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Parents' and guardians' perceptions of oral pre-exposure prophylaxis introduction in Tanzania: Findings from implementation science research

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PARENTS' AND GUARDIANS' PERCEPTIONS OF ORAL PRE-EXPOSURE PROPHYLAXIS FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN TANZANIA

FINDINGS FROM IMPLEMENTATION SCIENCE RESEARCH

Adolescent girls and young women (AGYW) are one of the populations most vulnerable to HIV in Tanzania. As this group ages, HIV prevalence triples from 1.3 percent among adolescent girls 15–19 years old to 4.4 percent among young women 20–24 years old.¹ The World Health Organization recommends oral pre-exposure prophylaxis (PrEP), antiretroviral medication taken by HIV-uninfected persons to prevent HIV, be offered as a prevention choice for people at substantial risk for HIV infection.² Thus, PrEP has the potential to significantly reduce HIV acquisition among AGYW. However, there is little data on how to effectively introduce PrEP in Tanzania that will ensure proper use and long-term adherence among AGYW.

The Population Council, in collaboration with the National AIDS Control Programme (NACP) and CSK Research Solutions Ltd, conducted implementation science research in two research sites—an urban setting in Dar Es Salaam and a rural setting in Mbeya district—to identify key considerations for introducing PrEP to AGYW in Tanzania.

The NACP and members of the study's research utilization committee³ recognized the importance of learning about parents' and guardians' attitudes and perceptions of PrEP use by their adolescent and young adult daughters and peers to inform the PrEP implementation process in Tanzania. Moreover, existing research in Tanzania finds that parents communicate with their children about sexual and reproductive health and that communication with parents and other family members affects young people's engagement in sexual behavior.^{4,5}

This brief presents results from focus group discussions (FGDs) with female and male parents/guardians of AGYW. Results focus on themes that were common across study sites and parents/guardians.

METHODS

The study team conducted two FGDs with female parents/guardians and two FGDs with male parents/guardians in each of the research sites. All FGDs were conducted in Kiswahili. Civil society organizations providing services to communities in the study sites helped recruit the parents/guardians for the FGDs.



Parents and guardians were aware that their daughters were at risk of acquiring HIV.

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KEY FINDINGS AND RECOMMENDATIONS

Parents/guardians were in favor of PrEP being used by their daughters because they are aware that AGYW are at substantial risk of HIV.

Most parents/guardians will actively support AGYW use of PrEP but need accurate information about PrEP that addresses their key concerns and any misconceptions.

Parents/guardians concerns about PrEP centered on PrEP's effect on AGYW's fertility, being perceived as condoning their daughter's sexual activity, and being left out of their daughters' decision to take PrEP.

Educating parents/guardians about PrEP and engaging them in implementation activities should be part of PrEP roll-out strategies for AGYW.



Trained research assistants used a standardized script to provide detailed information on PrEP to all FGD participants. Parents/guardians were then asked about their perceptions of AGYW's risk for HIV, current parent/child communication about sexual and reproductive health, their perceptions of PrEP generally and for their daughters, concerns they have about PrEP, and how they would react to their daughters taking PrEP. This study was approved by the Population Council Institutional Review Board (New York, USA) and the National Institute of Medical Research (Dar Es Salaam, Tanzania).

RESULTS



AGYW's parents/guardians were aware that their daughters are at substantial risk of acquiring HIV.

- While a majority of parents/guardians admitted that they try to educate and advise their daughters about safer sex, they cannot completely control or monitor their daughter's sexual behavior or ensure they use condoms.

“For our children who are now growing this problem is very evident. For the age from 14/ 15 years and above... even if they are warned/ advised by their parents about something, they may tend to ignore.”

—Female parent/guardian, Dar es Salaam

“There are the ones...that cannot understand you however you educate them. So, the “foolish age” accelerates her involvement in sexual activities. “Foolish age” is very disturbing and there is not one who has not gone through this period.”

—Female parent/guardian, Mbeya



Considering AGYW's HIV risk, parents/guardians were overwhelmingly positive about PrEP being used by their daughters.

- **AGYW sexuality:** Given the inevitable initiation of sexual activity among AGYW as well as their engagement in potentially risky behaviors, parents/guardians supported PrEP being offered early to their daughters to protect them against HIV.

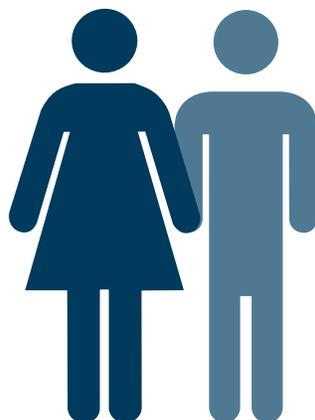
“When you find that the girl has become notorious [meaning sexually active], she should use PrEP... You can tell the girl that you know has good behavior. You can just educate her without giving her medication. [But for others] it is better to take PrEP than taking ARVs after getting HIV.”

—Female parent/guardian, Mbeya

WHO PARTICIPATED IN THE STUDY?

