

# Adolescent girls and young women's experiences with disclosing oral or vaginal PrEP use: a multi-country analysis



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## Background

- Adolescent girls and young women (AGYW) in sub-Saharan Africa are disproportionately impacted by HIV:
  - AGYW account for 25 percent of all new HIV diagnoses despite representing just 10% of the population.<sup>1</sup>
  - AGYW have 2 to 7 times higher risk of HIV acquisition compared to their male peers.<sup>2,3</sup>
- For many AGYW, PrEP adherence challenges have resulted from fear of disclosure to key influencers, partly due to sexual (e.g., "people say I'm a prostitute) and HIV (e.g., my husband's friends say I'm HIV infected) stigma, misinformation, and social/family opposition to product use.<sup>4,5</sup>
- The EMA has recently approved the monthly dapivirine vaginal ring (ring) along with some African regulatory bodies and WHO recommends it as a supplementary method HIV prevention among women and may support AGYW who wish to use PrEP more discreetly. Oral pills are less discreet compared to the ring because one can be seen swallowing a pill and the pill bottle can be discovered by others in the household.
  - However, users may still wish to disclose and secure social support from key influencers.
- Little research has been conducted on AGYW's disclosure experiences with ring use in sub-Saharan Africa.
- Understanding AGYW's disclosure experiences with the ring compared to oral PrEP may help inform strategies to motivate uptake and adherence to oral PrEP and ring use in this population

## Methods

- MTN-034/REACH, a randomized Open-Label Crossover trial, evaluated the safety of and adherence to the monthly vaginal ring and daily oral PrEP among AGYW (ages 16-21) in South Africa, Uganda, and Zimbabwe (FIG 1).
- Enrolled participants (N=247) were randomized 1:1 to use either the ring or oral PrEP for the first 6 months of the trial, then switch to use the other product for 6 months before deciding whether to use either product or neither product for the last 6 months. Condoms were provided to participants throughout the study along with risk reduction counseling.
- In a nested qualitative component (N=125), trained social scientists facilitated 16 focus group discussions during the choice period, 37 single in-depth interviews (conducted at different time points during the 18 months of follow-up), and 3 serial IDIs (1 during each period) with 24 randomly selected participants.
- All discussions used semi-structured interview guides exploring disclosure of product use and subsequent reactions from key influencers, including family, partners, peers, and community.
- A codebook was iteratively developed using a product-focused acceptability framework (ref Mensch) and refined using both an inductive and deductive process. Transcripts were coded electronically (using Dedoose software). Code reports for the "disclosure" code were pulled and analyzed thematically in combination with the four different key influencer groups (family, partners, peers, and community.)

