

A qualitative exploration of women's choices and experiences of using oral and vaginal HIV pre-exposure prophylaxis in Eswatini.



Esther Mukooza¹, Nqobile Mmema¹, Velibanti Dlamini¹, Sinikiwe Dlamini¹, Edwin Mabhena¹, Michelle Daka¹, Hayk Karakozian¹, Bernhard Kerschberger¹, Iza Ciglencecki², Sindy Matse³, Alison Wringe⁴

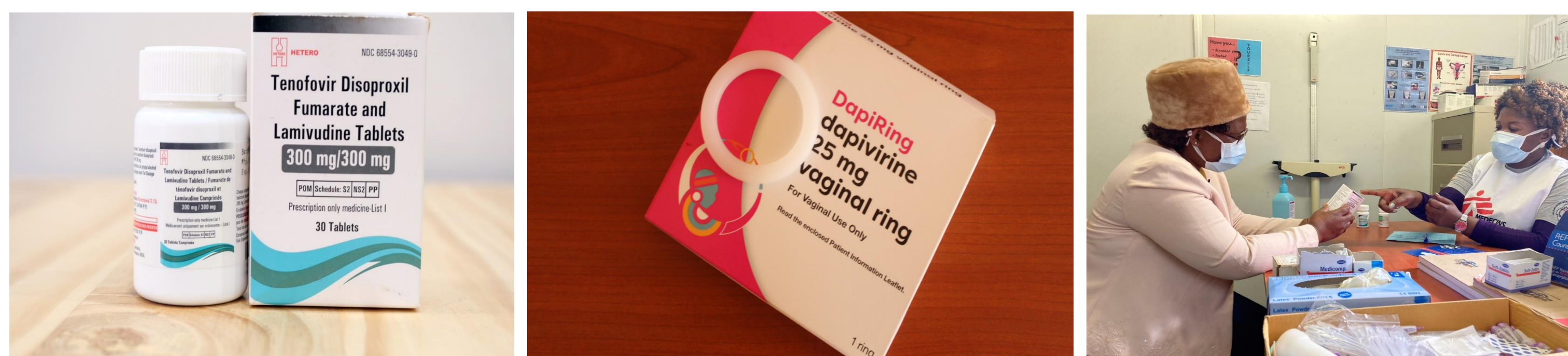
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Presenter contact: **esthermukooza@gmail.com**

Background and Aim

- Despite progress in the HIV response, incidence remains high in Eswatini at 7.7 infections/1000 population, corresponding to 2600 new infections per year among female adults [1].
- Oral HIV pre-exposure prophylaxis (PrEP) represented a breakthrough in allowing women more control over HIV prevention, but continuation rates are low due to side effects, and risks of stigma, violence and abandonment in the event that pills are discovered.
- The introduction of the vaginal Dapivirine ring may improve continuation rates, but factors influencing women's choices between PrEP options are not well documented. This study aimed to address this gap to inform future roll-out of PrEP.

Study Aim: To explore factors influencing choice between oral PrEP, Dapivirine PrEP ring and no PrEP among eligible women in Eswatini.



From L to R: Bottle of oral PrEP, Dapivirine vaginal ring and Health workers in MSF-supported clinic in Eswatini

Ethics Approval: Clearance was obtained from the MSF and Eswatini study review boards

Reference: Eswatini population-based impact assessment (SHIMS 3 2021)

Methods

The study was conducted in 6 health facilities of the Shiselweni region, from October 2022 to May 2023;

In-depth interviews were conducted with six women who opted for daily oral PrEP, five women who chose the PrEP ring, six women who declined PrEP, and five health workers. Three focus group discussions were also held with men from the community (Table 1)

Interviews and group discussions were conducted in Siswati, audio-recorded, transcribed and translated into English. Data were coded inductively and analyzed thematically.

