Empowering AGYW mothers' PrEP choices: Qualitative Insights into PrEP Decision-Making and Preferences during Pregnancy and Breastfeeding in South Africa and Botswana

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BACKGROUND

- Adolescent girls and young women (AGYW) in sub-Saharan Africa are at a disproportionate risk of HIV acquisition
- Their vulnerabilities are further intensified during pregnancy and breastfeeding.
- Understanding AGYW mothers' attitudes towards new PrEP modalities is vital for developing effective PrEP strategies and reducing HIV incidence in this vulnerable population.

METHODS

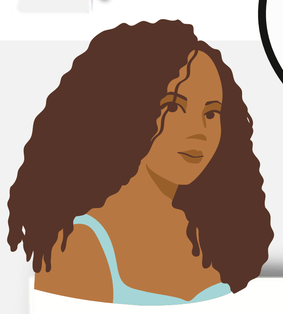
- In-depth interviews were conducted with thirteen pregnant and postpartum AGYW from March-June 2023
- 18-24 years old, median age=22; n=9 pregnant, n=4 breastfeeding
- Three sites: Cape Town, East London (South Africa) and Gaborone (Botswana).
- Thematic analysis focusing on HIV risk perception, and attitudes and preferences towards different PrEP modalities

RESULTS

Strong desire among AGYW to protect themselves and their infants from HIV – motivations strengthened during pregnancy and breastfeeding

'During pregnancy I am concerned about my child. That she must not be infected with HIV when he/she is born.'

East London, Pregnant, 22 years old



Cape Town participants (n=4, all PrEP-exposed) showed higher acceptance of PrEP, most likely due to having more PrEP exposure and/or greater perceived HIV risk they demonstrated compared to the other two sites (all PrEP-naïve).

'That's when I decided that as they explained it and I understand it more that's when I decided to take it [PrEP] and learn about it'

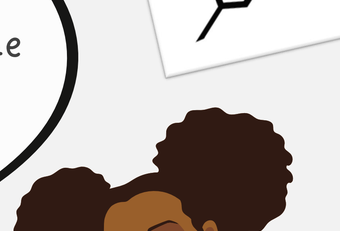
Cape Town, Pregnant, 22 years old

The most preferred modality overall was monthly oral pills compared to vaginal rings, injectables or implants. Fear of pain from injections or inserting implants influenced choice, and vaginal rings were least preferred overall as participants expressed aversion toward the concept of vaginal insertion and concerns over its lower effectiveness.

As participants learned about each modality's long-acting properties during the interview, they often changed their preferences from daily oral PrEP to injectables/implant, as it would alleviate daily pill burdens and result in fewer clinic visits.

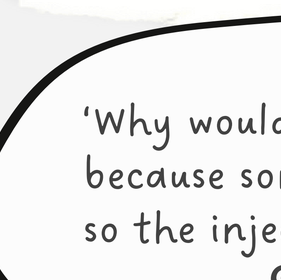
'Why would I pick the injection? It's good because some of us forget to take pills on time so the injection would be good.'

Gaborone, Pregnant, 21 years old



'I don't think I would be comfortable with the one that's inserted into the vagina. No. It would irritate me.'

Cape Town, Pregnant, 18 years old



'I do not trust it. I understand, you take the pill and we are used to it -- But this one that you insert here [implant], then dissolves when it is finished - - it is a bit challenging.'

East London, Pregnant, 23 years old

Participants' main concerns for new modalities included side effects, discomfort, and accessibility or availability.

CONCLUSIONS

- The desire among AGYW to protect themselves and their infants underscores the potential benefits of integrating PrEP into broader maternal health services.
- The study suggests a need for enhanced, context-specific PrEP strategies, especially raising awareness for new modalities as lack of familiarity might deter use.
- Targeted PrEP counselling is needed and should prioritise addressing concerns around safety and side effects and provide product demonstrations.
- Empowering AGYW with knowledge to make informed PrEP choices and ensuring accessibility and availability of different PrEP modalities could enhance PrEP utilisation

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