

“DPP is good because you will be taking it as one pill”—Attitudes and experiences with the dual prevention pill (DPP) among adolescent girls and young women in Harare, Zimbabwe

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- AGYW in Zimbabwe appreciated the convenience of a dual prevention pill that offers protection against HIV and unintended pregnancy.
- High disclosure of study participation to partners, family and friends facilitated study participation and product use.
- Participants pointed to the need for a smaller size of the DPP, with better packaging, and support for effective use.

BACKGROUND

- Oral pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, however, uptake and use by adolescent girls and young women (AGYW) has been inconsistent.
- A dual prevention pill (DPP) combining PrEP with oral contraception (OC) for HIV and pregnancy prevention could increase PrEP use.
- We conducted exit interviews with participants enrolled in a crossover study comparing an over-encapsulated DPP (as a proxy for the co-formulated tablet currently in development) to PrEP and OCs taken separately.

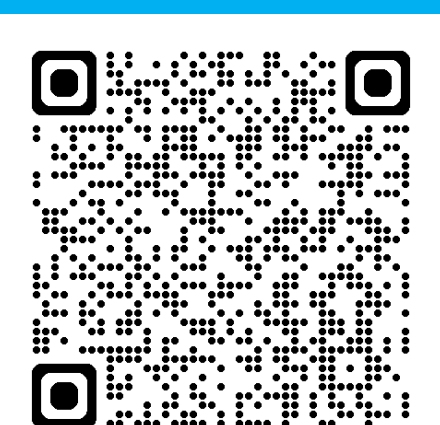
METHODS

- We enrolled 30 16–24 y/o OC-users in a 6-month crossover study in Harare (Nov 2022-Sep 2023). Participants used the DPP capsule and 2 separate pills (PrEP, OC) for three 28-day cycles each.
- We conducted in-depth interviews at study exit using a semi-structured guide explored experience with study product use, social support for study participation, and recommendations for future DPP introduction.
- Conducted 27 IDIs (26 with participants who completed the study and 1 who discontinued early due to pregnancy).

FUNDING AND CONTACT INFORMATION

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SCAN ME for more information about this project.

RESULTS

- Average age was 19 (range 16–24).
- Most AGYW preferred the DPP over two separate pills. Reasons for DPP preference included:
 - i. Convenience of providing dual protection from a single pill.
 - ii. Easy to remember to take one pill for PrEP and contraception.
 - iii. Encapsulation helped avoid the unpleasant taste/smell of PrEP.

“DPP is good because you will be taking it as one pill, you will no longer be taking two separate pills.” ~Age 24

“...You just take one and have dual protection at the same time...the advantage of having one, you can easily take it and you will not forget since you will be taking one.” ~Age 17

WHY DID YOU LIKE THE DPP?
“Because it is just one pill that you will be drinking and the fact that it is encapsulated. It helped because I would not smell that odor.” ~Age 22

- Major concerns about the DPP were its large size compared to PrEP and COCs, which were easier to swallow and had less cumbersome packaging.
- Most participants disclosed product use to partners, family members and friends, which helped them to adhere to study procedures and product use.
- Overall, participants relied on alarm reminders and their own memory to take the DPP and PrEP/COC.

SO, WHAT ARE THE DISADVANTAGES IF THE PILL IS LONG [BIG]? “...It might be difficult to swallow. You might hesitate way before you even drink it...it might sit on your throat, and you will need a full cup of water for it to go down.” ~Age 17

“He [Husband] would leave money for me to come here. And sometimes I would forget to take the pills, and he would remind me to say, ‘Have you taken your pills?’ Then I would take.” ~Age 17

“...So, when I started taking DPP, I knew that I would just use my 8 o’clock alarm to take my pills because it’s the same time I took control pills before I joined the study to take DPP.” ~Age 19

“What I can say is that for the DPP, if it is possible to change the DPP packaging to something which is not the card boxes. If they could find another packaging so that it will be easier to carry it around.” ~Age 24

CONCLUSIONS

- The DPP could be useful for many AGYW seeking dual protection against HIV and unintended pregnancy.
- However, participants noted challenges with size of the DPP, its packaging, and needing support for adherence.
- Larger studies of the actual coformulated DPP among women of all age groups will be needed to determine how to best support women in initiating and sustaining DPP use.