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An Assessment of the Knowledge, Attitudes, and Practices of Health Care Providers towards PrEP Use by Adolescent Girls and Young Women in Kenya

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KEY FINDINGS

- Most health care providers had a good working knowledge of pre-exposure prophylaxis (PrEP) service provision, including PrEP effectiveness, the need for condoms, and follow-up requirements. Providers were less knowledgeable about PrEP eligibility.
- Many providers expressed reservations about providing PrEP to young women, and particularly to adolescent girls.
- Providers suggested strategies for improving PrEP services and addressing challenges such as stigma, increased workloads, and lack of training, commodities, and tools for service provision.

BACKGROUND

HIV disproportionately affects adolescent girls and young women (AGYW) ages 15 to 24 in Kenya. In 2017, this population accounted for almost one-third (27.9%) of the new HIV infections among Kenyans.[1] PrEP, which is antiretroviral medication taken to prevent HIV, provides women with an HIV prevention option that is within their control.[2-6] When taken as required and provided as part of a comprehensive HIV prevention package, PrEP has the potential to substantially reduce HIV acquisition among AGYW.[7] AGYW face challenges in accessing health services, and their interactions with health care providers could play a role in their uptake and use of PrEP.

METHODS

OPTIONS partner LVCT Health, in consultation with Kenya's National AIDS and STI Control Programme (NASCOP), developed a study to explore health care providers': (1) familiarity with and knowledge of PrEP; (2) attitudes about delivering PrEP to AGYW; and (3) views on whether it would be feasible and acceptable to add PrEP delivery to HIV and reproductive health services, based on their experiences delivering those services.

We conducted the study in collaboration with county health officials in 16 public and private facilities in four counties in Kenya: Nairobi, Kitui, Kisumu, and Homa Bay. A total of 290 health care providers who were eligible to deliver PrEP (based on Kenya's PrEP Implementation Framework)[8] participated in a survey using a self-administered questionnaire. We then conducted in-depth interviews with 40 of those providers to explore the results of the survey.

RESULTS

The average age of the 290 providers enrolled in the study was 35 years. Most of the providers (60%) were women. The cadres represented included clinicians (n=59), counselors (n=49), nurses (n=49), laboratory technicians (n=42), community-based workers (n=38), pharmacists (n=35), and facility-in-charges (n=18).

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Providers' PrEP Knowledge

- More than 90% of providers had heard of PrEP. Common sources of PrEP information were other health workers, national guidelines/policy, and on-the-job training.
- Less than half of the providers who had heard of PrEP (44%) and 41% of all providers (n=119) had received formal training in PrEP service provision.
- In qualitative interviews, providers noted the importance of continuing medical education (CME) in equipping them with knowledge of PrEP and the confidence to provide PrEP services. They also suggested additional topics for PrEP training modules, including risk of HIV resistance, monitoring and evaluation, clinical monitoring, and national guidelines.

"There was that knowledge gap, but we had internal CME of the same, and one of us gave us the way forward and we started. We were afraid to start because of that lack of knowledge, but after the CME, we started. Even though most of us didn't known much, but we learnt as we were moving on."

– Female clinician, Homa Bay

- The majority of the providers were actively involved in PrEP service provision (68%). Almost half of the providers involved in PrEP provision (47%) answered that they had not received training on oral PrEP.
- On average, participants who had previously heard of PrEP answered 87% of knowledge questions correctly. The knowledge questions that were most often answered incorrectly were about when it is appropriate to use PrEP, as illustrated in Figure 1.

Providers' attitudes towards AGYW PrEP use

- Most providers (72%, n= 210) were willing to offer PrEP services to AGYW.
- However, many providers thought it was better to encourage abstinence among AGYW than to give them PrEP and that providing PrEP to unmarried AGYW would promote sexual promiscuity.
- More providers were willing to provide PrEP to young women ages 20 to 24 than to girls ages 15 to 19.
- Providers' willingness to provide PrEP was influenced by many factors, as shown in Figure 2.

