



Health care providers' knowledge,  
attitudes, and practices (KAP)  
relevant to oral PrEP service  
provision to AGYW in Zimbabwe  
Preliminary Qualitative Findings

*Definate Nhamo, PZAT  
December 2018*



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# Presentation outline

- OPTIONS overview
- Study background and methods
- Qualitative results
  - Acceptable ages for adolescents to have sex/take PrEP
  - Experiences and challenges providing PrEP to adolescent girls (AG, 15-19) and young women (YW, 20-24)
  - Thoughts on providing PrEP to AGYW in specific situations
  - Attitudes towards AGYW using PrEP

# Microbicide Product Introduction Initiative (MPii)



**Systems Thinking,  
Technical Assistance**

**National/Sub-national**



**Cost Effective,  
Scalable Delivery**

**Facility Level**

**Facility Level**



**Intimate  
Partner Violence**



**Human  
Centered Design**




**Resistance  
Monitoring**




The OPTIONS Consortium objective is to develop a streamlined, **adaptable product delivery platform** for current and future microbicide and ARV-based HIV prevention options, **with a particular focus on women.**


**Leadership**



THE SCIENCE OF IMPROVING LIVES




University of the Witwatersrand  
WITS RHI




Global Advocacy for HIV Prevention

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**Modeling**




**Modeling**  
Avenir Health



LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

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**Communication**



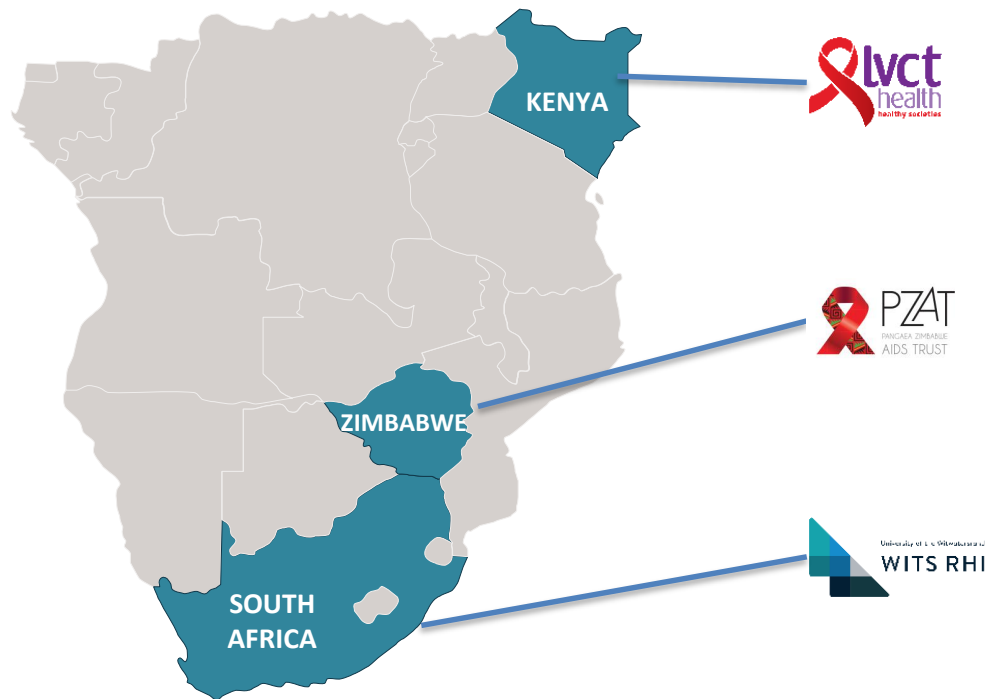
McCANN  
GLOBAL HEALTH

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**Strategy**



FSG  
REIMAGINING SOCIAL CHANGE



# Study background & methods



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**PEPFAR**



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OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE



**PZAT**  
PANGAEA ZIMBABWE  
AIDS TRUST





# Background

Health care providers are considered gatekeepers of new health products and interventions. Their **knowledge, attitudes, and practices** will play a key role in determining the success of oral PrEP delivery.





# Objectives

1. Evaluate providers' **familiarity and knowledge** of oral PrEP.
2. Explore providers' **attitudes and beliefs** towards oral PrEP delivery to target populations, with focus on AGYW.
3. Explore providers' **views on whether it would be feasible and acceptable** to add oral PrEP delivery to HIV and reproductive health services.

