

Drivers of HIV pre-exposure prophylaxis choice among women in Eswatini



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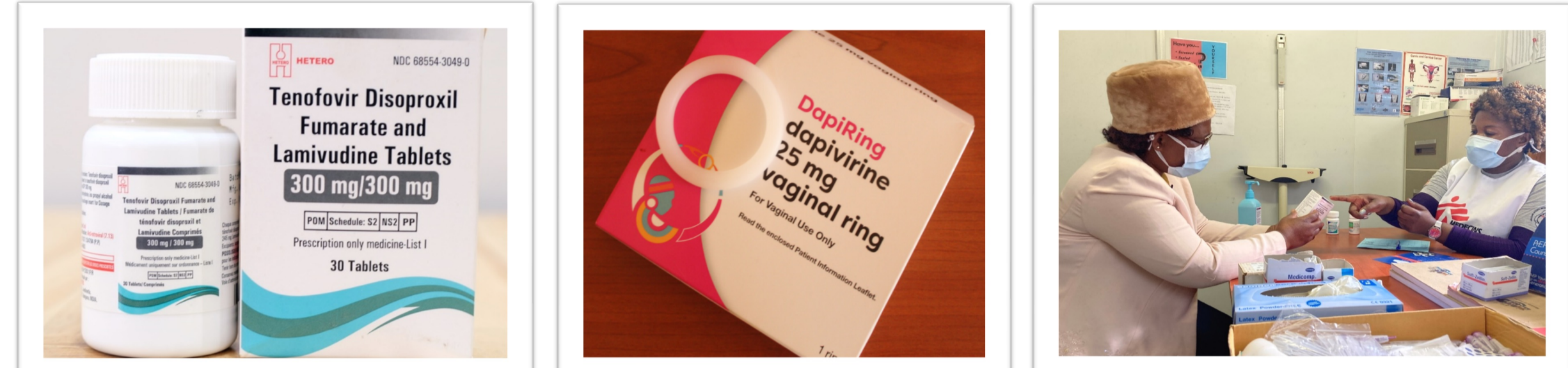
Background and aim

- 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 (Eswatini population-based impact assessment - SHIMS 3 2021).
- 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.

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



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

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Methods

Qualitative study in which women initiated on PrEP ring received one vaginal PrEP ring at first visit, then three rings with each consecutive visit and clients initiated on daily oral PrEP received pills to last them one month initially and then three months with each consecutive visit.

- 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 analysed thematically.

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

Table 1: Characteristics of the study sample

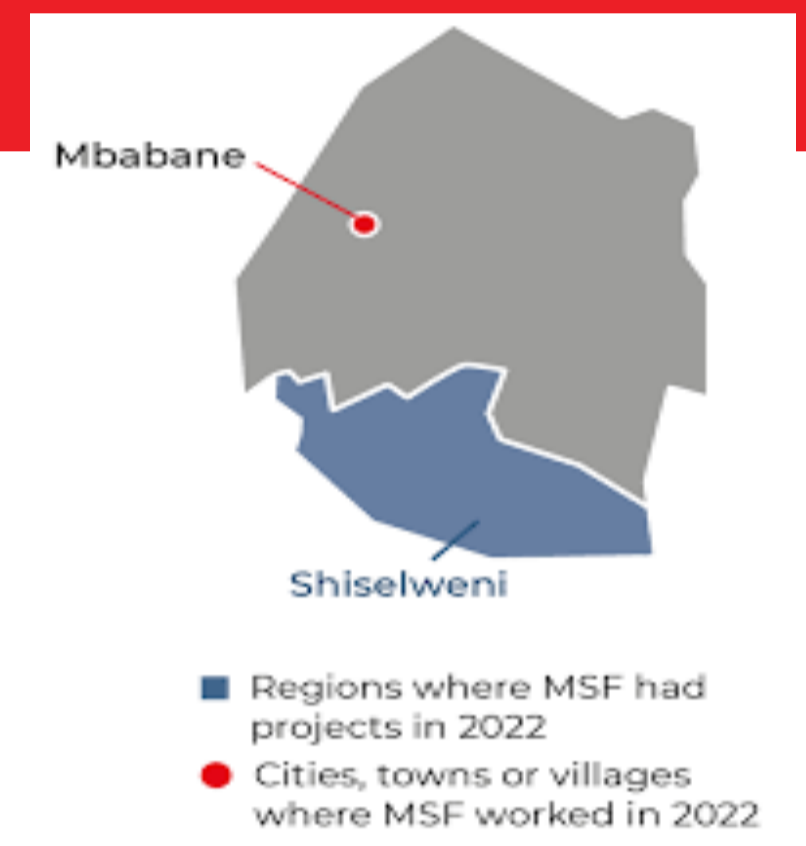


Fig 2: A health post in Shiselweni

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Results

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

Social relationships 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.

"These pills make noise, even if you want to hide them you cannot. The ring is better". [Ring client]

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 thing [PrEP], I can beat her up before she even explains" (FGD)

"It is better that she continues using her things without me knowing, once I know I will be gone to someone I know is not using this thing... because ever since these pills and condoms came, diseases also increased" (M 52, FGD)

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)

"I was still going to choose ring still even if they had told me about the difference in the percentages, the pills are problematic because you forget them, and you take them for good" (Ring client)

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)

For some women, PrEP choice was not only based on its ability to protect against HIV infection but also on their perceptions about how sex would be impacted.

"I prefer oral PrEP over the ring which only prevents HIV when one is having vaginal sex." [Oral PrEP client]

"But what I do not like about the vaginal ring is that it is not all of us who like vaginal sex only, so it doesn't protect me from HIV with the other types of sex that I may want to have but just protects me with vaginal sex only? It limits us that is what annoys me with it, its limitation is kind of an obstacle for me" [FGD]

Ease of use, comfort and convenience

Pill burden and side effects

"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)

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

"I am eagerly waiting for the day we get injectable PrEP. I stopped using the pills because the constipation was too much, was excited about the ring, only to find that it's just a struggle for me" (F 24, FGD)

Discomfort with the ring

The vagina is very fragile for one to keep on putting and removing objects from it" (Oral PrEP Client 1)

"It is not wise to insert things in the vagina, the ring is so large" (Oral PrEP client 2)

"What annoys me with the ring is that after 28 days, you need to squat and push as if you are giving birth so no..." (Ring client who switched to daily oral PrEP)

Diversification

"I chose the ring to have a different experience from the pills" [Switched from Oral to ring and back to pills].

Combine injectable PrEP with PrEP injection for a one-jab solution

"...the problem will be when injectable PrEP lasts for two months in the body when I am taking the 3 months injection for family planning, how will that work out? Will I have to move back to the two months FP injection which made me bleed just for these 2 injections to work well together?"



We extend our gratitude to all the participants for taking part in the study

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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.