Providers' practices towards AGYW PrEP use

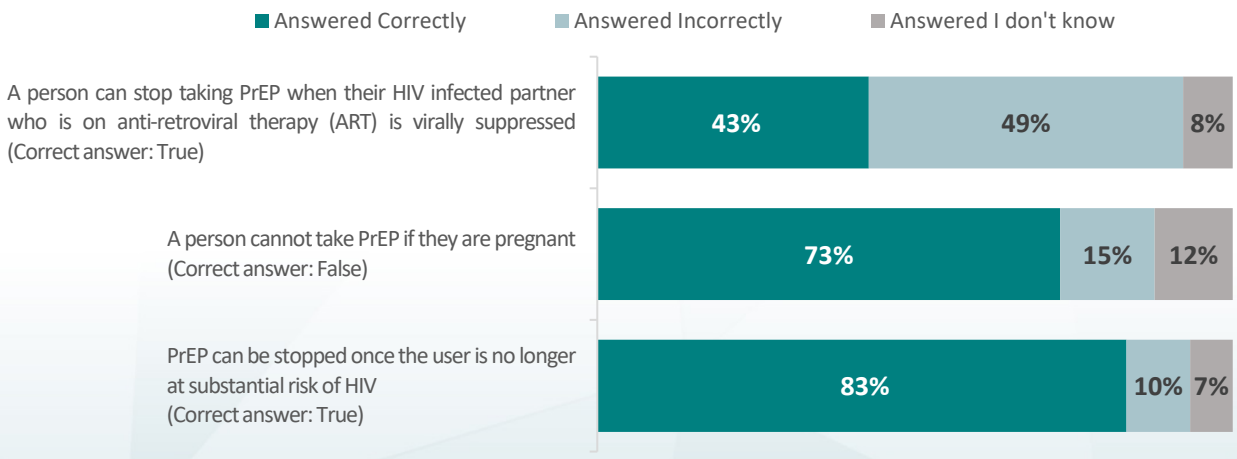
Challenges to PrEP service delivery

- **Need for additional knowledge or skills to deliver quality PrEP services to clients.** For example, lack of provider training led to inadequate information being conveyed to PrEP users. Some respondents felt the need for additional training on eligibility screening and gave examples of how they struggled with identifying which clients needed to be mobilized for PrEP.

"Most of the time the client behavior is well, but for the few some resist, and it is just because of lack of knowledge…The HTS [HIV Testing Services] department whatever they tell the client is different from what the clinician knows, so there is a knowledge gap."

– Female clinician, Homa Bay

Figure 1: PrEP knowledge questions most commonly answered incorrectly (n=269)*



* Only participants who had heard of PrEP were asked these questions.

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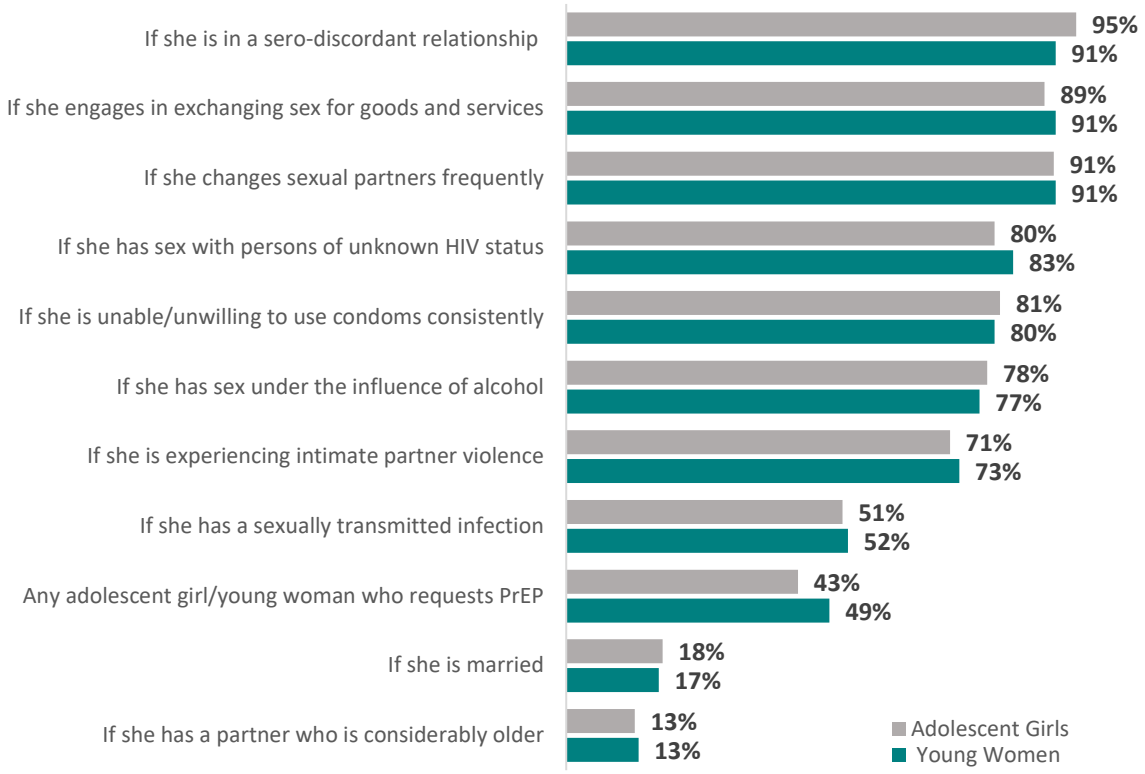
Figure 2: Percentage of providers agreeing with provision of PrEP to adolescent girls and young women in different situations (n=290)