**Focus of this presentation:** Qualitative findings for Objective 2. Some quantitative findings are included as background.



# Methods

- Cross-sectional, descriptive, mixed-methods study
- Private and public health facilities in Zimbabwe
- Types of providers:
  - Clinicians
  - Nurses
  - Counselors
  - Peer educators
  - Village health workers/promoters
  - Pharmacists
- Provider experience with PrEP:
  - PrEP-experienced (currently providing)
  - PrEP-naïve (not yet providing)

## Phase 1: Quantitative

### Quantitative Surveys

Survey with 127 providers involved, currently or in the future, in the provision of PrEP

### Quantitative Analysis

To determine survey results and inform qualitative interview topics

## Phase 2: Qualitative

### Qualitative Interviews

Qualitative interview with up to 30 providers who participated in the quantitative component

### Qualitative Analysis

To identify key themes and provide further insight to quantitative data





# Qualitative participant demographics



27 providers interviewed  
24 survey participants + 3 new

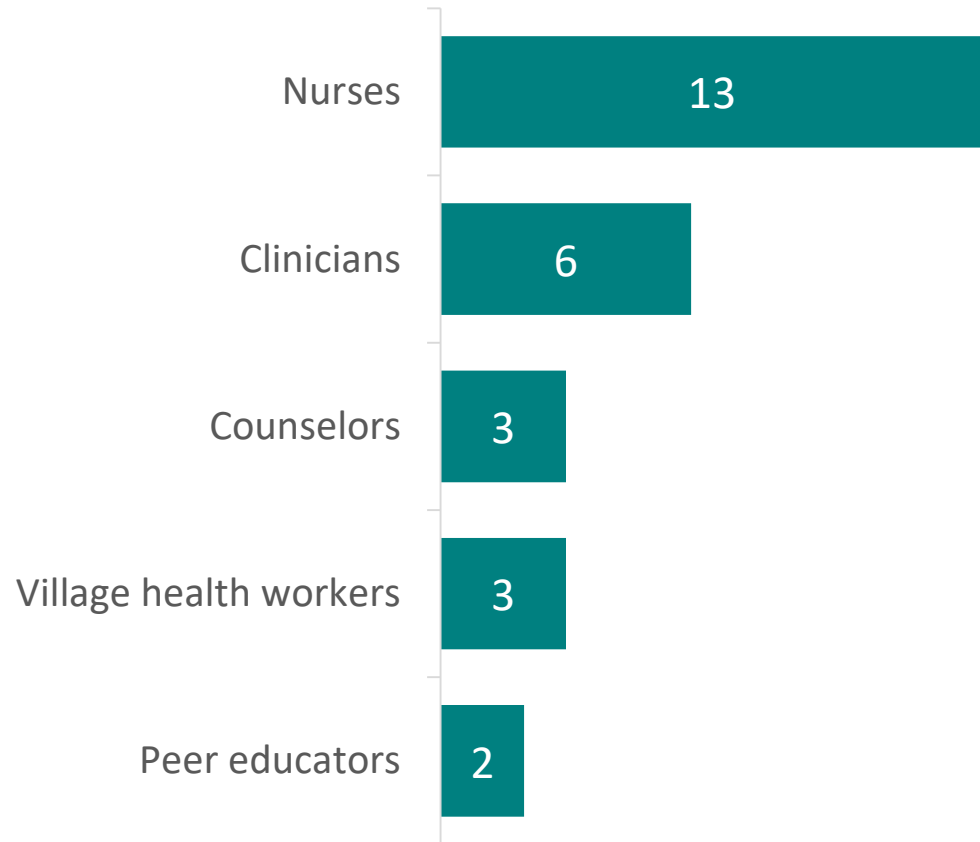


n=11 (40.7%) were PrEP-experienced

Average age: 38.6 years

Sex: 41% (n=11) men, 59% (n=16) women

Provider Type





# Analysis

- Data were coded in Nvivo II using a deductive coding approach.
- Evaluated inter-coder reliability for 15% of transcripts to ensure consistency in coding approach.
- Codes were summarized thematically in analysis memos.

