

Understanding Service Providers' Knowledge of Oral PrEP and Attitudes Toward Provision to Populations at Substantial HIV Risk in South Africa

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BACKGROUND



Photo: Wits RHI

Oral PrEP Provision in South Africa

In 2016, South Africa began the rollout of oral pre-exposure prophylaxis (PrEP) to people at substantial risk of HIV. The National Department of Health (NDoH) used a phased approach, beginning at facilities providing services to sex workers (SWs) in 2016, then expanding to facilities providing services to men who have sex with men (MSM) in 2017, and then to students at selected university campus clinics later in 2017 and to AGYW in 2018.

Service providers are gatekeepers for PrEP access, yet little is known about their knowledge of oral PrEP and attitudes toward provision to different at-risk populations. The purpose of this study was to assess providers' knowledge of oral PrEP and attitudes toward providing it to different populations at risk of HIV—particularly AGYW—to improve provider training and oral PrEP service delivery.

METHODS

- We conducted a cross-sectional survey (n=30) and follow-up in-depth interviews (IDIs) (n=13) with trained oral PrEP providers from nine facilities (six serving SWs and three serving MSM) offering oral PrEP.
- At the time of the survey University campus clinics had not started providing oral PrEP.
- Providers included nurses, lay counsellors, peer educators and doctors.
- Surveys and IDIs were conducted by trained data collectors.
- Surveys were entered into REDCap and analysed in STATA.
- IDI transcripts were coded in NVivo and thematically analysed.



9 health facilities



30 PrEP providers enrolled in the quantitative survey

3 Doctors
13 Nurses
6 Counsellors
8 Peer Educators

1 Doctor
5 Nurses
2 Counsellors
5 Peer Educators

13 providers enrolled in in-depth interviews

RESULTS

Demographics

- Survey participants were 13% (4/30) male and 87% (26/30) female, ages 19 to 64 years, with a mean age of 38.

