Stigma in Young Kenyan Women Offered PrEP in a Peer-Supported, Community-Based PrEP Delivery System

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BACKGROUND

- PrEP stigma and HIV stigma are common and potential barriers for PrEP use
- We used multiple approaches to measure stigma among young women accessing PrEP in a trial of a novel, peer-supported, community-based delivery system (called My Way)

METHODS

- In Kisumu, Kenya, we recruited young women (18-24 years old) at PrEP initiation from July 2021 to March 2022 and followed them for 6 months
- Participants received peer-supported, community-based delivery of PrEP and other sexual health services versus standard-of-care clinic-based services
- We measured self-perceived stigma at baseline and 6 months
  PrEP stigma:
  - 13-item Likert response scale (range 1-5)
  - 10-item semantic differential scale, reflecting the HIV PrEP Stigma Scale (*Seigler et al, AIDS Behav, 2020*)

  HIV stigma: 4-item modified Berger scale (range 1-4)
- We assessed baseline socio-behavioral and demographic factors for association with each type of stigma using multivariable linear regression analysis
- PrEP use was determined at 6 months by tenofovir diphosphate levels in dried blood spots

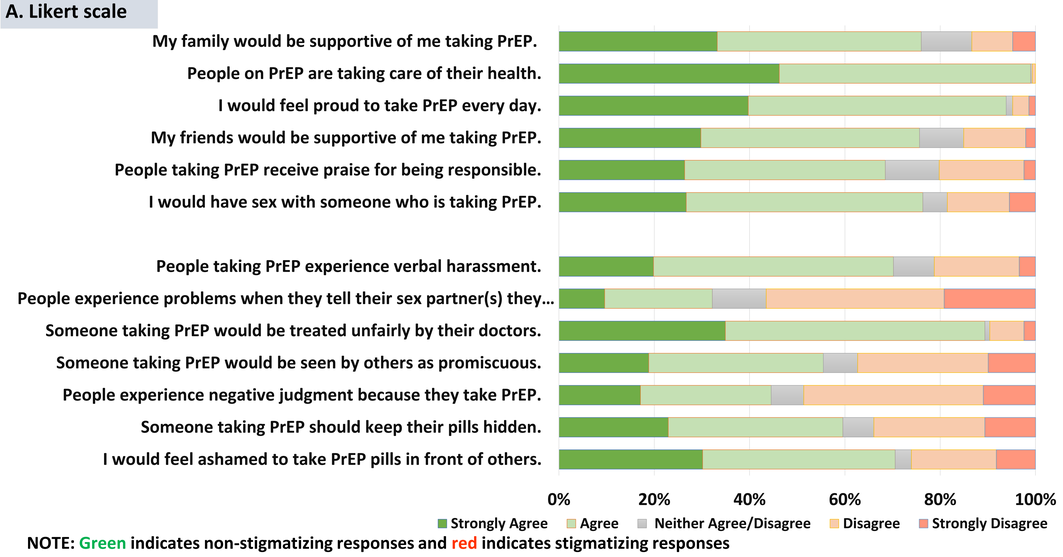
RESULTS

- Of the 150 young women enrolled, 75 received the intervention and 75 received standard-of-care
- Mean baseline PrEP stigma was 3.5 (SD 0.5) and HIV stigma was 2.8 (standard deviation [SD] 0.6); neither differed by trial arms
- Mean PrEP stigma increased from 3.5 (SD 0.5) to 3.8 (SD 0.6) (p<0.001); mean HIV stigma increased to 3.2 (SD 0.8) at Month 6 (p<0.001)
- Using the **Likert response scale** (Figure a), key findings in **PrEP stigma** were:
  - 99% agreed that individuals on PrEP are taking care of their health
  - 57% would feel stigmatized
  - 56% agreed that people experience problems when they tell their sex partner(s) they are taking PrEP
  - 37% would be seen by others as promiscuous

PrEP and HIV stigma are moderately high in young women accessing PrEP in Kenya

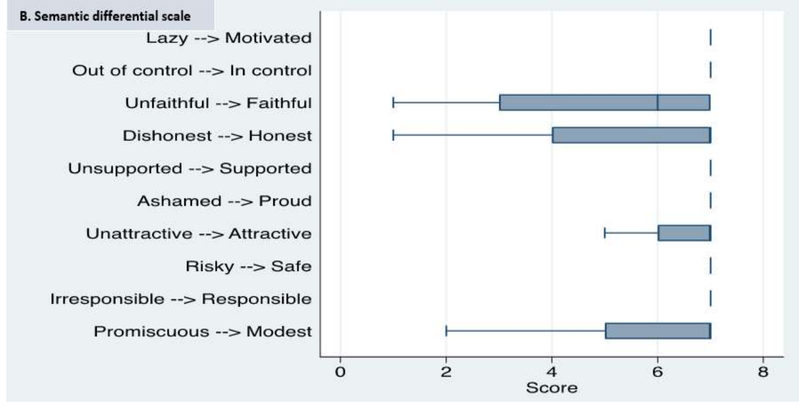
Elements of stigma are multidimensional, including pride and self-empowerment as well as judgment

A. Likert scale



NOTE: Green indicates non-stigmatizing responses and red indicates stigmatizing responses

B. Semantic differential scale



RESULTS (continued)

- On the **semantic differential scale** for **PrEP stigma**, almost all participants reported "People on PrEP are… 'motivated', 'in control', 'supported', 'proud', 'safe', and 'responsible'"
- Views on 'faithfulness', 'honesty', 'attractiveness', and 'promiscuity/modesty' were variable
- **Associations with stigma**
  - Education was associated with less PrEP and HIV stigma (-0.04 and -0.05 points per year, respectively; p=0.04)
  - History of sexually transmitted infection was associated with PrEP stigma (0.5, p=0.003)
  - PrEP use at 6 months was modest (16/123, 13%) among women with ongoing HIV prevention needs and not associated with stigma

CONCLUSIONS

- PrEP stigma and HIV stigma are moderately high among young women accessing PrEP in Kenya and multidimensional
- Stigma was not influenced by peer-supported, community-based PrEP delivery
- As we scale up PrEP in this population, more research is needed to understand and address stigma as a barrier to PrEP use

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