# Qualitative results




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# Acceptable ages for adolescents to have sex/take PrEP



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# Acceptable age to have sex

- About half thought that adolescents should wait until they were 18 or older to have sex because:
  - Schooling completed by 18
  - 18 is the legal age of consent
- Most were aware that adolescents were having sex before age 18 and felt it was important to start sex education and HIV prevention education at an early age.

*“We may discourage it, but adolescents are engaging in sex. We cannot deny that it is happening. Since it is already happening we need to focus on providing them with HIV prevention education.”*

-PrEP-naïve nurse

- About half of providers said that boys and girls should start having sex at the same age, while the other half said that girls could have sex earlier than boys (2-6 years earlier) because they mature earlier than boys.



# Acceptable age to take PrEP

- Participants most often stated that adolescents should start using PrEP **as soon as they were sexually active** or at high risk of HIV.
  - Others named specific ages, ranging from 15 to 24 years of age.
- The majority thought that the appropriate age for starting PrEP should be the **same for girls and boys**, though a few said that girls should start PrEP earlier than boys because they mature earlier and are at higher risk of HIV than boys.



# Key takeaways

- Providers said that ideally adolescents would wait until they are at least 18 to have sex.
- However, they recognized that many adolescents have sex before age 18 and need HIV prevention education and options.
- Providers generally thought adolescents should start using PrEP as soon as they were sexually active and/or at high risk.

# Experiences and challenges providing PrEP to AGYW



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# Experiences providing services

- Nearly all PrEP-experienced providers had experience providing PrEP services to AGYW.
- Some providers indicated that delivering services to young women is easier compared to adolescent girls because they are more “mature” and “focused,” resulting in better adherence and retention.

*“Well the young women are [...] forthcoming more than these adolescents because ... they actually have had more experience in their own field so, they come they take PrEP, half the time they come twice, thrice even if they move or relocate they go at times they would come back.”*

- PrEP-experienced nurse



# Challenges providing services

- AGYW face challenges disclosing PrEP use to parents and partners because of low community awareness of PrEP and disapproval of being sexually active.
- Using PrEP secretly and without social support make adherence and retention challenging for AGYW.

*“...maybe it’s the support system, maybe they haven’t disclosed, maybe they don’t want to be seen taking tablets, maybe they are discouraged by their peers when they start taking PrEP, for one reason or the other you find out that some of them [AG] they don’t adhere much to treatment.”*

- PrEP-experienced nurse

- A few mentioned mobility of AGYW involved in sex work as a challenge.
- AG faced greater challenges than YW in general.



# Key takeaways

- Delivering services to adolescent girls can be more challenging than delivering services to young women.
- Parents and partners can be a barrier or a facilitator to PrEP use. Providers should know how to support AGYW to disclose PrEP use to parents and partners or use it successfully without their knowledge.



