

CONTROLLING THE HIV EPIDEMIC WITH
ANTIRETROVIRALS



Avoiding the Cost
of Inaction

18-19 September 2014 • Royal Garden Hotel, London

Stigma as Possible Barrier to PrEP Acceptance in Nigeria: Lessons Learned from the Formative Study on PrEP Acceptability

Nancin Yusufu Dadem (M.A)



CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS
Avoiding the Cost of Inaction

Background

A Formative Study was conducted to explore the acceptability of antiretroviral use as pre-exposure prophylaxis (PrEP) for HIV prevention in Nigeria.

The objectives were to identify:

- A target group for PrEP study
- Effective public health messaging strategies
- Community concerns/possible logistic challenges
- How to address those challenges.



Study Design and Methods

- Design: Qualitative explorative study
- Methods:
 - Open-ended Interviews
 - Telephone Interviews
 - Focus Group Discussions
 - Consultative Stakeholder Meetings
 - Online Survey



Map Showing Study Locations



CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS
Avoiding the Cost of Inaction

Study Participants

- Representatives of government
- Partners in HIV Program and Research
- People who may receive PrEP (Sero-discordant Couples, MSMs, IDUs, SWs)
- Community Representatives



Data Table

Data Collection	Sample Sizes
Individual Interviews	101
Telephone Interviews	113
Focus Groups	12
Consultative Stakeholder Meetings	3
Online Survey Responses	65



Data Analysis

- Individual responses corresponding to each study objective were summarized and assigned to descriptive categories.
- Data were inductively content analyzed to identify themes and broader concepts.



Results

- Findings indicate wide acceptance of PrEP as an addition to the HIV prevention package in Nigeria. However, stigma was a concern
- Stigma through breach of confidentiality from: the physical layout of PrEP clinics, organization of PrEP services, professionalism of staff; & low public education



Breaches of Confidentiality

- Location & Organization of PrEP Clinics:
 - Type of clinics: hospital-based Vs Mobile clinics
 - Location of clinics: Integrated Vs Stand-alone
 - Organization of clinic: Every days Vs “Special days” arrangement
 - PrEP delivery: Integrated Services Vs segregated
- Low public PrEP education: confusing the use of ARV for PrEP, as ARV for treatment



Breaches of Confidentiality Cont.

- Professionalism of Staff:
 - Health workers shouting out the names of clients during clinic visits (risking disclosure)
 - Health workers' arbitrarily revealing clients status to others (breaching confidentiality)
 - Fear of harsh attitude of healthcare workers to clients (a form of stigma)



Recommendations

- Integrate PrEP into daily general health services (doctor consultations & drug dispensing)
- Train & re-train health care providers on confidentiality
- Identify sources of stigma in the communities & create awareness
- Develop a robust public education strategy using community advocacies and both print & electronic media



Conclusion

- If these recommendations are implemented, the PrEP Demonstration Project in Nigeria could be effectively utilized.



Appreciation

- Funder: Bill and Melinda Gates Foundation, administered through the Georgetown University, USA under Grant 3528-613-NACA
- All Study Participants
- NACA & PrEP Formative Study Team



...

THANK YOU FOR LISTENING



CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS
Avoiding the Cost of Inaction