PERSISTENCE ON PREP AND CONTRACEPTION IN HAIR SALONS IN DURBAN, SOUTH AFRICA

Ingrid V. Bassett[1,2,3], Joyce Yan[4], Sabina Govere[5], Sthabile Shezi[5], Lungile M. Ngcobo[5], Shruti Sagar[2], Jana Jarolimova[1, 2, 3], Dani Zionts[2], Christina Psaros[1], Nduduzo Dube[5], Robert A. Parker[3,4,6]
[1]Division of Infectious Diseases, Massachusetts General Hospital, Boston, MA; [2]Medical Practice Evaluation Center, Massachusetts General Hospital, Boston, MA; [3]Harvard Medical School, Boston, MA;
[4]Biostatistics Center, Massachusetts General Hospital, Boston, MA; [5]AIDS Healthcare Foundation, Durban, South Africa; [6]Center for AIDS Research, Harvard University, Boston, MA

Funding Information: K24AI141036, Weissman Family MGH Research Scholar Award, Graham Family

1253

BACKGROUND

- Young women bear a high burden of HIV and STI incidence in South Africa; additionally, half of unintended pregnancies in sub-Saharan Africa occur among this group.
- Overcrowded clinics and stigma are common barriers to accessing sexual reproductive health (SRH) services like PrEP, contraceptives, and STI testing.
- Young women congregate regularly without partners in hair salons, so these may be useful venues for HIV prevention and SRH services.

OBJECTIVES

- Assess persistence on PrEP and contraception dispensed in hair salons in urban KwaZulu-Natal, South Africa as part of an ongoing, stylist-initiated, nurse-supported, randomized pilot intervention.

METHODS

Study setting: Densely populated urban settings in and around Durban

Study population: Women aged ≥ 18 years attending hair salons

Study procedures:

- Stylist provides information about the study and refers client to research assistant or research nurse if interested

↓

- Nurse/RA at salon assesses eligibility, administers questionnaire, then offers contraception and/or PrEP
- If PrEP is accepted → HIV testing
- If contraceptives are accepted → pregnancy testing
- If PrEP or contraceptives accepted → STI testing offered
- Risk reduction counseling provided and referrals made

↓

- If participant accepts PrEP → dispense 3-month supply
- If participant accepts contraceptives → dispense contraception
- If participant tests positive for STIs → dispense antibiotic treatment OR refer to clinic for treatment
- Participants renew, accept, or decline services at follow-up

↓

- To promote persistence, study staff sends SMS appointment reminders, follows up via phone regarding side effects, operates a 2-way WhatsApp group with health information, shares study nurse contact information

Statistical methods: Persistence defined as 1 additional visit within 6 months with continued PrEP, contraception, or both. Predictors of PrEP persistence were assessed with contingency tables with confirmatory multivariable model.

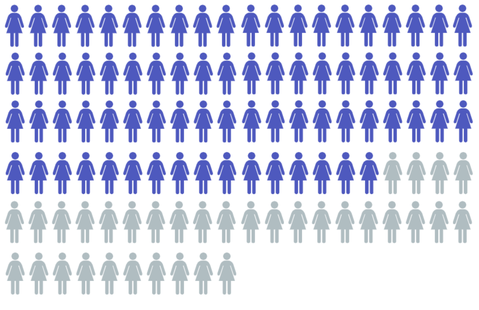
RESULTS

Young women in South Africa found receipt of HIV prevention and sexual and reproductive health services in hair salons acceptable over time. However, a menu of PrEP delivery methods may be required to support persistence.

Table 1. Characteristics of intervention participants (n = 134)

	n (%) or Median (IQR)
Age	26 (22-29)
Salon attendance at least every 2 months	100/133 (75)
Salon attendance for at least 2 hours	71/133 (53)
Taking contraception at enrollment	36/133 (27)
Curable STI at enrollment	42/117 (36)
Thinks primary partner has had other partners in past 3 mo	38/119 (32)
Has experienced intimate partner violence	14/133 (11)
Perceived moderate or greater chance of getting HIV in next year	27/94 (29)
Accepted contraception through study	119 (89)
Initiated PrEP during study	49 (37)

Figure 1. PrEP and contraception persistence among intervention participants with 6-month follow-up data



76/110 (69%) participants persisted on **contraception** after at least 6 months of follow up.

19/45 (42%) participants persisted on **PrEP** after at least 6 months of follow up.



Table 2. Association of Potential Predictors with PrEP Persistence

	Persistence	Relative Risk (95% CI)	P-value
Age group		2.45 (1.06, 11.65)	**0.0335**
25 or older	14/24 (58)		
Under 25	5/21 (24)		
Self-perceived risk of HIV		2.76 (0.92, 26.61)	0.0740
Moderate or High	2/10 (20)		
None or Low	16/29 (55)		
Partner ≥5 years older		1.02 (0.50, 2.40)	1.00
Yes	7/16 (44)		
No	12/27 (44)		
Partner has other partners		2.02 (0.92, 9.53)	0.1188
Yes	5/18 (28)		
No/Don't know/Maybe	14/25 (56)		
Intimate partner violence		2.33 (1.07, 4.37)	**0.0243**
Yes	7/9 (78)		
No	12/36 (33)		
Curable STI at enrollment		1.73 (0.79, 6.81)	0.2953
Yes	4/12 (33)		
No	15/26 (58)		
Persistence on contraceptives		Undefined	**<.0001**
Yes	16/23 (70)		
No	0/15 (0)		

- In a multivariable model, both age and intimate partner violence were statistically significant predictors of PrEP persistence. Persistence on contraceptives not included in the model.

CONCLUSIONS

- Young women in urban hair salons in South Africa found receipt of HIV prevention and SRH services in a salon acceptable over time, with persistence for contraception (69%) greater than for PrEP (42%).
- Among potential predictors of PrEP persistence, age ≥ 25 years old, intimate partner violence, and persistence on contraceptives were significantly related.
- Hair salons are a novel venue for delivery of long-term SRH services, but a choice of PrEP methods may be required to support long-term persistence.