# Thoughts on providing PrEP to adolescent girls in specific situations



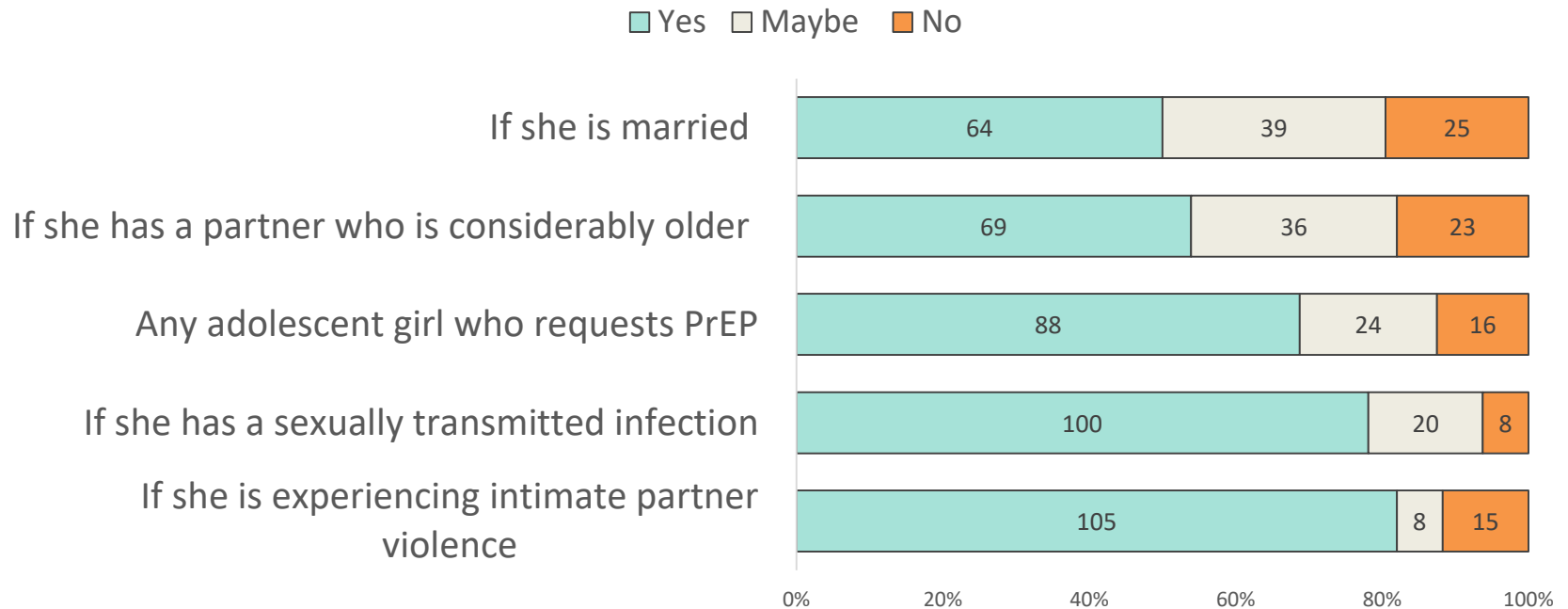
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# Survey results: PrEP for adolescent girls in specific scenarios

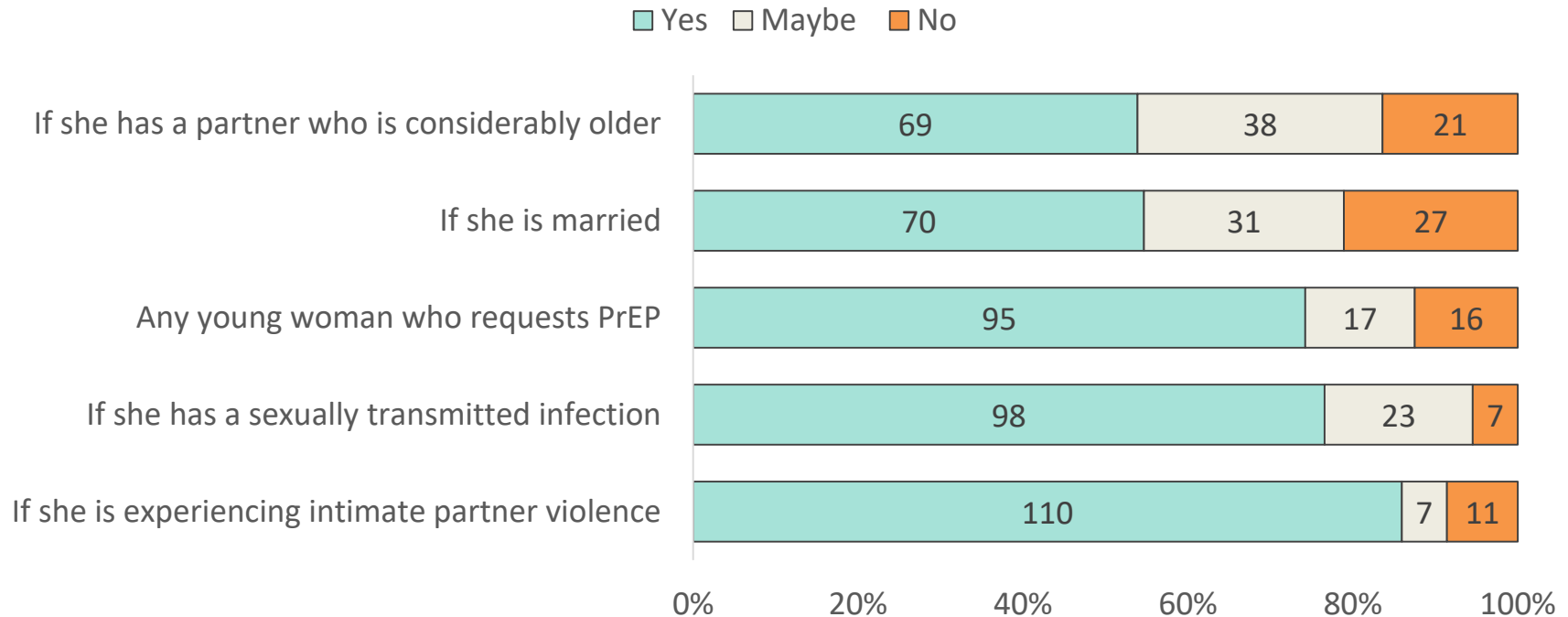
Most common scenarios in which providers were not certain about providing PrEP to AG (n=127):





