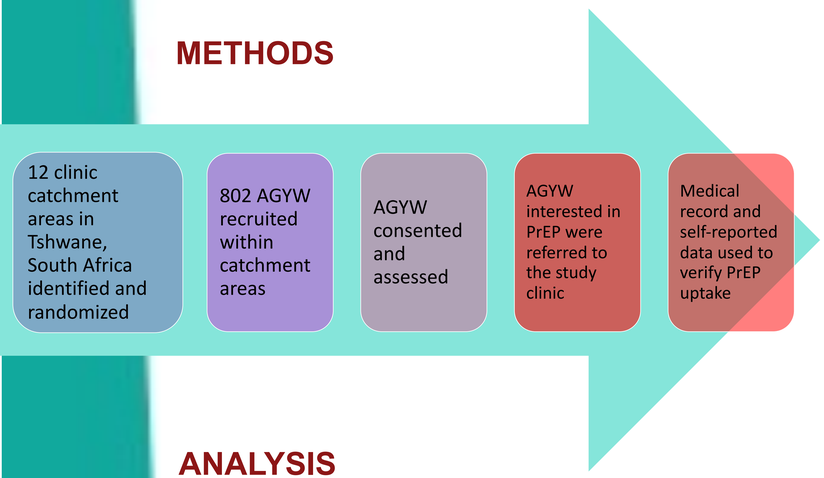
BACKGROUND

Research Question: What are the factors associated with PrEP uptake among adolescent girls and young women in Tshwane, South Africa?

Adolescent girls and young women (AGYW) account for 25% of new HIV infections in South Africa. We conducted an NICHD-funded, cluster-randomized trial to assess the effectiveness of a multilevel intervention to increase uptake of sexual and reproductive healthcare, including PrEP. This study focuses on understanding factors that may contribute to PrEP uptake among a large community-based sample of AGYW attending public healthcare clinics.

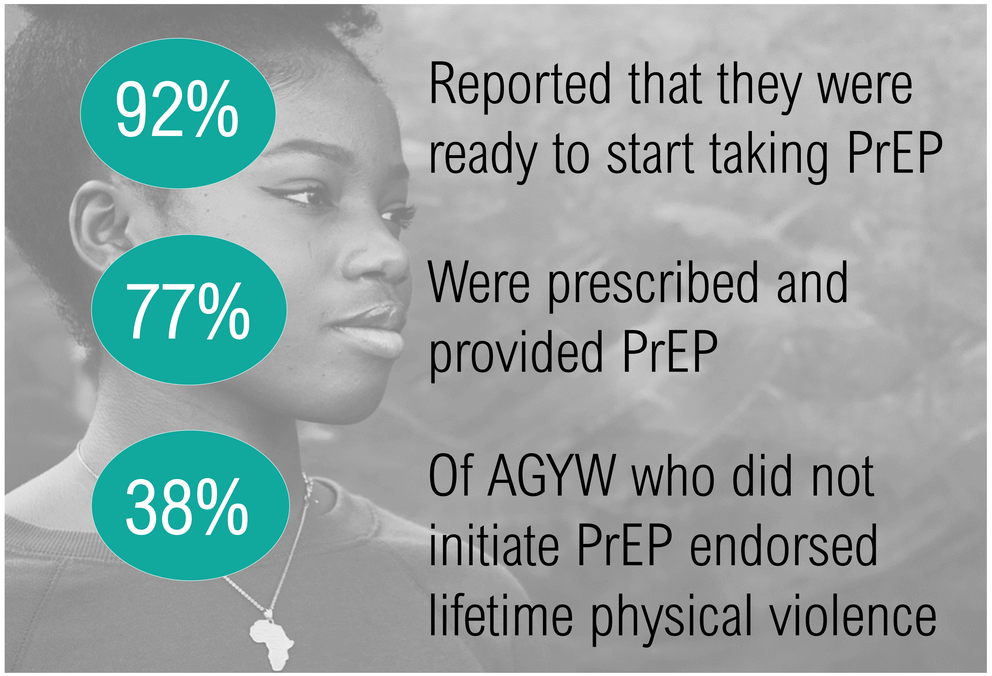
METHODS



ANALYSIS

- Descriptive analyses were used to examine characteristics of the sample, rates of PrEP uptake, and types of PrEP prescribed.
- PrEP uptake was measured via medical records. AGYW who were prescribed PrEP at any time during their study participation were coded as having initiated PrEP.
- Logistic regression, adjusted for clustering, was used to assess the impact of factors on PrEP uptake.

RESULTS



	Total (SD/%)	PrEP uptake†	Did not uptake PrEP
	801 (100%)	635 (79.3%)	166 (20.7%)
Individual-level factors			
Sociodemographic characteristics			
Black African	801 (100%)	-	-
Age in years, mean (range: 15 to 24)±	*19.92 (2.3)*	*20.00 (2.3)*	*19.60 (2.3)*
Relationship Status			
Single	87 (10.9%)	70 (11.0%)	17 (10.2%)
In a Relationship	702 (87.6%)	554 (87.2%)	148 (89.2%)
Separated/Divorced	12 (1.5%)	11 (1.7%)	1 (0.6%)
Runs out of money for necessities monthly	254 (31.7%)	199 (31.3%)	55 (33.1%)
In school	402 (50.2%)	315 (49.6%)	87 (52.4%)
Condom use at last sex (Main Partner)	189 (23.6%)	152 (23.9%)	37 (22.3%)
Number of partners in the past 3 months (1 to 36)	1.84 (2.4)	1.76 (2.0)	2.14 (3.5)
Lifetime transactional sex	142 (17.7%)	112 (17.6%)	30 (18.1%)
Alcohol or other drug use before last sex	247 (30.8%)	191 (30.1%)	56 (33.7%)
Would be ashamed to take PrEP (1 to 4)	1.69 (0.7)	1.67 (0.6)	1.77 (0.7)
Interpersonal-level factors			
Ever physical violence*	**250 (31.2%)**	**187 (29.5%)**	**63 (38.0%)**
Ever sexual violence	172 (21.5%)	130 (20.5%)	42 (25.3%)
Community-level factor			
Belief that people would think they were "loose" (1 to 4)±	*2.10 (0.8)*	*2.06 (0.8)*	*2.21 (0.9)*

* P < 0.05; ± p = 0.05

LIMITATIONS AND STRENGTHS

- Although the temporality of relationships can be established, causality cannot be inferred.
- PrEP uptake was assessed via prescription records and self-report.
- Study presents data from a community-based sample of AGYW in 12 public clinics.
- Team was innovative in maintaining PrEP provision during the COVID-19 lockdowns.

CONCLUSIONS

- AGYW are interested in initiating PrEP for HIV prevention.
- To support AGYW to initiate PrEP, clinicians, policy makers, and key decision makers must address gender-based violence.
- There may also be a relationship between anticipated stigma from community members and PrEP uptake – although this association requires further examination.
- Implementing interventions that address the intersection of sexual health, violence, and other related factors may increase demand for PrEP among AGYW.

ADDITIONAL KEY INFORMATION

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