

# A comparative study of risk among adolescent girls and young women who accept or decline PrEP uptake from a community-based mobile clinic

E. Rousseau-Jemwa<sup>1</sup>, C.L. Celum<sup>2</sup>, J.M. Baeten<sup>2</sup>, L.-G. Bekker<sup>1</sup>

<sup>1</sup>Desmond Tutu HIV Centre, Institute of Infectious Diseases and Molecular Medicine, University of Cape Town, Cape Town, South Africa

<sup>2</sup>University of Washington, Department of Global Health, Medicine and Epidemiology, Seattle, United States

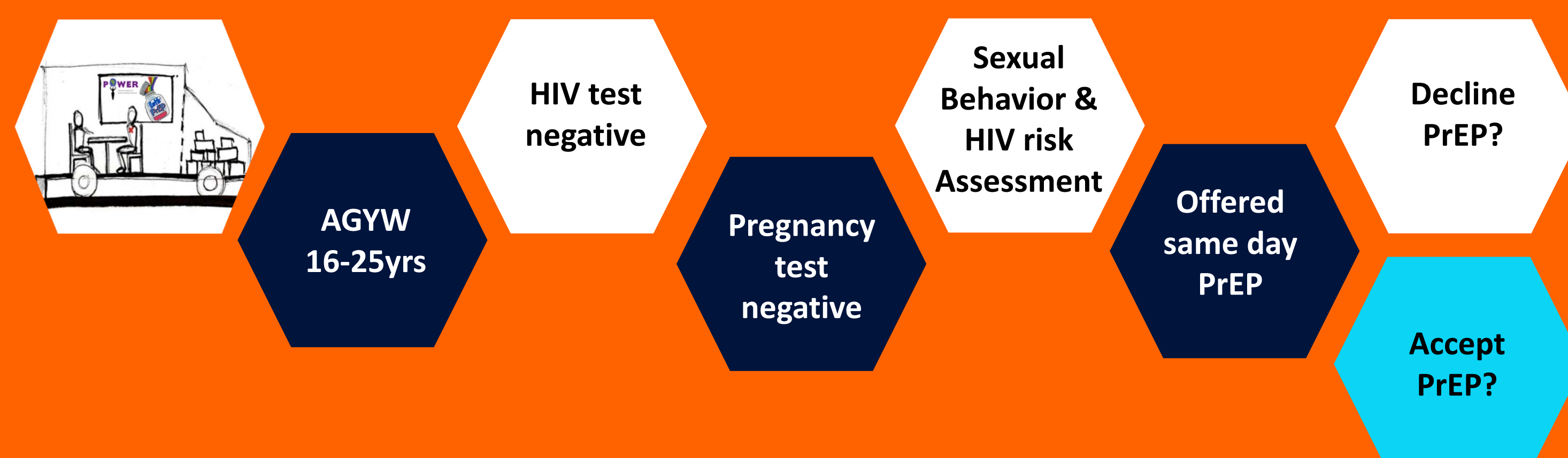
## Background

Achieving an AIDS-free generation critically depends on identifying populations at highest HIV risk and scaling up HIV testing, knowledge of HIV status, and HIV prevention uptake. PrEP (pre-exposure prophylaxis) is one of the most effective ways to prevent HIV acquisition in the world today. Adolescent girls and young women (AGYW) are considered a key population at substantial risk of HIV in Southern and Eastern Africa. An understanding about adolescent girls and young women (AGYW) acceptance or declining PrEP uptake is needed.

## Methods

The POWER (Prevention Options for Women Evaluation Research) PrEP demonstration project was implemented to determine whether AGYW at risk for HIV are motivated to start PrEP and what the preferable mode of distribution could be. Prevention including PrEP was offered to all sexually active AGYW ages 16-25 accessing sexual reproductive health services (SRHS) from an accessible, friendly, adolescent-tailored mobile clinic servicing limited-resource high disease-burden communities of Cape Town, South Africa.

### PrEP Delivery from the mobile clinic



All AGYW visiting the mobile clinic are invited to view a promotional video, educating women about HIV prevalence and risks in their community, and the effectiveness of PrEP for HIV prevention. Thereafter, during individual SRH consultations, all eligible young women are offered PrEP with the option to accept, delay or refuse uptake.

All AGYW completed a standardized sexual behaviour HIV risk assessment and risk reduction counselling. A causal-comparative approach, using chi-squared and t-tests, explored the potential effect of HIV risk factors comparing AGYW accepting to those who declined PrEP.

## Results

Between June-December 2017, PrEP was offered to all HIV negative AGYW between the ages of 16-25 and 25% (n=87) initiated PrEP on the same day.

