Determinants of PrEP Discontinuation among Pregnant and Breastfeeding Women in Lower Eastern Kenya

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BACKGROUND

- HIV incidence among pregnant and breastfeeding women (PBFW) in sub-Saharan Africa remains markedly higher (5.9 and 3.4/100 person-years) hindering efforts towards elimination of mother ot child transmission of HIV
- Pre-exposure prophylaxis (PrEP) with antiretrovirals drugs could compliment the existing HIV prevention interventions provided to PBFW hence reduce HIV acquisition and transmission in this setting
- Despite efforts made to scale-up use of PrEP, early discontinuation among PBFW is common, yet determinants of discontinuation are poorly understood.
- This study examined the determinants of PrEP discontinuation among PBFW in Lower Eastern Kenya.

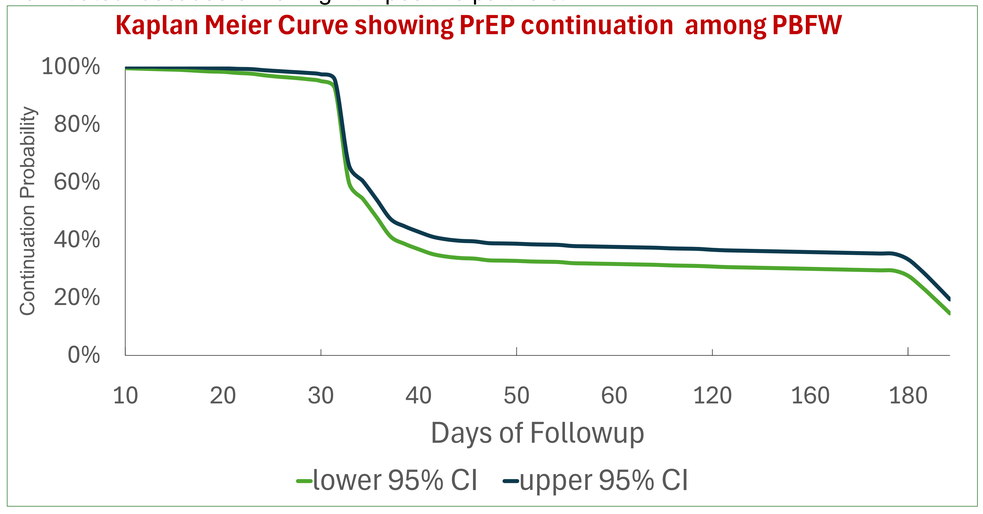
METHODS

- A retrospective data from PBFW ≥15 years initiating PrEP at 67 facilities in Lower Eastern Kenya between January and December 2023 was abstracted and analyzed to determine risk factors for discontinuation.
- Independent variables included; age, behavioral risk factors, marital status, employment status and period of PrEP initiation were extracted from PrEP registers.
- Kaplan–Meier estimated continuation rates, log-rank tests compared groups of clients discontinuing PrEP versus those who did not, and Cox proportional hazards models identified factors predicting discontinuation, adjusting for confounders.

Indication for PrEP, Employment and Marital status and Time of PrEP initiation were significantly associated with PrEP discontinuation rates

RESULTS

- We enrolled 1,003 pregnant and breastfeeding mothers with a median (IQR) age of 26 (22 – 30) years
- The reasons for PrEP initiation were; high-risk partners (62%, 626), inconsistent condom use (23%, 232), or multiple partners (6%, 61)
- Continuation rates were 63%, 34% and 33% at month 1, 3, and 6 respectively
- Discontinuation of PrEP was mainly due to missed pickups (67%, 448) and non-adherence (21%, 131).
- Low discontinuation was observed among; married (HR 0.80, 95% CI: 0.69 - 0.93, p=0.003), self-employed (HR 0.78, 95% CI: 0.49 - 0.90, p=0.008) and pregnant women initated on PrEP at ANC revisits compared to those initiated at first ANC visit (aHR 0.62, 95% CI: 0.51–0.76, p<0.001).
- High discontinuation was observed among those whose risk for HIV acquisition was due to having multiple sexual partners (HR 1.91, 95% CI: 1.20 - 3.04, p=0.006) compared to those who initiated because of having HIV positive partners.



CONCLUSIONS

- Early PrEP discontinuation remains high among PBFW.
- Understanding the factors that predispose to PrEP discontinuation allows for targeted interventions that address these risk factors
- Comprehensive counseling prior to PrEP initiation, addressing concerns and providing tools to overcome these may enhance PrEP continuation and accelerate elimination of vertical transmission of HIV.
- Roll-out of injectable PrEP formulations that are less frequently administered e.g. Lenacapavir should address the challenges of adherence with daily medication and stigma.

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