# Survey results: PrEP for young women in specific scenarios

Most common scenarios in which providers were not certain about providing PrEP to YW (n=127):





# Married AGYW

- Most participants felt married AGYW would be candidates for PrEP. A few gave reasons why:
  - Her husband may have other partners.
  - She may be having "experimental sex."
- Several said PrEP may be a good option for married AGYW, but it depends on her level of risk or whether she is in a serodiscordant relationship.
- Most felt comfortable providing PrEP to married AGYW.



# AGYW with older partner

- Most felt that AGYW with a considerably older partner could be a good candidate for PrEP; reasons included:
  - An older partner likely has other sexual partners.
  - An AGYW in this situation would be unable to negotiate safer sex.

*“Okay in most cases you see that these ladies they have their sexual practices and behaviors are dependent on those men, so they really need oral PrEP because they cannot negotiate for safer sex.”*

-PrEP-experienced nurse

- A couple felt it would depend on whether the relationship is "risky" or whether the partner has other sexual partners.
- Nearly all felt comfortable providing services to this group, noting that these relationships are common and they have experience providing services to this group.





# AGYW with STIs

- Most felt that AGYW with an STI could be given PrEP, and several noted that this was because STIs increase the risk of acquiring HIV.

*“... STI is one of those things that would want us to give a person oral PrEP because there is a closer relationship again with STI and getting HIV and the chances of contracting HIV when one has an STI are quite higher.”*

-PrEP-experienced nurse

- Most participants felt comfortable providing services to this group and noted that they are able to work freely with them.



# Key takeaways

- Survey results indicated some reservations about providing PrEP to AGYW who were married, had an older partner, or had an STI.
- *However*, IDIs revealed that providers recognized that AGYW in these situations may be at risk of HIV and generally thought PrEP was a good prevention option for them.
  - Providers pointed out the need to further assess her risk because not *all* AGYW who were married or had an older partner are at substantial risk.