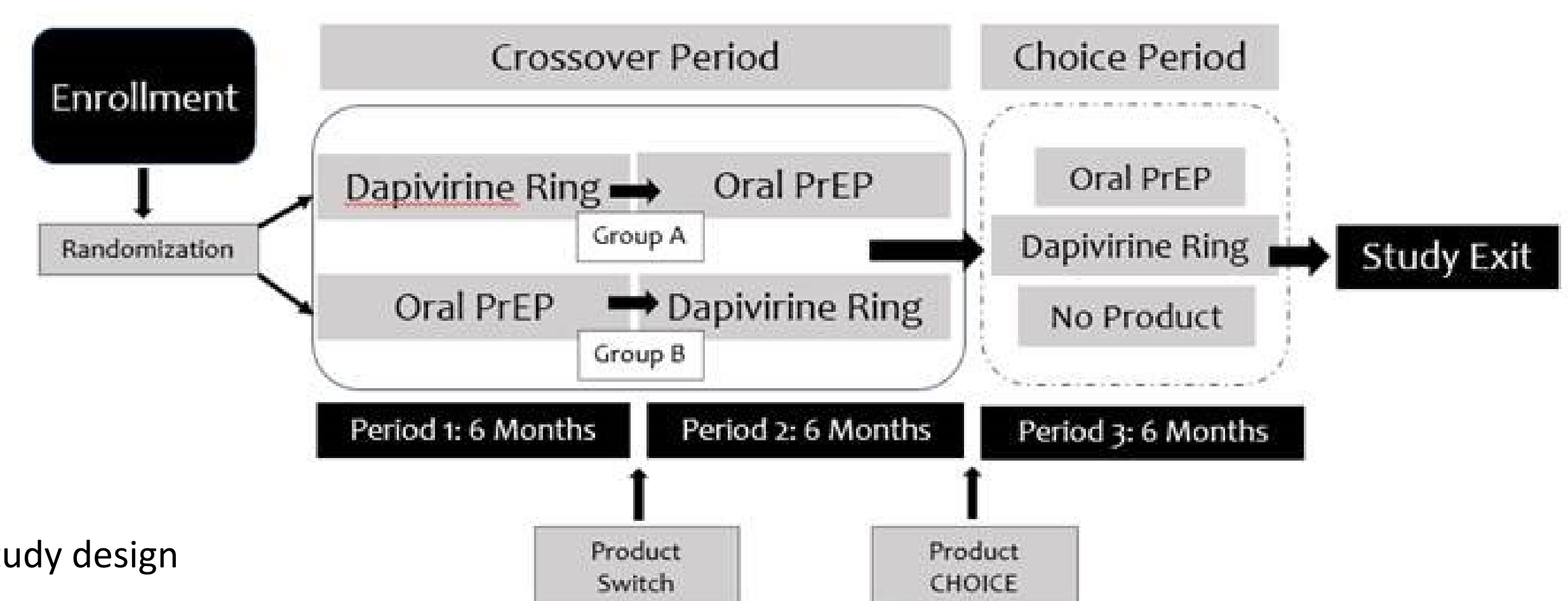


Figure 1: Study design

## Results

- Participants most often disclosed their product use to family members, followed by sex partners, peers, and community.
- Reasons for nondisclosure of ring and oral PrEP were similar and included internalized fear of being prohibited from study participation or product use by family and partners, overall discomfort discussing reproductive health matters with men, and fear of stigma and rumors, especially partners believing they are being bewitched or that participants had other concurrent partners.
- Ring use was disclosed less often than oral PrEP use to family and peers, mainly because it could be used discreetly.
  - Some participants stated it was easier to disclose oral PrEP use because pills are common in their communities, while the ring was unfamiliar.
  - Despite the ring being seen as discreet, some participants felt it was better to disclose to their partners to prevent potential conflicts if partners felt the ring during sex.
- In most cases, product disclosure resulted in support by key influencers for study participation or product use, including reminders to take pills, encouragement to keep the ring inserted, or transportation for study visits.
- However, participants reported negative reactions across all key influencer groups, due to serostatus misattribution (i.e. taking pills suggests participants are HIV positive), sexual stigma (i.e. perception participants are prostitutes or promiscuous) and rumors (i.e. ring will cause cancer or infertility).
- Most negative reactions from all groups were resolved once participants provided more information, often in the form of displaying the study consent form.
  - However, in some instances, partners were unsupportive even after more information was provided, resulting in the relationship ending, participants being prohibited from continuing in the study, or in one instance, the participant experiencing intimate partner violence (IPV).
- Additionally, some participants ended friendships upon negative reactions and lack of support from peers upon disclosure.
- Lack of support from family members was rare; however, a few participants reported storing their pills at their friends' house to hide oral PrEP from household members.
- Lastly, disclosure to community members rarely occurred and when it occurred participants received mixed reactions. Community members who were familiar with research studies were supportive as they saw the HIV prevention methods as a tool to protect AGYW. However, community members with no exposure to prior research were unsupportive and often circulated rumors about the participants or study product.

## Participant Characteristics

|                                    | N   | %       |
|------------------------------------|-----|---------|
| <b>Total</b>                       | 125 | (100)   |
| Age - median (interquartile range) | 18  | (17-19) |
| Completed secondary school         | 109 | (87)    |
| Currently in school                | 90  | (37)    |
| Earns income                       | 29  | (23)    |
| Married or cohabitating            | 17  | (14)    |
| Parous                             | 48  | (38)    |
| Has a primary sex partner          | 109 | (87)    |

"So he [partner] said "okay, it is fine. I do not have a problem with it. You are preventing yourself, so I do not have a problem with you protecting yourself. There is no problem".  
[Partner Disclosure, Ring user, South Africa]

"They [peers] were happy for me when I was taking, and they would support me and they would ask, '[Rose] have you taken your pills?'"  
[Peer Disclosure, Pill user, Zimbabwe]

"She [my mother] wouldn't have accepted the vaginal ring, if I had told her about it the study would have ended there that's why I had decided that she should not be informed. You see even with the pills we first confused her then slowly by slowly convinced her."  
[Family Disclosure, Ring user, Uganda]

## References

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## Conclusions

- Overall, Oral PrEP and Ring disclosure yielded positive support from key influencers and encouraged product adherence and study participation by AGYW.
- Initial negative reactions were easily mitigated through sharing factual information about the products. Increasing knowledge of key influencers should be considered to improve acceptance of these biomedical prevention products
- Given the widespread rumors and stigma about PrEP in the community, further awareness of the ring is essential before rollout to reduce potential key influencer opposition and perceived stigma.