



PrEP Receipt versus PrEP Use among Adolescent Girls and Young Women Offered Peer-Delivered, Community-Based Services in Kisumu, Kenya

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Background

- Adolescent girls and young women (AGYW) often struggle with daily oral HIV pre-exposure prophylaxis (PrEP) adherence due to individual, social, and structural factors
- While uptake to PrEP can be high, persistence is commonly short-lived
- We saw this pattern in the MPYA Study among AGYW in Kenya (2016-2020), as have many others (e.g., HPTN 082, POWER Study)

(Haberer et al, Lancet HIV 2021; Celum et al, PLoS Med 2021; Celum et al, JIAS 2022)



Background

- In MPYA, PrEP receipts did not always mean PrEP use
- Pharmacy refill was consistently and markedly higher than by electronic monitoring (Wisepill)
- Importantly, correlation of electronic adherence monitoring and tenofovir levels was high (AUC 0.85) (Musinguzi et al, AIDS Behavior, 2023)

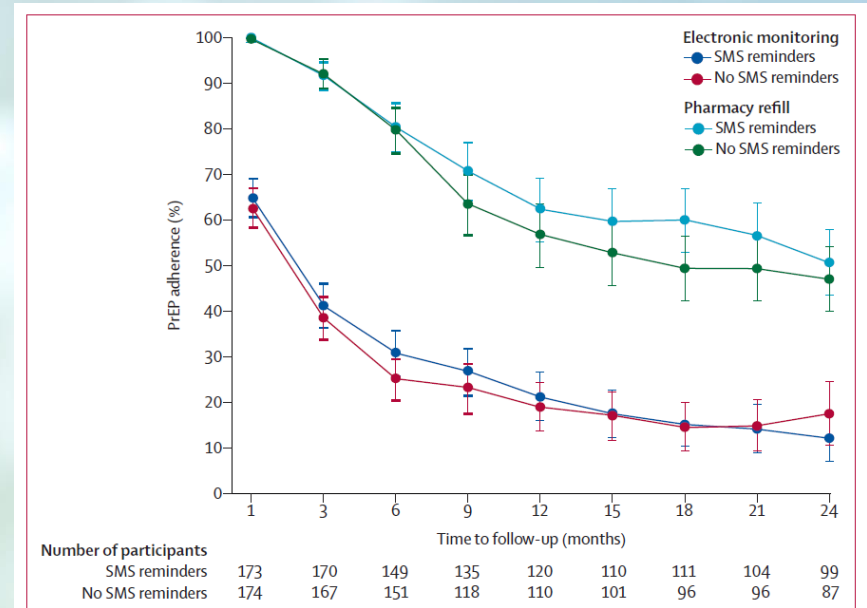


Figure 2: PrEP adherence by electronic monitoring and pharmacy refill by study group



The My Way Intervention



- To help overcome some of the barriers to PrEP use, we used a human-centered design process to create My Way (Haberer et al, JIAS 2023)
- My Way is a peer-supported, community-based delivery model for PrEP co-packaged with testing for sexually transmitted infections (STIs) and contraception



My Way kit

- Kit components packaged and delivered by a peer at a convenient time and location
 - PrEP pills
 - Vaginal swab for STI testing
 - Contraceptive of choice (Sayana press, oral pills, condoms)
 - Pregnancy kit
 - HIV self-test kit
- Video and pamphlet instructions for kit components were available





Sample My Way instructions

1.



Geuza beseni huu upande wa chini.

2.



Fungua hivi



Simamisha chupa kwenye beseni



Usikunywe maji haya
Usimwage maji haya



3.