# Attitudes towards AGYW using PrEP



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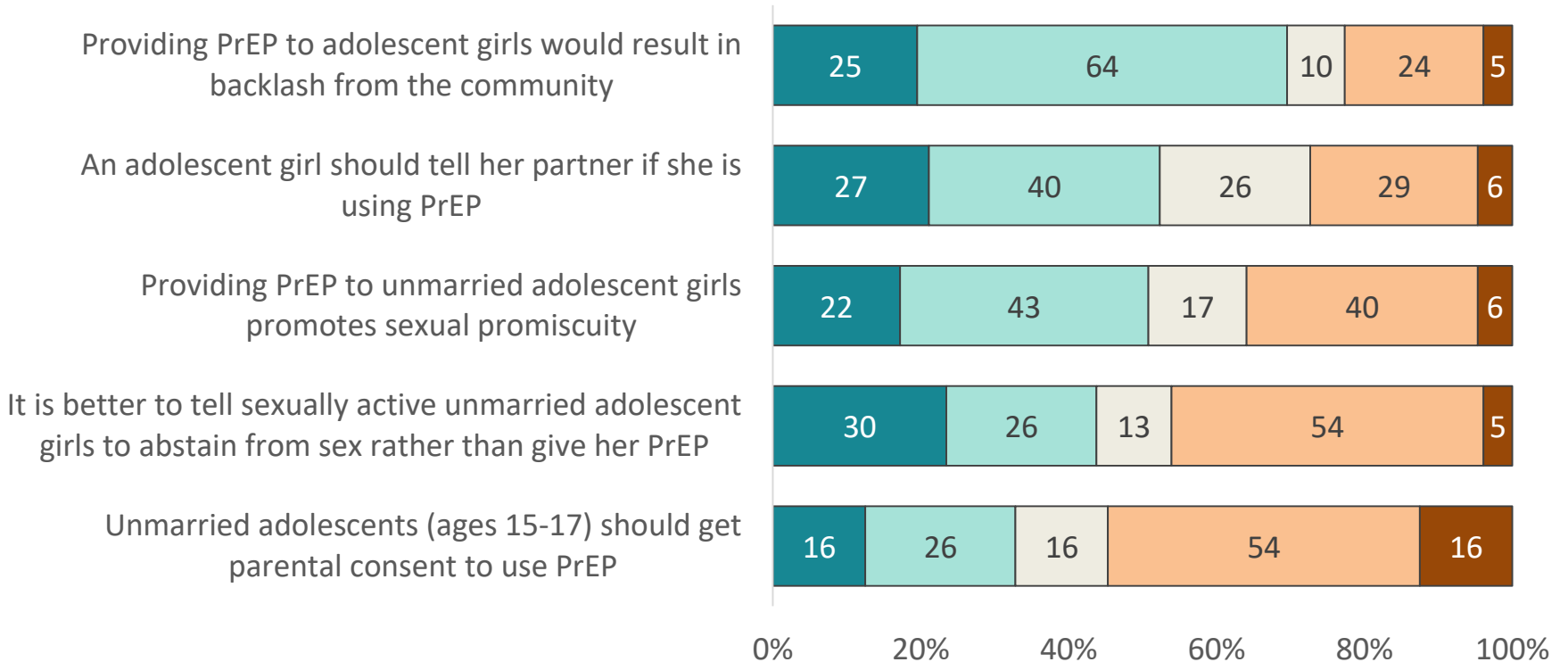




