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# The 10th International Conference on Public Health – ICOPH 2024 Bangkok, Thailand

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## EXPLORING BARRIERS AND FACILITATORS OF PREP ACCESS AMONG ADOLESCENT BOYS AND YOUNG MEN IN KWAZULU- NATAL, SOUTH AFRICA: A QUALITATIVE STUDY

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# Background

- In South Africa (SA), the rollout of Pre-exposure prophylaxis (PrEP) as an HIV prevention strategy commenced in 2016, initially targeting specific demographics before broadening access.
- Research Gap: Limited research on PrEP among adolescent boys and young men (ABYM).
- We aimed to evaluate barriers and facilitators for PrEP access and use among ABYM in South Africa.



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# Methods (i)

- Study Setting

uMgungundlovu district, KwaZulu-Natal province, South Africa

- Study Design

Qualitative (in-depth interviews)



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# Methods (ii)

## • Inclusion criteria

- Have accepted an HIV test in one of the participating service delivery points
- Be 18–35 years
- Be sexually active (based on self-reports)
- Be at high risk for HIV infection (identified by a set of risk assessment questions)
- Be seronegative based on HIV rapid test results on the day of recruitment

## • Data collection

- Face-to-face, semi-structured interviews
- Language: predominantly IsiZulu (local language)
- Date: July 2021 – June 2022
- 30 – 60 minutes

## exclusion criteria

- Pre-existing HIV infection or test HIV-positive on the day of recruitment
- TB patients



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# Methods (iii)

- Data analysis

- Data analysis was conducted using Atlas.ti software.
- Transcripts were coded to identify emerging themes aligned with study objectives.
- A comprehensive codebook was developed, and coders independently analyzed data, with regular meetings to refine codes and ensure consistency.
- All qualitative data underwent manual coding before formal analysis using Atlas.ti software.



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# Methods (iv)

## • Ethical considerations

- Ethical approval for this study was obtained from the South African Medical Research Council Health Research Ethics Committee (Ref #: EC051-11/2020) on 19 January 2021.
- Gatekeeper permissions were also obtained from the KwaZulu Natal Provincial Departments of Health (Ref #: KZ\_202010\_033), the uMgungundlovu health districts, and facilities. This project was reviewed by the U.S. Centers for Disease Control and Prevention (Atlanta, GA), Centers for Global Health Associate Director for Science in accordance with CDC human research protection procedures and was determined to be research, but CDC investigators did not interact with human subjects or have access to identifiable data or specimens for research purposes.
- We obtained oral and written informed consent from all potential participants in the study prior to their participation.
- Participation was voluntary, and participants were informed during recruitment that they could withdraw at any stage without consequences from the study team or the facilities which they attend.



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# Results

- 12 male participants interviewed
- Median age: 33 years (IQR: 29–40)
- All participants (100%; n = 12) were Black African
- 58% (n = 7) had completed a secondary level of education, 25% (n = 3) had completed a primary level of education, and 17% (n = 2) had no education at all

## Key themes:

- PrEP Knowledge
- Barriers to using or continuing PrEP
- PrEP Access Preferences
- Motivations for using PrEP



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# PrEP Knowledge gaps

Participants reported a noticeable lack of knowledge about PrEP.

*Before meeting a healthcare provider, I didn't know anything about PrEP.*

*Before taking PrEP for the first time, I thought that PrEP is taken by people who are HIV positive.*

*I didn't know much about PrEP before I was told about it recently. Although I previously heard about it, but I didn't have enough information on it and didn't know whether it exists.*





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# Improving PrEP Knowledge

Participants recommended different platforms that can be used to improve PrEP knowledge, including social media, mainstream media advertisements, community outreach programs, taverns, and schools.

*They should talk about PrEP in radios, TVs and use social media to promote PrEP knowledge among people –because most young people are active in social networks, and those that are at work can learn about PrEP through a radio platform.*

*They should do community outreach programs or campaigns to gather people together and teach people about it.*

*It is easy for people who have knowledge about PrEP to take it.*



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# Barriers to using or continuing PrEP

Participants reported several barriers discouraging them from using or continuing with PrEP, including concerns about side effects, stigma associated with taking ARVs, transportation challenges (difficulty in reaching PrEP service points due to financial constraints).