Usiguze upande wa chini



Pitisha sehemu hii mara moja kwenye gum ya juu na ya chini



Subiri
Dakika 20



Mstari mmoja humanisha uko sawa

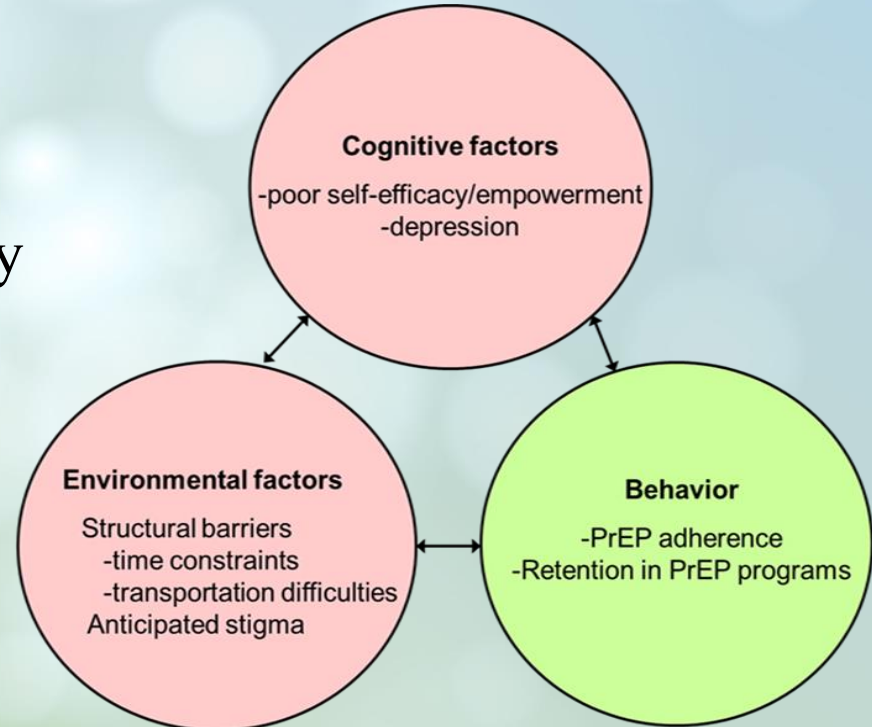
Ukiona mistari miwili pigia peer mentor wako





Social Cognitive Theory

My Way focused on known
barriers to persistence as
determined in the MPYA study
(Haberer et al, JAIDS 2022)





Intervention Mechanisms

- The My Way intervention addresses the environmental factors through personalized delivery of the kit at a convenient time
- Cognitive factors are addressed through peer support and self-driven care



Study objective

- We conducted a randomized controlled trial comparing My Way to clinical care
- We found very high acceptability and feasibility
- Prevention-effective PrEP use was modest (18% vs 7% at 6 months; $p=0.08$) (Haberer et al, JIAS 2024)
- This analysis assesses the demographic and socio-behavioural factors influencing PrEP receipt versus use among young women receiving PrEP through My Way



Methods

- **Study setting:** Two public health facilities in Kisumu, Kenya
- **Study population in this analysis:** 75 AGYW (intervention arm)
- **Eligibility criteria:**
 - Young woman (age 16-24 years)
 - Reported sexual activity within the past 3 months
 - Interest in taking PrEP
 - Residence in the Kisumu region



Study Procedures

- Participants were followed at Months 1, 3, and 6
- Peers confirmed availability and delivered the desired components of the My Way kit
- At enrolment, participants completed surveys on their demographic and socio-behavioural characteristics
- At each kit delivery, participants completed surveys on PrEP use
- Dried blood spots were collected at Month 6



Analysis

- Demographic/socio-behavioural characteristics associated with PrEP use were assessed with logistic regression
- Objective PrEP use was determined at Month 6 by TFV-DP



Results

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Demographics	N (%)
Median age	21.6 (IQR 20.7, 23.1)
Partner HIV status known	57 (76%)
Engaged in transactional sex	48 (64%)
Student	41 (55%)
Lives with parent(s)	37 (49%)
Time to get to clinic	
<30 min	19 (25%)
30-60 min	52 (69%)
>60 min	4 (5%)
Depression	
None to mild	33 (44%)
Moderate to severe	42 (56%)
Alcohol use	16 (21%)



PrEP receipt vs use

- PrEP acceptance
 - Month 1: 67 (89%)
 - Month 3: 60 (80%)
 - Month 6: 50 (67%)
- TFV-DP was detected in 12 participants at Month 6
 - 16% of 75 enrolled
 - 24% of the 50 accepting PrEP
- Comparing the 12 participants with detectable TFV-DP vs the 38 participants without detectable PrEP at Month 6, no differences were seen in demographic/socio-behavioural characteristics



Limitations

- Small sample size
- Study sample was recruited by convenience and may not be representative of all young women seeking PrEP
- Some of the anticipated barriers were not present (e.g., difficulty accessing clinic)



Conclusions

- PrEP receipt among the community-based peer-delivery intervention was high
- Persistence to oral PrEP remained modest
- Potential explanations include social desirability with kit use and competing priorities
- Future research should explore other means to promote PrEP use, including long-acting formulations



Thank You!

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