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Role of stigma in pre-exposure prophylaxis (PrEP) uptake and continuation among adolescent girls and young women (AGYW): Considerations for programme implementers

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Role of stigma in pre-exposure prophylaxis (PrEP) uptake and continuation among adolescent girls and young women (AGYW)

Considerations for programme implementers

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Evidence review focusing on strategies to address stigma related to PrEP uptake and continuation

This review is a synthesis of the following:

34

peer-reviewed articles published in last 5 years

42

references from grey literature (2015 – present)



Focused on South-South HIV Prevention Learning Network (SSLN) countries but studies that were found were primarily from South Africa and Kenya



Rely on qualitative data; mostly descriptive studies



None of the studies rigorously tested stigma reduction interventions

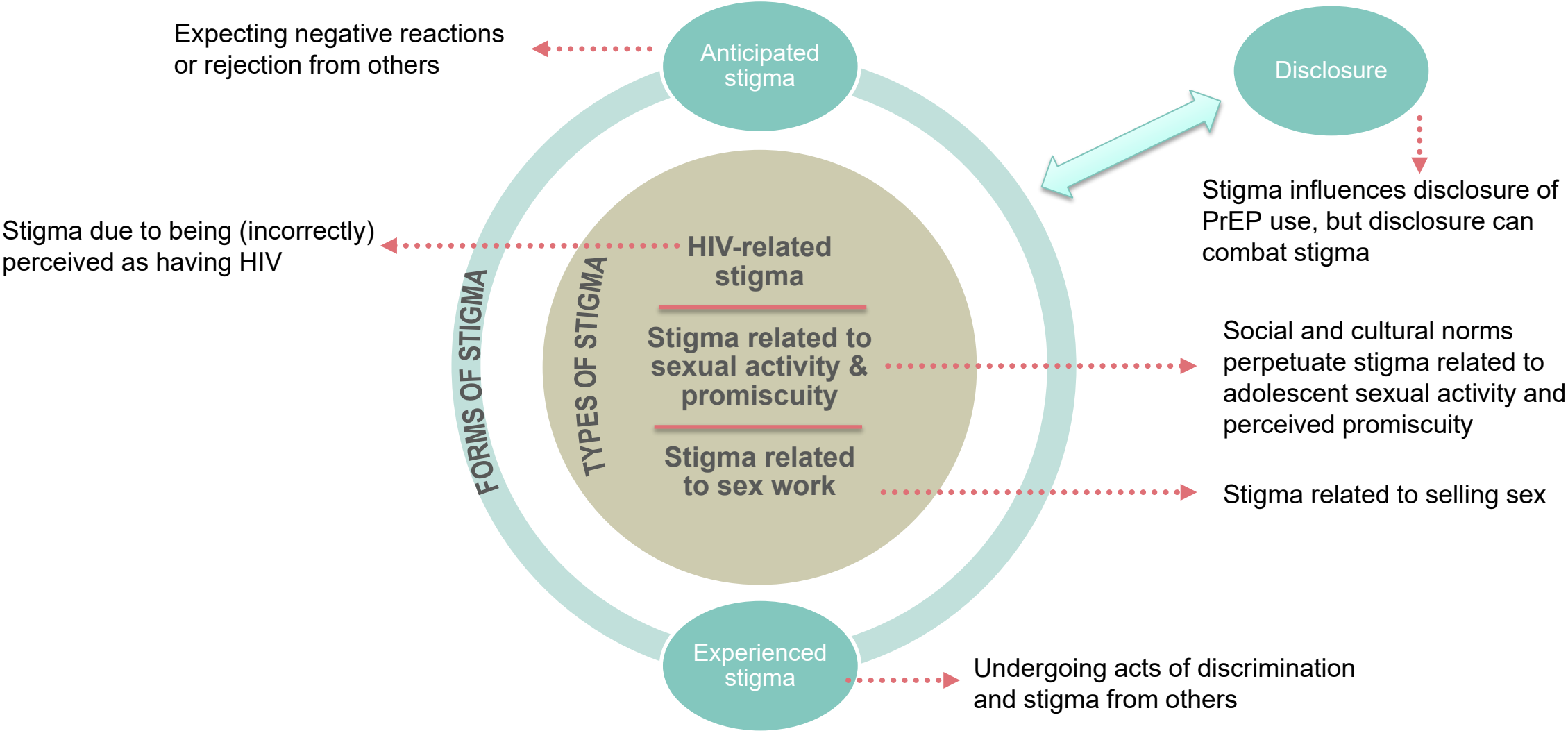
- This review topic was identified by the East and Southern African Champions working in HIV prevention for AGYW.
- The following slides are a synopsis of the findings of a rapid review that was conducted to fill a knowledge gap about **the role of stigma on PrEP uptake and continuation among AGYW and strategies to address it.**

*Countries included:

Botswana, Eswatini/Swaziland, Kenya, Malawi, Mozambique, South Sudan, South Africa, Tanzania, Uganda, Zambia, Zimbabwe



How stigma influences AGYW PrEP uptake: A framework



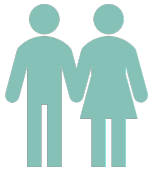
Strategies to address anticipated and experienced stigma to increase **demand and use of PrEP**

1 At the AGYW level



- Positive and empowering messaging around PrEP to create demand
- AGYW mentored safe space clubs to promote PrEP and help empower, build resilience to stigma and support disclosure and adherence

2 At the Partner and Family level



- Engage with male sexual partners (steady/regular) and families to increase support for PrEP use
- Facilitate disclosure (e.g., direct facilitation; increase self-efficacy to disclose; education and awareness-raising)
- Host PrEP sensitization meetings with family, partners and friends of AGYW

3 At the Community level



- Communications must target broader community in order to normalize PrEP use; Position PrEP as something that reflects health rather than something that reflects treatment for illness to reduce stigma
- Education and sensitization of community members/leaders to remove misconceptions of PrEP (e.g., PrEP is not antiretroviral therapy [ART], PrEP is not only for sex workers)

Strategies to address anticipated and experienced stigma to improve **provision of PrEP**

1 At the Provider level



- Move from risk assessment screening tools to a more conversational approach about HIV risk and PrEP to reduce judgement (e.g., motivational interviewing); Consider self-assessment tools.
- Address provider negative attitudes re: AGYW sexual activity, promiscuity and sex work.

2 At the Health System Infrastructure level



- Integrate PrEP into other health services routinely accessed by AGYW and that do not have the stigma associated with ART clinics (e.g., maternal and child health, family planning clinics, youth-friendly centers).
- Decentralization of PrEP — although initiation may occur at clinics, follow-up appointments and refills may occur at community centers/safe spaces.

3 At the PrEP Characteristic level



- Re-packaging PrEP so that it looks different from the antiretroviral (ARV) bottles.
- Pills should have different characteristic from ARVs.
- Multi-purpose technologies are favored by AGYW due to potential for discreetness of method.



**A research brief will be available
at the end of June 2023**