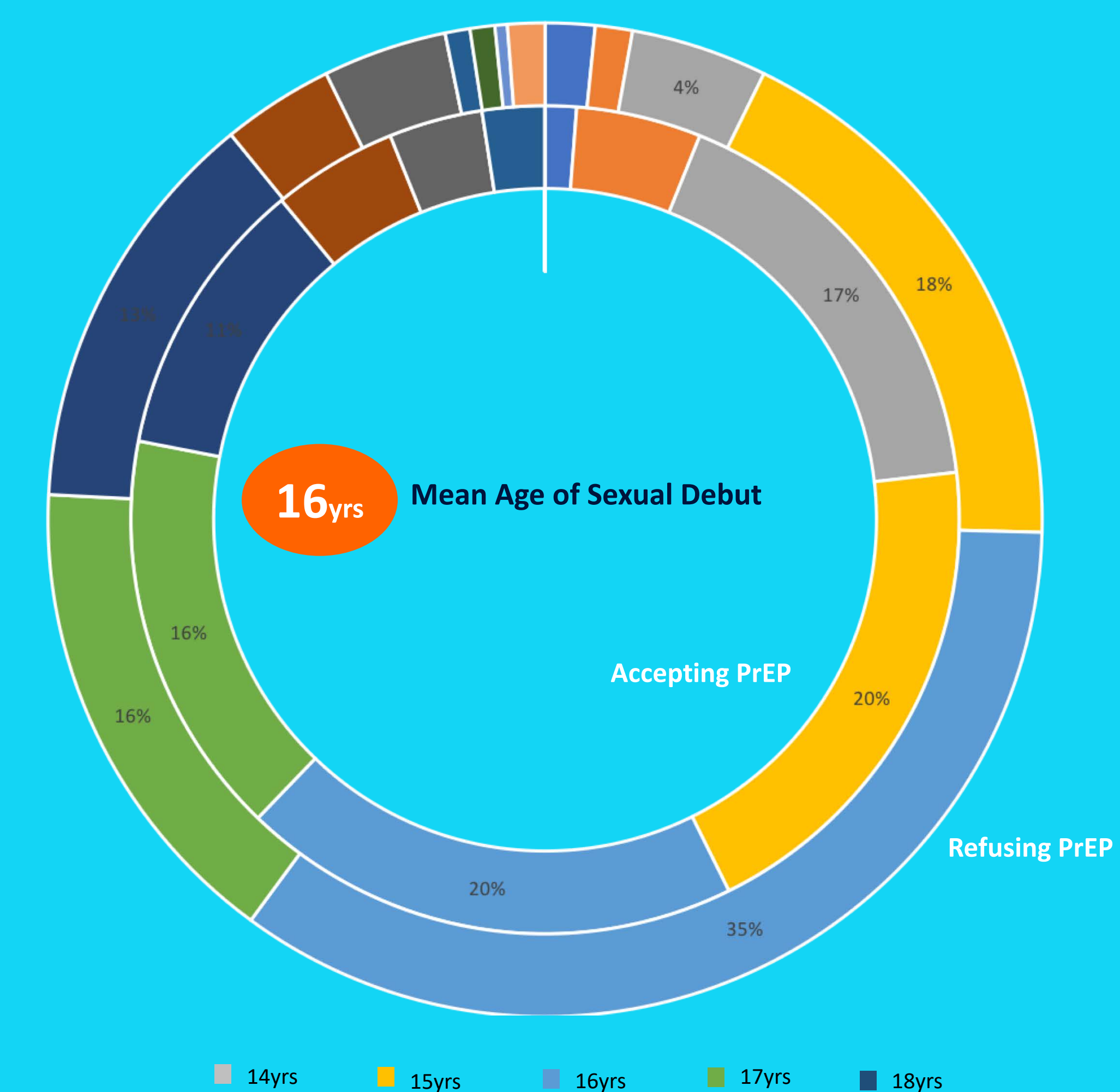
**347** AGYW accessing SRHS

**70%** 1<sup>st</sup> visit to mobile clinic

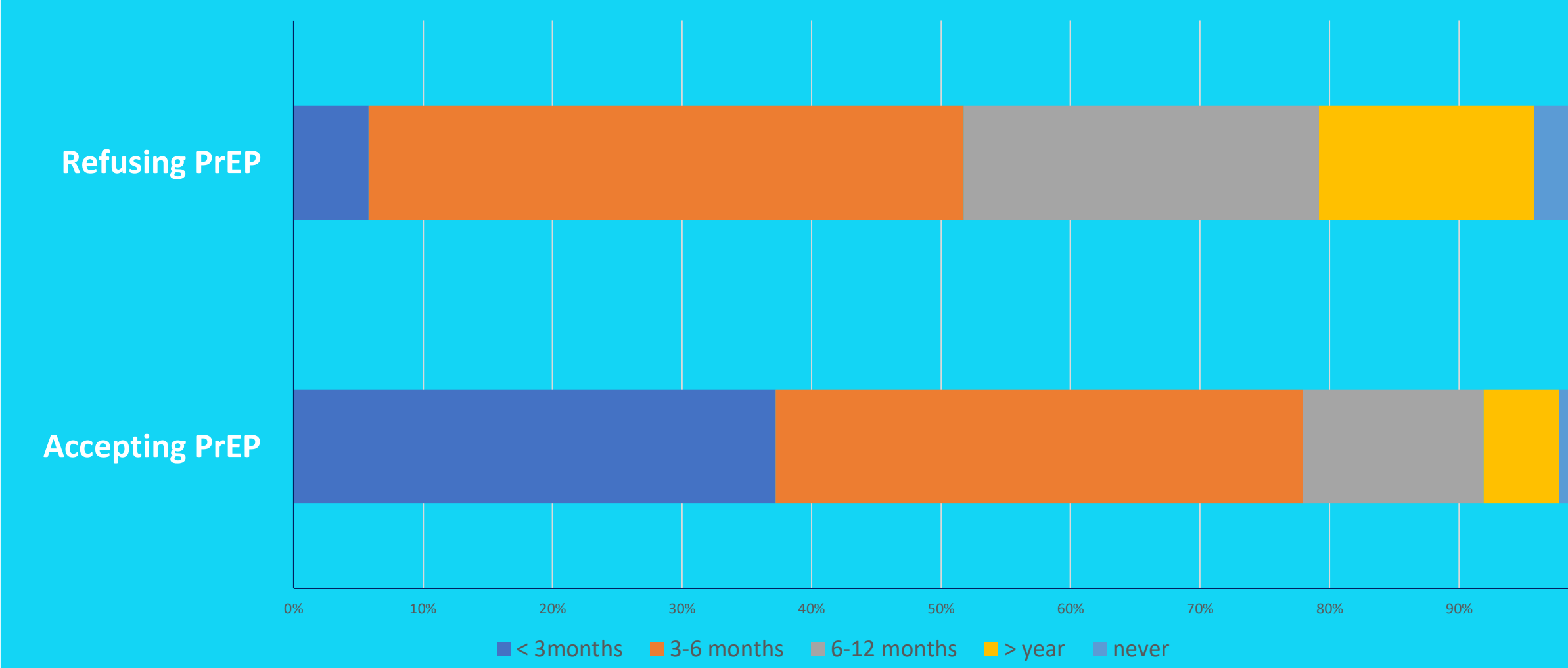
**70%** On Family Planning

**25%** Initiated same day PrEP

No significant difference in **age of sexual debut** between PrEP acceptors and decliners, with mean age being 16 years (within a range of 12-25yrs).



AGYW accepting PrEP were more likely to access **frequent HIV testing** (every 3 months;  $p < 0.001$ ) or visiting the mobile clinic previously ( $p < 0.001$ ).



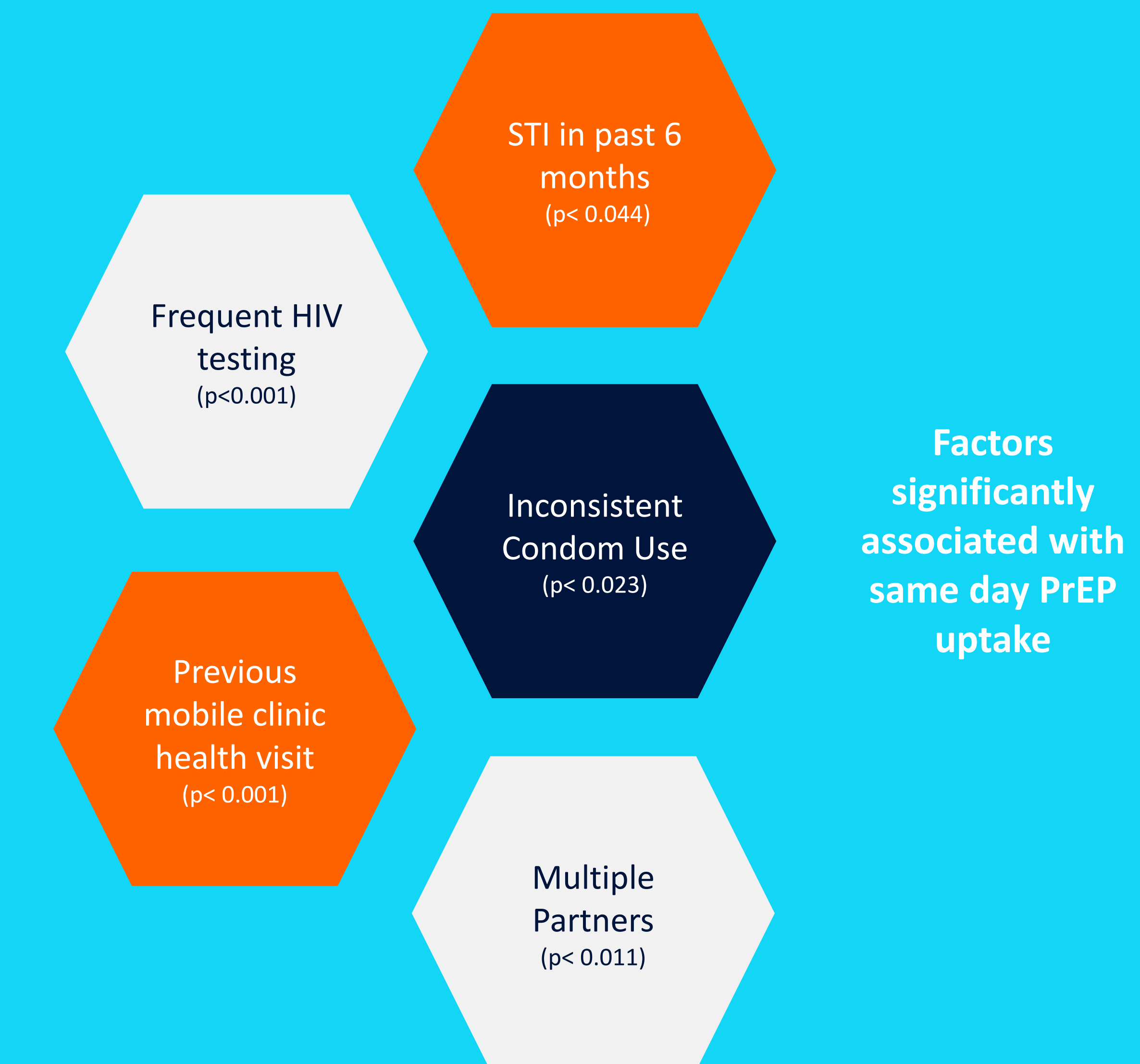
Overall, there was no significant difference in total HIV risk factors reported by acceptors (median=3 risk factors) and decliners (median=3) of PrEP.

### 3 Average number of HIV risk factors reported in AGYW lives

Risk Factor	Accept PrEP (%)	Decline PrEP (%)
Inconsistent Condom Use	85%	73%
Unknown partner HIV status	90%	83%
Partner has other partners	63%	51%
STI in last 6 month	22%	13%
Multiple Partners	16%	7%
Intergenerational or Transactional Sex	6%	5%

No significant difference in correlates of PrEP accepters and decliners were observed in whether her primary partner has other partners, knowing her partner's HIV status, or being involved in intergenerational or transactional sex.

Factors significantly associated with PrEP uptake were visiting the mobile clinic previously ( $p < 0.001$ ); frequent HIV testing (every 3 months;  $p < 0.001$ ); inconsistent condom use ( $p < 0.023$ ); having an STI in past 6 months ( $p < 0.044$ ) and reporting multiple partners themselves ( $p < 0.011$ ).



### Acknowledgements

We acknowledge all the young people who visit the Tutu Teen Truck with a vision of knowing and improving their overall wellbeing. We are grateful to the Tutu Teen Truck team daily providing adolescent-friendly services in limited-resource settings with such passion, respect, and innovation; the Desmond Tutu HIV Foundation and UCT who house these initiatives; our collaborators at the University of Washington and RTI International; and our loyal sponsors USAID, PEPFAR, and Abbott.

## Conclusion

No significant difference existed in HIV risk factors in AGYW accepting or declining PrEP uptake from the mobile.

No significant difference in - age of sexual debut - partner has other partners - knowing partner's HIV status

PrEP uptake was associated with - frequent HIV testing - visiting mobile clinic previously - inconsistent condom use - having multiple partners - Having ever had an STI

PrEP uptake in this cohort was associated with AGYW's 'personal agency' in sexual and health-seeking behavior more than the risks associated with their current partners.

**Recommendation** is that the incongruity between HIV risk awareness and how that translates to behavior (PrEP uptake) indicates that demand creation should include messaging to build AGYW's confidence to take ownership of their health and thus apply self-using prevention