*I didn't finish taking PrEP because of the side effects such as headache which I was getting. I was never told that I might experience these side effects when a healthcare provider was giving me PrEP. So I only took PrEP for two weeks and stopped because of side effects.*

*Sexual partners thought that a person using PrEP is promiscuous, the other one thought that these are HIV pills, that I am HIV positive.*

*We travel long distances, and there is no transport to go to clinics. So this will make me stop using PrEP.*



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# PrEP Access Preferences (i)

Participants indicated that they prefer the following service delivery points to enable them to access PrEP: Schools, Youth centers, Pharmacies, Community-designated areas.

*...prefer collecting PrEP in youth centers because when people see you collecting treatment at hospitals and clinics, they start judging you.*

*PrEP should be delivered to local places at communities, including schools, churches, halls.*

*Maybe they can also collect it from pharmacies because there are not many people there.*



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# PrEP Access Preferences (ii)

Public Healthcare facilities were not the most preferred service delivery point due to potential stigma, judgment, and long waiting queues.

*Young people don't want to go to clinics due to many factors including stigma, long queues.*

*Some people are scared [to] collecting [PrEP] from clinics because they fear that they would be judged.*



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# Motivations for using PrEP (i)

Participants reported several reasons or benefits motivating them to start or continue using PrEP, which is mainly to prevent HIV infection.

*I started because I am scared of getting infected with HIV, like I said that I don't like to use a condom, I am not used to using a condom. It's useful because even [when] I didn't use a condom I will not be getting infected. It was hard to start using it though in the beginning.*

*You are free in your heart when taking PrEP consistently, because you know that you will not get infected with HIV.*

*I had sex with a woman, after that she told me that she is HIV positive. But later said that she was joking. So I went to check and found that I didn't have it. So I decided to take PrEP after seeing that my life could be in danger.*



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# Motivations for using PrEP (ii)

Some participants continue using PrEP due to their risky sexual behaviour, ensuring that they are protected from HIV infection whenever they engage in unprotected sexual encounter due to alcohol use.

*Sometimes I might get to situations where I'm drunk, or don't have [a] protection [condom], and we had sex, so that's what made me consider using PrEP –so that if the mistake happens I will be protected.*

*I used PrEP because I had sex without [a] condom, with someone I didn't know their HIV status - that made me go to [a] clinic and explain to them. So they gave me PrEP so that I can be protected for future as well in case I make the same mistake – especially because I drink alcohol.*

*I started taking PrEP because I sometimes take alcohol, sometimes I have unplanned or unprotected sex, so I'm trying to make sure that I am protected against HIV.*



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# Participants' recommendations for improving PrEP access/use

Participants recommended different ways to help men start and continue using PrEP, including improving PrEP education, expanding access, promoting adherence through cell-phone reminders, and community outreach programs.

*If you give them information about PrEP benefits, people will start using it because they are scared of HIV.*

*People can start taking PrEP if it can be made available to them readily because they are scared of getting infected with HIV. PrEP should be made available at community structures, PrEP should be brought closer to people.*

*There should be cellphone reminders (calls/SMSs), and platforms where people would be reminded to continue taking PrEP. Also, people should have options whereby they will be able to report side effects.*

*Community outreach programs, including soccer games etc. are important because there you can get the youth through those structures, tell them about PrEP benefits and all, the youth is scared of HIV but they have unprotected sex. Some people would tell you that they don't like to use protection, so you educate those people about PrEP and its benefits.*



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# Conclusions

- Targeted interventions are needed to ensure ABYM can effectively access and continue using PrEP.
- **Enhance PrEP Knowledge:** Utilize preferred information channels to disseminate PrEP information.
- **Improve Access Points:** Increase PrEP availability at educational institutions, youth centres, pharmacies, and community areas.
- **Address Stigma:** Implement interventions to reduce stigma in public health clinics and other service points.



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# End, thank you!

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