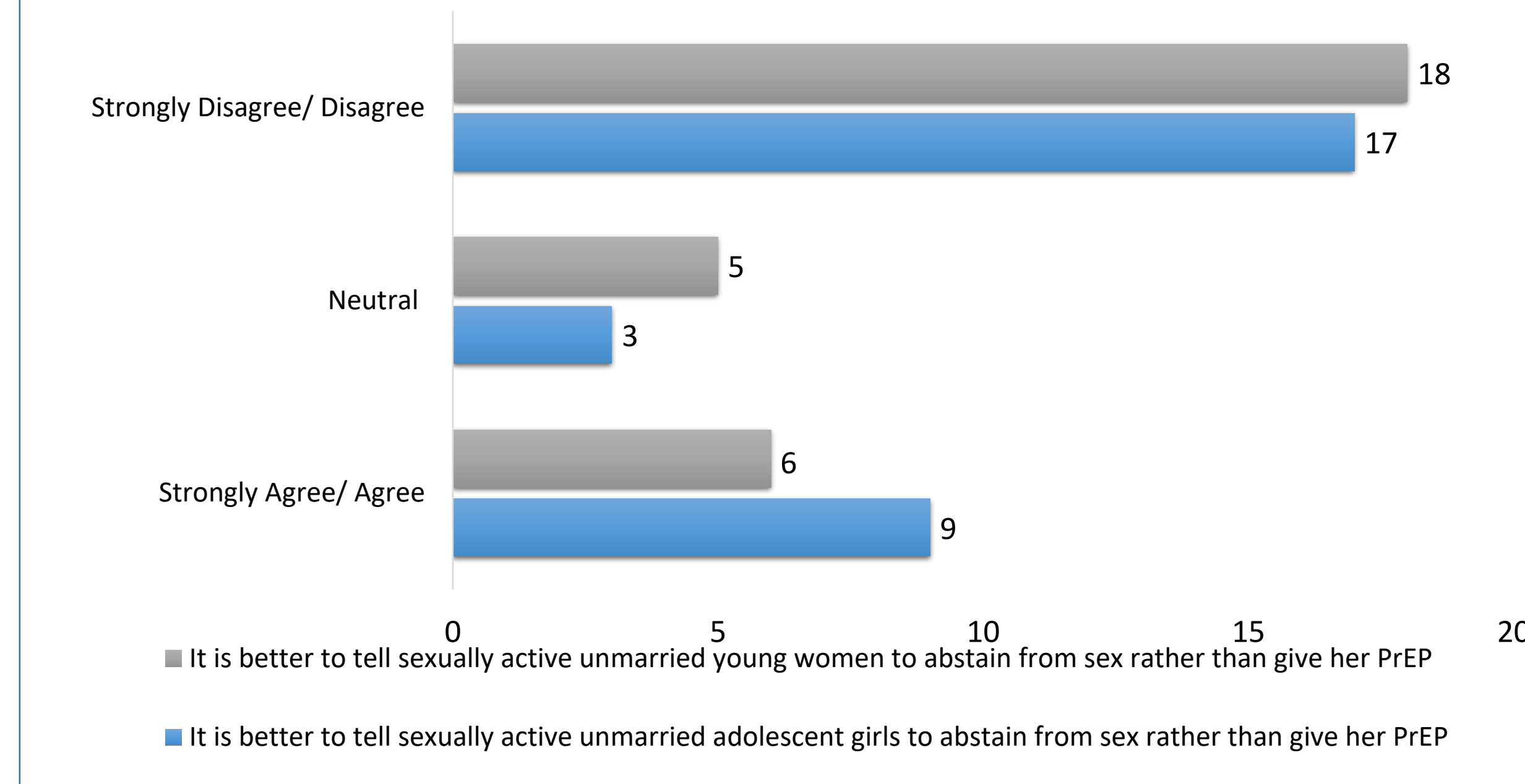
Providers' Knowledge about PrEP

- On average, providers answered 90% (Range 69-100%; SD=7.6) of the 13 knowledge questions correctly.
- Questions most often answered incorrectly related to situations when oral PrEP can be stopped.
- Some providers (37%) expressed the need for more training on Oral PrEP monitoring and evaluation (M&E).

Providers' Attitudes toward Providing PrEP to AGYW

- Twenty-nine service providers answered questions regarding perceptions of providing oral PrEP to AGYW (see figure 1).
- Most providers agreed that oral PrEP should be offered to young women (ages 18–24), and the majority agreed with providing oral PrEP to adolescent girls (ages 15–17) (77%).
- Forty-five percent of providers agreed that providing PrEP to adolescent girls would result in backlash from the community, and thirty-four percent of providers agreed that backlash would result from providing PrEP to young women.

Figure 1: Perceptions about oral PrEP provision vs. sexual abstinence



Negative Attitudes toward AGYW being Sexually Active

- In IDIs, the majority of providers agreed with oral PrEP provision to AGYW because they perceived AGYW to have high risk of HIV infection. Providers described AGYW's risk as due to their level of sexual activity, involvement with multiple partners or "blessers" ["sugar daddies"], and early sexual debut.

Yes especially because of these "blessers" who charm girls with fancy things and sleep with them without condoms. So at least if you take PrEP you can protect yourself. It prevents infections as well so at least they'll be safe.

- Peer educator

- Despite the majority of service providers stating that AGYW were at increased risk of HIV acquisition, some providers who stated that oral PrEP should be made available to AGYW used negative or stigmatizing language to describe AGYW's sexual activity.

The young ones—they are the ones controlling [contracting and spreading] the world with STI infections, unwanted pregnancy, HIV testing, and these girls are just throwing themselves around everywhere so I think everybody needs PrEP in order to prevent themselves from whatever.