55 parents/guardians
(28 female and 27 male)

31 from **Dar es Salaam**,
24 from **Mbeya**



58 percent completed primary school and the remainder received some secondary or tertiary schooling

Parents/guardians had on **average 4 children**

“*Nowadays, you could find a youngster at 12 years already getting involved in sexual activities. These people should also take the medication.*”

—Male parent/guardian, Dar es Salaam

- **Partner trust and HIV status:** Parents/guardians were aware that AGYW are at risk of HIV acquisition because of the erosion or absence of trust within AGYW's relationships with male partners. Since some partners of AGYW might be HIV positive, PrEP would protect these young women.

“*It is very easy for a young woman who is married to get HIV because she got married to an old man while she is still young. Despite all of that, this man might have other women outside the marriage, perhaps this young woman does not understand anything and she is at home saying she is waiting for her husband while he is out with other women and those women are not known whether they are safe or not. Therefore, as he goes to date them and come back home, he brings HIV to her because she is already a wife and there is no alternative*”

—Female parent/guardian, Dar es Salaam

- **Ability to live and care for grandchildren:** Parents/guardians, especially females, endorsed the use of PrEP for AGYW because they wanted to protect the health of their daughters and the well-being of their grandchildren.

“*Unlike men, for a woman even if your daughter is married, you will call them around and talk to them in a friendly manner. By talking to them, we will be sensitizing so that this should be done in order to protect ourselves. In order for you to live well and bring up your children well, you have to use PrEP so as to protect yourselves.*”

—Female parent/guardian, Mbeya



Despite PrEP's benefits, parents/guardians voiced a number of concerns regarding AGYW's use of PrEP.

- **Fertility desire:** Parents/guardians reported different degrees of support for the use of PrEP depending on the fertility status of their daughters. The ability to conceive or fertility desire was the most common concern regarding the effect of long term use of PrEP on AGYW.

“*The adverse effects should be further checked to see that a person using the medication can get pregnant...even our children who are using them...that they may get pregnant in future and give birth to healthy babies. Even a pregnant woman using the medication won't have problem, and would give birth to a healthy baby. Once a person hears that, he/she can then say that the medication is good. But looking at its adverse effects, a large percent would reject the medication.*”

—Female parent/guardians, Dar es Salaam

- **Encouraging and condoning sexual activity:** Some parents/guardians grappled with the dilemma that by asking their daughters to use PrEP, they might be viewed as condoning or encouraging sexual promiscuity.

“*What is needed, in order for them to not get the infection, they are supposed to stop unprotected sex. But because they see there are medications, they will see it is better to use medication. Therefore, they will see it is okay but honestly, it is not okay to use medications because they will make them do unprotected sex.*”

—Female parent/guardian, Dar es Salaam

“ I would tell her to keep on using the medication if she is using it, but I will also warn her not to trust the medication directly. I would ask her to be careful and settle down, and to also wait for the right man who would marry her. I cannot say that because she is using medication, then I will allow her to have sex as she wants.”

—Male parent/guardian, Dar es Salaam

- **Lack of involvement in AGYW’s decision-making to take PrEP:** Parents/guardians stated that AGYW could take PrEP secretly or without disclosing it to them if they did not give AGYW permission to take the medication. They were concerned about not having the opportunity to properly advise or counsel AGYW.

“ They will secretly do their things, telling each other. They will go behind our backs, take the medication and counsel each other and use them. This is very possible once the medications are brought here.”

—Female parent/guardian, Dar es Salaam



Parents/guardians voiced support for PrEP use by their daughters who want to take it.

- Parents/guardians said they would support AGYW’s decision to take PrEP in a variety of ways, including reminding them to take the medication and picking up their medication for them.

“ Even if she will not go to the hospital, I will go to get her pills so that I can wake her up every day to take it by month”

—Male parent/guardian, Mbeya

RECOMMENDATIONS

- Ensure that demand creation activities include the education of AGYW’s parents/guardians. This education should clearly explain what PrEP is and address parents’/guardians’ key concerns and any misconceptions about the medication.
- Enhance the ability of parents/guardians to communicate with their children about PrEP, HIV, and sexual activity. This could be included in educational efforts targeted to parents/guardians as part of demand creation activities.
- Engage parents/guardians in PrEP implementation activities as many in this study would support their daughter’s use of the medication. For example, parents/guardians can lead advocacy and education campaigns in their communities with the appropriate support.

REFERENCES

- ¹Tanzania Commission for AIDS (TACAIDS) et al. 2013. Tanzania HIV/ AIDS and Malaria Indicator Survey 2011–12. Dar es Salaam, Tanzania: TACAIDS, ZAC, NBS, OCGS, and ICF International.
- ²WHO. 2016. *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach, Second edition*. Geneva: WHO.
- ³Population Council. 2017. “Stakeholder considerations for PrEP introduction to adolescent girls and young women: laying the groundwork for research utilization in Tanzania,” *DREAMS Tanzania Results Brief 1*. Washington, DC: Population Council.
- ⁴Wamoyi, J. et al. 2010. “Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people’s sexual health interventions,” *Reproductive Health* 7:6. doi:10.1186/1742-4755-7-6.
- ⁵Wamoyi, J., D. Wight, and P. Remes. 2015. “The structural influence of family and parenting on young people’s sexual and reproductive health in rural northern Tanzania,” *Culture, Health & Sexuality* 17(6): 718–732. doi:10.1080/13691058.2014.992044.

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