- **Scarce commodities and tools for PrEP service provision.** Providers reported inadequate supplies of PrEP, laboratory reagents for conducting baseline tests, and data collection tools for reporting and tracking PrEP use.

"Sometimes a client can come and find out that PrEP is depleted and is given the next appointment."

– Female community-based worker, Nairobi

- **Poor access to PrEP services**. Providers said some clients are unable to access PrEP regularly because they live far from the health facilities that offer PrEP services and cannot afford to pay for transport.
- **Increased workloads for providers.** A few providers noted that the additional work of providing PrEP services meant they spent less time with each client, leading to poorer quality of care.

"The person [PrEP client] will be affected because I will not be able to talk to them the way I am supposed to talk to them, because I am hurrying up."

– Male counselor, Kitui

- **Stigma associated with HIV**. Most facilities in the study offered PrEP in the same room or department with HIV services. Providers felt that stigma impeded PrEP service provision, especially at centers that did not afford sufficient discretion and confidentiality.

"If someone is tested and is found to be negative, they should be taken to a place where it's private, because you can tell someone to come here and they fear because a relative may see them and say that they have HIV."

– Male community-based worker, Kitui

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Strategies to improve PrEP service delivery, uptake, and use

- **Fast-tracking PrEP clients**. Providers described several ways they implemented this popular strategy, such as not requiring PrEP clients to queue for their medication, escorting PrEP clients through queues, and assigning specific days or specific rooms for PrEP services.
- **Entrusting PrEP service provision only to those with the necessary skills and training.** Although this strategy was reported to increase the workload of the trained providers, it was also identified as a measure worth pursuing to encourage PrEP use.

> *"…Those who have been trained to give PrEP have very good positive attitude, so they are able to create a PR [public relations/rapport] with these clients such that they desire to come again. There is no discrimination, there is no stigma, so it works so well for us to retain the clients."*
>
> – Female clinician, Nairobi

- **Encouraging uptake of PrEP through media campaigns and mobilization by facility staff and peers.** Peers were trained and provided with post-training support to enable them to mobilize for PrEP within their cohorts.

> *"These materials that they give us. The trainings that they bring to us to teach us as the peers. You know we take out there what we have been taught. The trainings that make the health talks to be good and successful. And these messages that they send to us daily."*
>
> – Female peer educator, Nairobi

- **Improving PrEP adherence and continuation** through counseling about side effects; provision of a greater quantity of PrEP pills to allow more time between appointments, especially for migrant workers; support groups; improved registers to better track clients; and provision of general health education. Providers reported that counseling that emphasized adherence, at initiation and subsequent visits, promoted continued use.

RECOMMENDATIONS

Based on these results, we recommend the following steps to improve service delivery and enhance policy support for PrEP services.