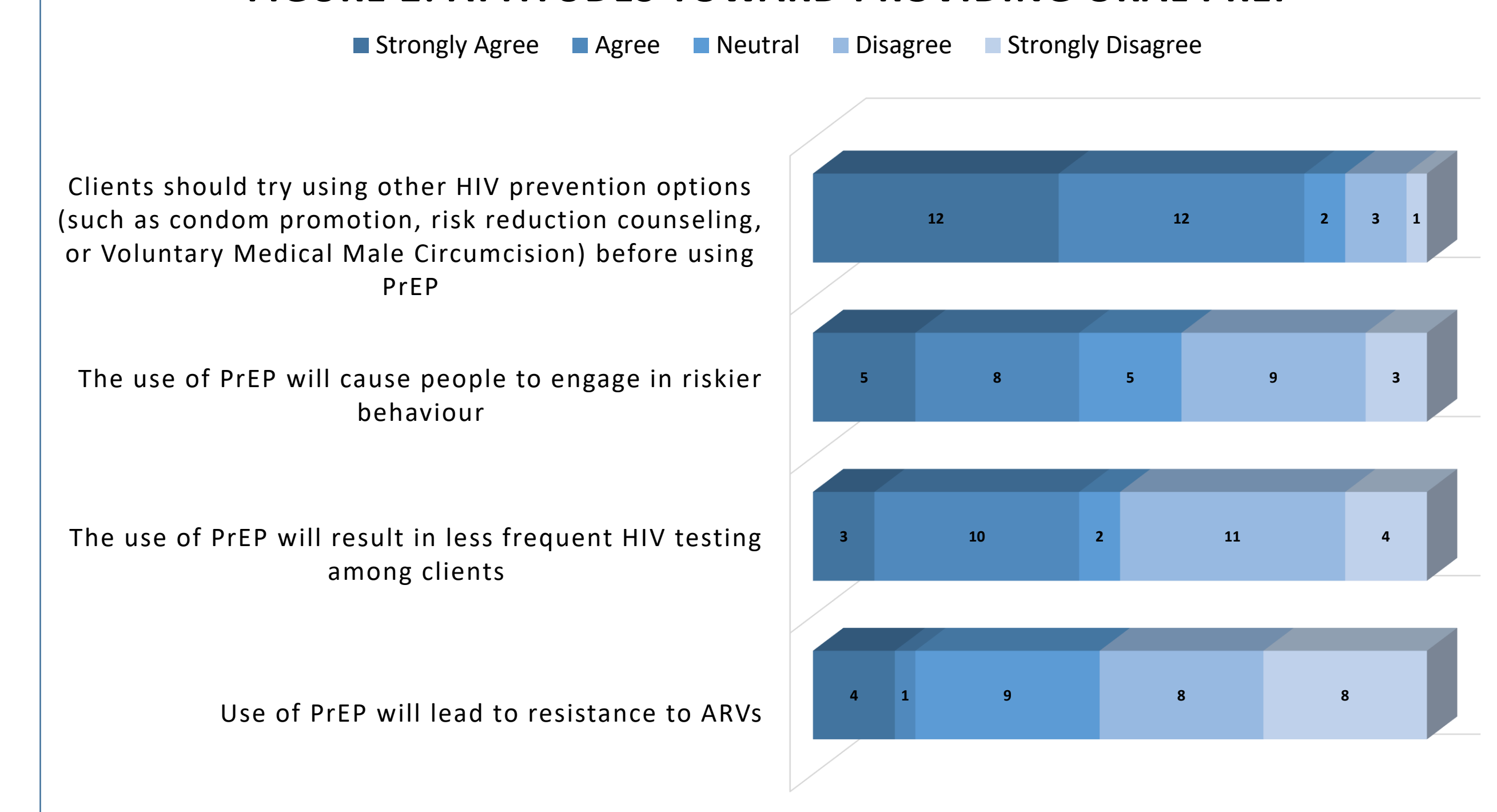
- HIV counsellor

RESULTS, continued

Providers' Attitudes toward Providing PrEP to Other Target Groups

- Most providers agreed that oral PrEP should be offered to people who change sex partners frequently (100%) (Figure 2) and people engaged in transactional sex (100%). The majority of providers agreed with providing PrEP to people who inject drugs (83%). Agreement was lowest toward oral PrEP for pregnant women (37%).
- The majority believed clients should try using other HIV prevention options before trying oral PrEP (80%). Other concerns, such as clients engaging in riskier behavior, and less frequent HIV testing, were expressed less frequently (43% each).
- One-fifth of service providers (20%) did not agree to stop PrEP once the user is no longer at substantial risk of acquiring HIV.
- Few providers (33%) agreed that a person can stop taking PrEP when their HIV infected partner who is on ART is virally suppressed.
- Qualitative findings suggest that providers believe oral PrEP should be offered to any person at risk of HIV.

FIGURE 2: ATTITUDES TOWARD PROVIDING ORAL PREP



CONCLUSIONS

Takeaways

- Providers offering oral PrEP were knowledgeable and had positive attitudes toward its provision to populations at risk of HIV.
- Despite providers being aware of HIV risk among AGYW and recommending oral PrEP provision to AGYW, they had negative attitudes about AGYW being sexually active and feared that oral PrEP would promote sexual promiscuity.
- Most service providers viewed oral PrEP as a method to be considered after other prevention methods.

Recommendations

- Training should address oral PrEP provision to pregnant women, when to stop using oral PrEP, attitudes toward sexually active AGYW, oral PrEP as a first-line prevention option, and M&E.
- There is need to create dialogue between oral PrEP service providers and AGYW to address service providers' concerns about young people being promiscuous and fears of backlash in the community.

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NB: These service providers provide services to SWs and MSM



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