Background

- In Kenya a third of all new HIV infections occurred among adolescent girls and young women ages 15-24 years.
- HIV Pre exposure prophylaxis (PrEP) was rolled out nationally in May 2017.
- PrEP scale up programs continue to report low uptake of PrEP among AGYW.
- We examined whether availability of STI screening results would impact PrEP acceptability and uptake in this population.

Method

- We performed secondary data analysis from an on going cohort study of 400 girls enrolled at ages 16-20 years, Thika, Kenya
  - At enrollment (in 2014), girls were either sexually naïve or reported one lifetime sexual partner
  - The girls were followed up every 3 months with regular STI testing,
    - nucleic acid testing (NAAT) of vaginal swabs for Neisseria gonorrhoea,
    - Chlamydia trachomatis, and Trichomonas vaginalis, and
    - vaginal gram stains for bacterial vaginosis (BV).
  - ELISA assay for HIV and HSV-2 was also done

Results

- Of 400 AGYW in the HSV-2 inception study 168 (42%) were assessed as eligible for oral PrEP of whom
  - 26 (15%) had laboratory confirmed STI
  - 56 (33%) had a sexual partner of unknown HIV status
  - 133 (79%) reported inconsistent or no condom use
  - 6 (%) other indications
  - 9 (5.4%) of PrEP eligible AGYW offered PrEP took a prescription.
  - 4 of whom were among those confirmed with an STI.
  - Over 3/4 of the girls found to be at risk reported sex without condom use at their last sexual encounter.

Table 1: Baseline Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Girls not accepting PrEP (N=159)</th>
<th>Girls accepting PrEP (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years at HIV risk assessment visit</td>
<td>21 (18-23)</td>
<td>20 (19-22)</td>
</tr>
<tr>
<td>Years Education at Enrollment</td>
<td>12 (0-14)</td>
<td>12 (9-13)</td>
</tr>
<tr>
<td>Age in years at first intercourse</td>
<td>18 (14-22)</td>
<td>18 (17-20)</td>
</tr>
<tr>
<td>Regular source of income at Enrollment</td>
<td>63/159 (39.6%)</td>
<td>3/9 (33.3%)</td>
</tr>
<tr>
<td>Average monthly income at Enrollment</td>
<td>0 (0-12,000)</td>
<td>0 (0-3,000)</td>
</tr>
<tr>
<td>Rural residence at Enrollment</td>
<td>91/159 (57.2%)</td>
<td>6/9 (66.6%)</td>
</tr>
<tr>
<td>Reported sex in the 3 months prior to HIV risk assessment</td>
<td>107/159 (67.3%)</td>
<td>9/9 (100%)</td>
</tr>
<tr>
<td>Reported sex in the 3 months prior to HIV risk assessment without using a condom</td>
<td>90/107 (84.1%)</td>
<td>7/9 (77.8%)</td>
</tr>
<tr>
<td>Ever diagnosed with STI checked on HIV risk assessment</td>
<td>22/159 (13.8%)</td>
<td>4/9 (44.4%)</td>
</tr>
</tbody>
</table>

Conclusion

- AGYW assessed to be at high risk for HIV infection.
  - In the context of laboratory confirmed STIs, experienced PrEP counsellors, girl friendly environment with easy access to oral PrEP; PrEP uptake and condom use remained low.
  - The field needs to gain a better understanding of AGYW perspectives and factors that would support their uptake of HIV prevention interventions including oral PrEP

Acknowledgements

1. The AGYW who accept to participate in the study
2. Research staff at Kenya Medical Research Institute (KEMRI)/Thika Partners in Health Research and Development
3. University of Washington Investigators
4. Funding: National Institute of Allergy and Infectious Diseases (NIAID), National Institute of Child Health and Human Development (NICHD)

References: