

# Early experiences with usage of injectable cabotegravir (CAB-LA) among Kenyan and Ugandan adults participating in the SEARCH Dynamic Choice HIV Prevention trial: a qualitative study

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## Study context

The ongoing **SEARCH** study in Kenya and Uganda evaluated HIV prevention uptake through a structured, person-centered HIV ‘**dynamic choice prevention**’ (DCP) model. Women and men at risk of HIV were offered choice of oral PrEP (TDF/XTC), PEP (TLD) and injectable cabotegravir (CAB-LA), with option to stop or switch methods. We explore early experiences with CAB-LA among adults.

## We aimed to identify:

- Clients’ reasons for choosing injectable PrEP (CAB-LA);
- Clients’ experiences with intervention delivery;
- The perceived impact of CAB-LA in clients’ lives;
- **Which of the known barriers to oral PrEP uptake and persistence appear to have been addressed with CAB-LA?**

## Background

Prior research by our team and others documented enthusiasm for oral daily PrEP, along with multiple reported challenges to uptake and persistence, including:

- HIV-related stigma associated with PrEP, manifesting as clandestine use/partner refusal of PrEP use, fear of being seen using PrEP services or taking PrEP pills
- Daily pill burden / dislike of size and smell of pill
- Side effects in early usage
- Daily pill-taking incompatible with feeling well / identity as a healthy person
- HIV no longer as severe a threat as before due to success of ART: benefits of prevention outweighed by perceived costs

## Methods

**In-depth semi-structured interviews were conducted with 48 SEARCH DCP study participants who initiated CAB-LA**

- *Qualitative study population was composed of all DCP participants who had enrolled in CAB-LA as of sample selection date in Dec. 2022:*
  - 35 women, 13 men
  - Aged 20 - 59 years
- *Interviews conducted in July - October 2023 by a team of trained interviewers in local languages (DhoLuo, Kiswahili, Runyankole)*

### In-depth interview topics included:

- *experiences with DCP counseling*
- *reasons for CAB-LA preference*
- *factors in decision-making:*
  - *perceived HIV risk*
  - *partner and/or family support*
  - *stigma/disclosure*
  - *prior experiences with PrEP*
  - *expectations of/experiences with CAB-LA*
  - *perceived quality of counseling and services*
  - *barriers/facilitators to persistence*

**Interpretivist analytic approach:** *A multi-regional team applied inductive codes to translated transcripts. We used memoing and conducted a framework analysis of select codes from the full set of transcripts.*

## Results

- **Participants were enthusiastic about the option to use CAB-LA, which was perceived as novel, efficacious, and advantageous relative to oral daily PrEP.**
- **Two major themes emerged regarding advantages of CAB-LA over PrEP: improved protection from 1) HIV stigma, and 2) from HIV acquisition, due to easier adherence.**
  - Clients felt CAB-LA was clearly distinguishable from ART, and not a product that could mark an individual (mistakenly) as HIV-positive;
  - Among women, clandestine use to avoid stigma from partners or in-laws was important and more achievable compared to oral PrEP.
- Appointments for injections were rare enough (monthly, then bimonthly) that they could be kept, especially with reminders from providers.
- Prior use of oral PrEP had been hindered by stigma, interruptions due to work, family visits and travel, side effects, and pill attributes (size and smell). Participants felt that CAB-LA freed them from these problems.

### Gender & Power Dynamics

“It was only that the husband was not comfortable with the fact that she was taking [oral] PrEP. She had not told him the reason as to why she was taking them. So, she came and told the clinician that she could not continue with the program because it was giving her a lot of challenges in her marriage.” – **Female, Kenya**

“Let those who brought this HIV prevention option of injectable PrEP continue helping women. Women are really suffering; someone is faithful to her husband, yet he will end up infecting the wife with the virus. Mostly men are the route of HIV infection in a family or among the married couples. That is my cry.”

– **Female, Kenya**

## Conclusions

In a context of continued HIV-related stigma, CAB-LA met some clients’ preferences for a product that permitted prevention to be visibly distinguishable from treatment, enabling prevention uptake to feel safer. Moreover, adherence was more easily achieved with CAB-LA compared to PrEP, boosting clients’ confidence in prevention efficacy.



### Comparisons to other prevention methods

“The difference is that pills are hard but the injection is not... The pills are difficult for us to swallow but now that is over. We used to fear pills because they told us to first eat and drink before swallowing the tablets so we would fear to take it so that is why it was hard for us.”

– **Female, Uganda**

“Injectable PrEP had its own advantages and disadvantages. The benefits of injectable PrEP (CAB-LA) are that it could take longer in between the first injection and the next one. ... However, the disadvantages of CAB-LA are that it is offered at the clinic. Comparing this with oral PrEP and self-test kit is that oral PrEP and self-test kit can be brought to me wherever I am home location.”

– **Male, Kenya**

### Reported Drawbacks

“The provider asked if I was willing to use the injection; and I also asked them “Will you tell me that the injection has come to an end as well one day? *If it will end let me continue taking the pills*, but if it will be forever then let me use them.” That is all I asked them.”

– **Female, Kenya**

### Recommendations

Even if they have a new method I would just use [CAB-LA], I would not stop. I can only stop when the HIV prevention program comes to an end.” – **Female, Kenya**

*“I: Do you have any plan of going back to using the PrEP pill?  
P: Not at all. You know I had failed on the PrEP pill.”* – **Female, Uganda**

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