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“I Had Not Fully Understood How It Works:” Key Influences on Adolescent Girls and Young Women’s Decisions to Decline or Delay Daily Oral PrEP Initiation in Western Kenya

Beima-Sofie K¹, Urusaro S¹, Auwor M², Atieno W², Dollah A², Matemo D², Lee A¹, Kemunto V², Wandera C², Kinuthia J², Morton J¹, Mugwanya K^{1,3}

¹Department of Global Health, University of Washington, Seattle, United States, ²Research & Programs, Kenyatta National Hospital, Nairobi, Kenya, ³Department of Epidemiology, University of Washington, Seattle, United States

Background: Adolescent girls and young women (AGYW) have high HIV incidence and are a priority population for ending the HIV epidemic. While daily oral PrEP is an effective HIV prevention strategy, uptake among AGYW has been limited. Better understanding why high-risk AGYW delay rather than decline PrEP initiation may identify strategies for overcoming initial barriers to uptake among this key population.

Methods: Within an ongoing programmatic trial evaluating PrEP integration into family planning clinics (FP) in Western Kenya (FP Plus project), we conducted semi-structured individual interviews (IDIs) with AGYW who declined or delayed PrEP initiation. IDIs were conducted at two FP clinics between Sept-Nov 2023 by trained Kenyan social scientists and were audio recorded, translated, and transcribed. We conducted a thematic analysis of IDI summaries and a subset of full transcripts to explore and compare experiences, beliefs, and rationale between women who delayed versus declined PrEP.

Results: Twenty AGYW completed IDIs, including 10 who declined PrEP use and 10 who delayed PrEP initiation. AGYW were a median of 23 years (IQR 20-24) and the majority were single/never married (55%). All AGYW noted that alternative PrEP modalities, such as long-acting injectables or vaginal rings would improve PrEP utilization. Most described having insufficient information on PrEP after receiving initial counseling, leading them to feel unprepared to accept PrEP and fear side effects, including infertility. AGYW also noted

concerns about pill size, conflation of PrEP pills with ART and fear of stigma as key influences on initial decisions to decline. For AGYW who never initiated PrEP, concerns about negative partner reactions, inability to conceal PrEP pills, and daily pill burden were primary reasons for declining use. AGYW who delayed initiation sought support from peers, partners, and family members, and searched for additional information, before deciding to initiate. Among delayed initiators, HIV risk perceptions and a desire to remain HIV negative overcame pill-taking concerns and contributed towards PrEP acceptance.

Conclusions: Community support opportunities and improved access to information could improve the uptake of oral PrEP among AGYW who perceive themselves at higher HIV risk, while additional PrEP options may improve PrEP initiation.