Service Delivery Recommendations

- **Scale up formal training on PrEP to all service providers.** Less than half of the providers in the study had received formal training in PrEP services.
- **Establish a structured mentorship and CME system** to routinely update providers on the latest guidelines and to provide platforms for sharing learning within and across sites.
- **Develop standard operating procedures (SOPs) to guide facilities on the commodities and supplies** required to provide good-quality PrEP services.
- **Regularly assess training needs** and plan training sessions to mitigate the gaps identified.
- **Provide PrEP at service delivery points not perceived as barriers to uptake and continued use of PrEP.** For example, assign PrEP services to a dedicated room or entrance or integrate them with, for example, sexual and reproductive health (SRH) or general outpatient services.
- **Strengthen monitoring and evaluation to identify and address barriers to PrEP service provision.** NASCOP's current data collection tools could be enhanced through the use of more comprehensive tools to develop additional service delivery indicators, such as staffing needs and costs against set PrEP delivery targets.

Policy Recommendations

- **Add a module on values clarification to the training curriculum** to help providers recognize that their values are influenced by societal norms and beliefs and learn to manage those values so they can provide services that are consistent with national guidelines. Health managers and providers who have participated in values clarification training, such as those were trained in respectful maternity care,[9] could facilitate this training and provide continued mentorship.

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- **Incorporate PrEP knowledge into pre-service training curricula for health providers.** Currently PrEP training is available to providers only as in-service training, yet all providers are expected to provide the service as part of routine HIV service delivery. The Ministry of Health (NASCOP and the National AIDS Control Council) can work with health institutions of higher learning and the Kenya Institute of Curriculum Development to incorporate PrEP training in the relevant curricula for pre-service training. This step will ensure the availability of knowledgeable staff for PrEP service delivery and help normalize PrEP service provision.
- **Support generation, sharing, and uptake of evidence from implementation of PrEP services.** As health managers collate evidence of PrEP service delivery experiences from counties and service delivery points, NASCOP can support these endeavors by facilitating knowledge sharing, as it did with the PrEP county cluster meetings in 2018 and the Western Cluster PrEP Learning Forum. Mechanisms are needed to ensure that evidence generated from research studies is used to inform policy and programming and that the impact of evidence-based interventions is monitored.

REFERENCES

1. National AIDS Control Council. Kenya HIV Estimates 2018. Nairobi: Ministry of Health; 2018.
2. Braksmajer A, Senn TE, McMahon J. The potential of pre-exposure prophylaxis for women in violent relationships. *AIDS Patient Care STDS.* 2016;30(6):274-81.
3. McMahon JM, Myers JE, Kurth AE, Cohen SC, Mannheimer SB, Simmons J, et al. Oral pre-exposure prophylaxis (PrEP) for prevention of HIV in serodiscordant heterosexual couples in the United States: opportunities and challenges. *AIDS Patient Care STDS.* 2014;28(9):462-74.
4. Opoku-Anane J, Diouf K, Nour NM. New success with microbicides and pre-exposure prophylaxis for human immunodeficiency virus (HIV): is female-controlled prevention the answer to the HIV epidemic? *Rev Obstet Gynecol.* 2012;5(1):50-55.
5. Pulerwitz J, Amaro H, Jong WD, Gortmaker SL, Rudd R. Relationship power, condom use and HIV risk among women in the USA. *AIDS Care.* 2002;14(6):789-800.
6. Wheelock A, Eisingerich AB, Gomez GB, Gray E, Dybul MR, Piot P. Views of policymakers, healthcare workers and NGOs on HIV pre-exposure prophylaxis (PrEP): a multinational qualitative study. *BMJ Open.* 2012;2(4):e001234.
7. World Health Organization. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: WHO; 2015.
8. National AIDS & STI Control Programme. Framework for the implementation of pre-exposure prophylaxis of HIV in Kenya, 2017. Nairobi: Ministry of Health; 2017.
9. Ndwiga C, Warren CE, Ritter J, Sripad P, Abuya T. Exploring provider perspectives on respectful maternity care in Kenya: "Work with what you have". *Reprod Health.* 2017;14(1):99.

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