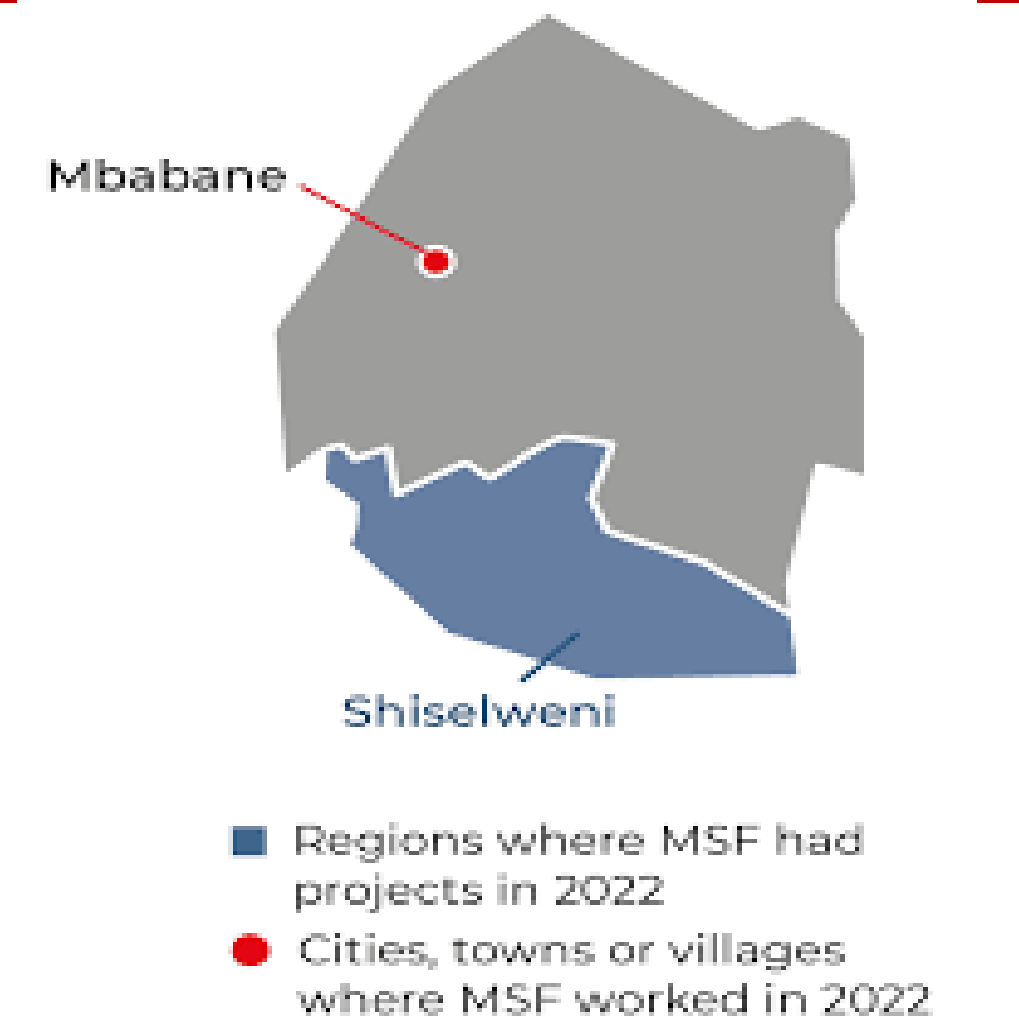


Figure 2: A health post in Shiselweni

Table 1: Characteristics of the study sample

Participant category	Number	Data generation method
Women who opted for daily PrEP	6	In-depth interviews
Women who chose PrEP ring	5	In-depth interviews
Women who declined PrEP	6	In-depth interviews
Male community members	27	3 Focus group discussion groups
Healthcare providers	5	In-depth interviews
Total	49	

Results

Decision-making around PrEP was shaped by social and gender norms, as well as by practical considerations:

SOCIAL AND GENDER NORMS

- For some women, the ring represented a more discreet option for preventing HIV compared to taking daily pills which could be discovered by their partner, and mistaken for ART.

We actually quarrelled, because she was taking this thing every day. I said, this person is taking the pills of getting life again [ART]. Yes, she tried to explain to me that she is taking them so that she doesn't get the virus.... No, you are lying to me! [FGD]

- Tensions over partners discovering PrEP pills were seen by women and men as contributing to arguments, relationship breakdowns, or even violence :

For me to learn that this woman is using this [PrEP], I can beat her up before she even explains (FGD)

- In some instances, these attitudes were driven by gender norms which contributed to some men's assumptions that PrEP use by women might encourage sexual activity and thus increase HIV transmission risks, or concerns that it could not provide 100% protection:

There are many people who were using PrEP and and later became HIV positive and then you ask yourself how? Does PrEP lead to HIV?" (FGD)

- However, in other cases, taking daily PrEP pills when one's partner was on ART represented an act of solidarity or fairness:

When you are staying with someone on ART, I think it doesn't sit well with him, but when he sees me taking pills too [PrEP], I think that is a fair life" (Oral PrEP client)

COMFORT, CONVENIENCE and CONCERNS OVER CORRECT USE

- For some women, the PrEP ring represented a preferable option for prevention because they disliked swallowing pills, or had suffered side effects from them:

"I went for the FP injection because I hate pills, so with PrEP pills, I took them but when I heard that there was the ring, that's what I knew I now wanted" (Ring Client)

"I stopped using the pills because the constipation was too much..." (Ring Client)

- Some women preferred daily oral PrEP because they found the ring "so large", or because it felt like "a struggle" to use it, despite initial enthusiasm or just did not want to insert an object in their vagina.

It is not wise to insert things in the vagina, the ring is so large" (Oral PrEP client)

- Indeed, some women opted against the ring as they believed that it so large that it would open their cervix and increase the risks of pregnancy.
- Many women aligned their PrEP choices with their contraceptive preferences and decisions:

For me really since I was on the family planning (FP) injection, I thought that the pills would be better than having to take FP pills and oral PrEP" (Oral PrEP client)"

- Women were influenced by health workers' attitudes to different PrEP options. Health workers encouraged daily PrEP pills due to the higher efficacy, and expressed concerns that they may be blamed if seroconversion occurred, especially with the ring use.

Conclusions and Recommendations

- The offer of the PrEP ring in addition to daily oral PrEP may enable more women to access HIV prevention, thereby contributing to incidence reduction, and should be scaled up as part of a broader package of HIV prevention services;
- Women's decision-making around PrEP is shaped by social and gender norms including risks of gender-based violence, as well as by various practical considerations and prior experiences with daily pill-taking for contraception.
- Women who are eligible for PrEP need access to clear information on the relative benefits of different options, including effectiveness, to make informed choices about how best to protect themselves against HIV acquisition.

