Association between contraceptive use and PrEP uptake and continuation in adolescent girls and young women in Cape Town, South Africa.

Elzette Rousseau-Jemwa, Jared M. Baeten, Jennifer Morton, Rachel Johnson, Connie L. Celum, & Linda-Gail Bekker

Interest 2019
PrEP delivery for Young Women

- Adolescent girls and young women (AGYW) experience 1000 new HIV infections every day
- PrEP allows users to take control of their own health without dependence on sexual partners for HIV prevention
- A call for PrEP to be integrated into reproductive health services
- Understanding AGYW patterns of use is critical for scale up of PrEP programmes
Objective

Develop cost-effective and scalable models for implementation of ARV-based HIV prevention products for young women in Cape Town and Johannesburg (South Africa) and Kisumu (Kenya).

Where We Work

- HIV negative women
- Ages 16-25 yrs
- Sex in last 3 months
- Up to 3000 young women

Consortium Partners
PrEP delivery from mobile clinic, Cape Town

- Recruit 1000 HIV uninfected women ages 16-25
- Adolescent Friendly Services (fast and convenient)
- Anonymous biometric medical records
- Contraception services
POWER and PrEP use

• **Visit schedule**
  - Enrollment
  - Month 1
  - Quarterly
  - Flexibility in schedule e.g. integrate with family planning schedule

• **Objective:** To determine the persistence and patterns of oral PrEP use in African young women

- Persistence is calculated based on pharmacy records.
- Persistence is defined as uninterrupted PrEP use, based on PrEP dispensing at months with a visit or having previously dispensed supply of >30 days of PrEP at months without a visit.
June 2017 – October 2018
Age $\bar{x} = 19$yr
Sexual Debut $\bar{x} = 16$yr

1096 eligible YW

31% total initiated PrEP same day

356 enrolled on POWER
Results: Participant Behavioral Data

Average number of HIV risk factors reported in AGYW lives = 3

- Inconsistent Condom Use: 73% Initiate PrEP, 71% Decline PrEP
- Unknown partner HIV status: 70% Initiate PrEP, 76% Decline PrEP
- Partner has other partners: 75% Initiate PrEP, 63% Decline PrEP
- Multiple Partners: 13% Initiate PrEP, 9% Decline PrEP
- Reported STI in last 6 month*: 22% Initiate PrEP, 13% Decline PrEP

*Upon testing for STI in the PrEP accept group, Chlamydia/Gonorrhea was found in 49% of this group
Young women using contraception were more likely to initiate PrEP on the same day ($p=0.001$)

PrEP initiation was significantly associated with contraception initiation on the same day ($p=0.003$)
PrEP persistence and contraception use

Trend towards higher contraception use among AGYW who ever came back for PrEP refill (p=0.10)

34% restarted after PrEP interruption
Conclusion

- Contraception and PrEP initiation and continuation were correlated in this group of young African women.
- While young women’s contraception use facilitated PrEP initiation and continuation, PrEP initiation also encouraged young women to initiate contraception use.
- These findings support the integration of SRHS with the provision of PrEP for African AGYW.
- PrEP and hormonal contraception delivery to adolescent girls and young women through a mobile clinic is feasible.