# Survey results: Adolescent girls taking oral PrEP

## Perceptions of PrEP provision to adolescent girls (n=127)

■ Strongly Agree   ■ Agree   ■ Neutral   ■ Disagree   ■ Strongly Disagree

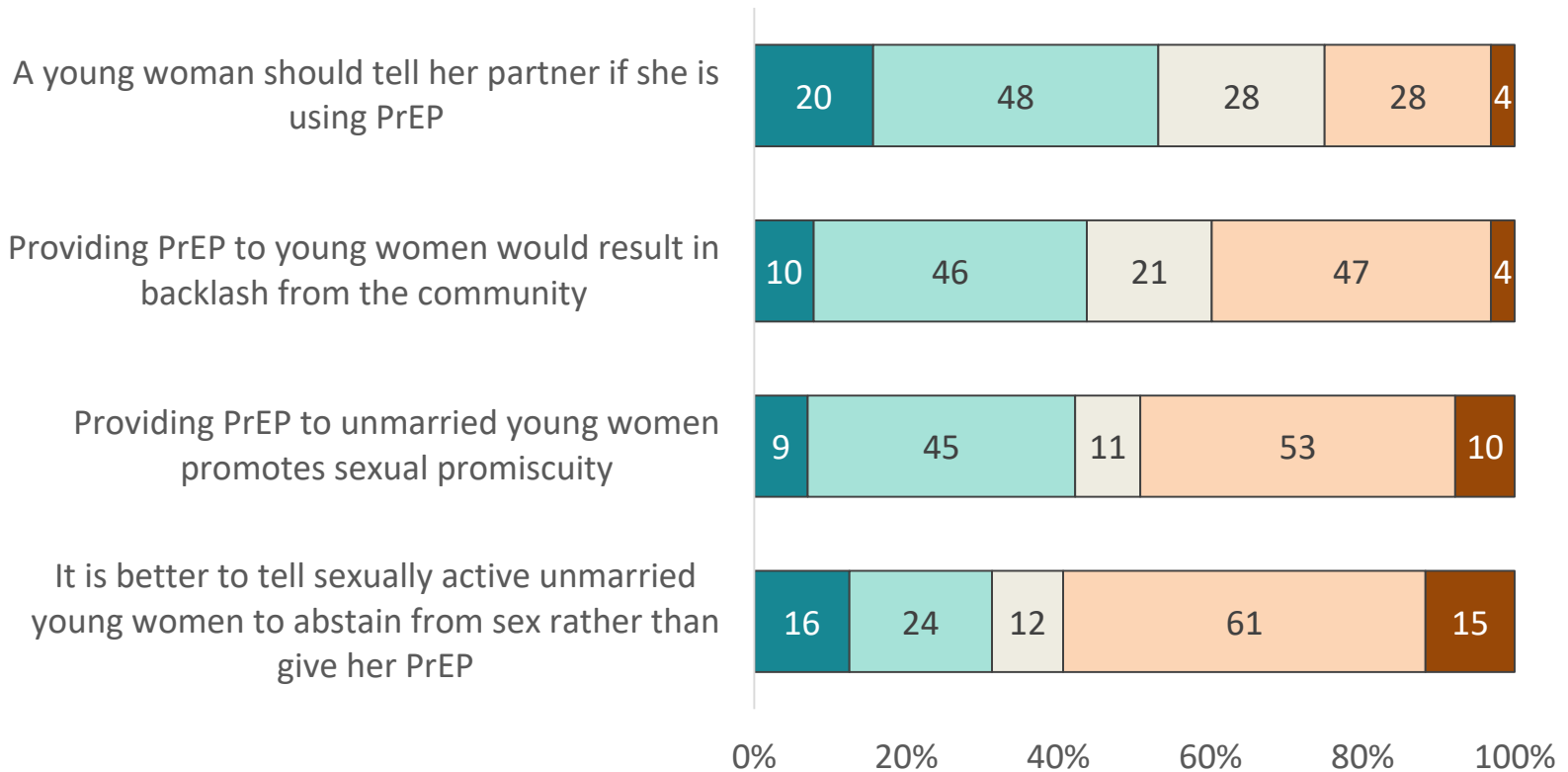




# Survey results: Young women taking oral PrEP

Perceptions of PrEP provision to young women (n=127)

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree





# Vignette

- All providers were read the following vignette and were asked a series of questions:

*Tafadzwa, 17 years old, wants to use oral PrEP but is too scared to tell her boyfriend, John, as she fears he will react negatively. She is also nervous about her parents finding out, as she still lives at home. She strongly suspects that John has other partners. John is much older than Tafadzwa. He is 26 years old and gives her money for clothes and airtime. He monitors her very closely and gets angry when she hangs out with other men or goes somewhere without telling him.*



## Vignette (cont'd)

- **Thoughts on relationship:** Most had concerns with the relationship, noting that John held more power and may be taking advantage of her.
- **HIV risk:** Nearly all felt she was at risk, noting the relationship dynamics likely made condom use and safer sex difficult to negotiate.
- **Prevention options:** Condoms and oral PrEP were recommended most often. Nearly all thought oral PrEP was a good option because of the risk in her relationship, but some recommended trying condoms first because they also prevent other STIs and pregnancy.
- **PrEP concerns:** Concerned about adherence, especially if concealing use from parents or partner. Some concerned about negative reactions from her partner, decreased condom use, and side effects.

*“...I will offer the PrEP on the condition that I would have counselled her on what to do when one is on PrEP and the consequences of not adhering to the PrEP and the consequences of not using the condoms with PrEP at the same time...”*

- PrEP-naïve nurse



## Vignette (cont'd)

- **Disclosure:** Disclosure would help with adherence but could be challenging if parents/partner reacted poorly.
- **Support needed:** PrEP counseling and information about the medication and how to take it; reminders for appointments and drug pick-ups; HIV prevention information; involving partner in clinic visits.
- **PrEP during pregnancy:** Most felt that using PrEP would be even more important during pregnancy to protect both her and the baby.

*“...if you see a girl of 17 years taking tablets or taking PrEP you wouldn't like it, I wouldn't like it. But that is the reality of what's happening with these girls today. But as a mother it is something that I wouldn't be happy with [...] As a health worker I have seen PrEP helping others so it's rather better for her to take PrEP. “*

- PrEP-experienced nurse





# Key takeaways

- Providers recognized the power dynamics and risk of HIV in this relationship.
- Providers were supportive of PrEP use in this situation but felt AGYW should try condoms first.
- Disclosing PrEP use to partners and parents could make adherence easier, but partners and parents may react poorly.
- Providers recommended intensive counseling and support to promote successful PrEP use.



# Thank you

**Definate Nhamo**  
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