

# Motivations for initiating PrEP: a qualitative study among adolescent girls and young women in Johannesburg, South Africa

Nomhle Khoza, Fiona Scorgie, Lethabo Ramskin, Keolepile Makgamathe, Deborah Baron, Sinead Delany-Moretlwe

Wits Reproductive Health and HIV Institute (Wits RHI), University of the Witwatersrand, Johannesburg, South Africa

## INTRODUCTION

Adolescent girls and young women (AGYW) in Eastern and Southern Africa account for 25% of new HIV infections. Oral pre-exposure prophylaxis (PrEP) is a promising prevention method for this group, if uptake and adherence are high. When taken consistently, PrEP has been shown to reduce the risk of HIV infection by up to 92%. Unlike antiretroviral treatment, PrEP can be taken intermittently, only when risk of infection is high, so users may start and stop PrEP many times. This makes it important to understand motivations for initiating PrEP and what factors influence this decision – particularly among AGYW, whose PrEP-use remains under-researched.

## METHODS

EMPOWER (Enhancing Methods of Prevention and Options for Women Exposed to Risk) is a demonstration project evaluating the feasibility and acceptability of offering oral PrEP within a combination HIV prevention package to AGYW in South Africa and Tanzania (see figure 1 for study design). In this poster, we present only data from the South African site (Johannesburg), where a sub-sample of 25 EMPOWER participants was purposively selected for serial in-depth interviews (IDIs) conducted between March 2016 and December 2017.

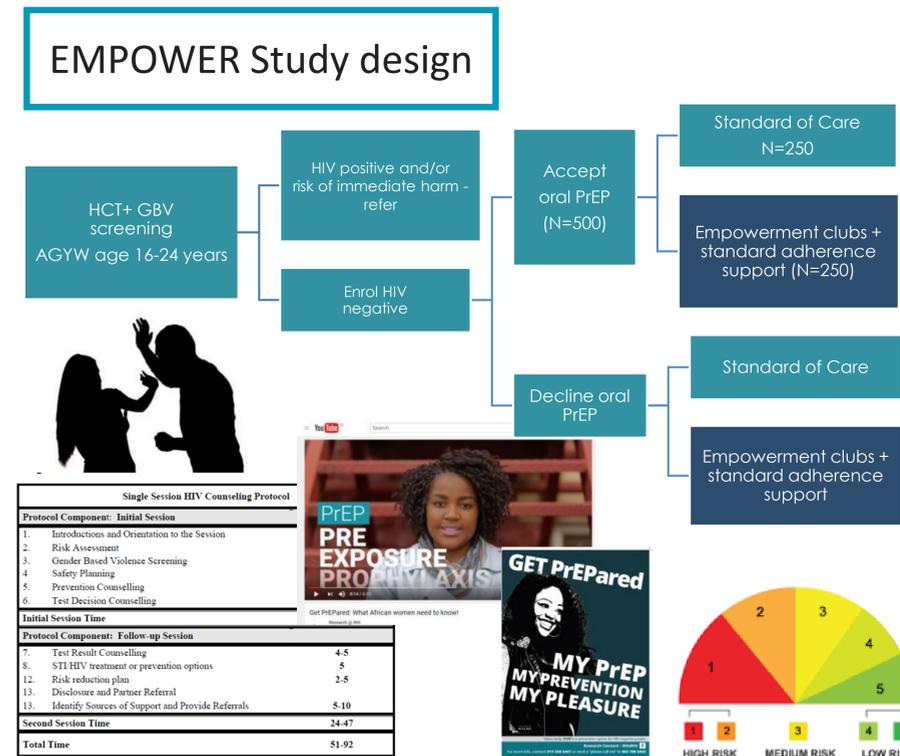


Figure 1: EMPOWER study design

## FINDINGS

Five broad motivations for starting PrEP were expressed by women in the Johannesburg sub-sample:

### 1. Lack of trust

Overall, most participants believed it was in men’s nature to cheat on their partners, and assumed that it was impossible for men to change. This gave rise to suspicions that their partner was already cheating on them (even in the absence of direct proof), or would do so in the future. Those who had already experienced the infidelity of a partner tended to be even more convinced the behaviour was an immutable part of men’s nature, and found it especially difficult to trust their partners.

### 2. Erratic condom use

Participants described sexual relationships where men are the main decision makers, making negotiation over condom usage a challenge. Some participants were involved in multiple concurrent relationships, whereby condoms were used with one partner but not with another. Inconsistent condom use – using it in the first ‘round’ of sex but not in subsequent ‘rounds’ – was also common. PrEP was described as something that circumvented the need to negotiate HIV prevention with a partner, and provided a sense of security in the event of inconsistent condom use.

### 3. Personal experiences of HIV

A few participants were motivated to take PrEP because they had experience of a family member, relative or friend living with HIV or dying of AIDS, and had witnessed how that person had been treated by others. They were anxious not to see themselves in the same situation.

### 4. New option to prevent HIV

Other participants saw the appeal of a new HIV prevention method that suited the circumstances of this particular stage in their lives: young and sexually active, frequently attending social gatherings where new sexual partners are encountered. A strong theme was the desire to take control of their health, avoiding HIV while continuing to experiment sexually and forging their identities as independent, urban women.

### 5. Fear of sexual violence

There was acute awareness that sexual violence was common in this environment, and a number of participants wished to protect themselves from acquiring HIV through rape.

“My boyfriend is cheating, sometimes he would not sleep at home... He would go out for 3 days and come back at home and expect me to sleep with him. I wanted to protect myself because I don’t trust my partner.”  
(205G; 21 years old)

“I’m in a relationship and I know that I won’t be safe every time, I do protect myself but it happens that I don’t use protection. So I just needed something to back up my health besides protection [condoms].”  
(192H; 24 years old)

“Well, my real mum passed away because she had HIV. So I have always tried to stay away from getting that because I don’t want the family saying, you are just like your mother.”  
(63J; 19 years old)

## DISCUSSION AND CONCLUSION

Key motivations for PrEP uptake in this group reflect aspects of the social environment that heighten their risk for HIV infection: multiple concurrent sexual relationships characterised by gender power imbalances, inconsistent condom-use and limited ability to negotiate condom-use with partners, and high background levels of sexual violence and HIV morbidity and mortality.

PrEP fits the narrative of ‘independence’ and ‘autonomy’ to which many AGYW in this setting aspire. While PrEP is an appealing method for AGYW and seems to meet their HIV prevention needs, this will not automatically translate to high adherence. Future research needs to inform practical strategies to support young women’s PrEP uptake and effective use.

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**Corresponding Author:**  
Nomhle Khoza  
[Nkhoza@whi.ac.za](mailto:Nkhoza@whi.ac.za)  
[www.wrhi.ac.za](http://www.wrhi.ac.za)