Poster#WEPEC260

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The PrEP Life: female sex workers' perspectives on uptake and use of daily pre-exposure prophylaxis for HIV prevention in South Africa

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Background

Pre-exposure prophylaxis (PrEP) has the potential to reduce new infections among populations at highest HIV risk, so
end-user perspectives in 'real-world' settings are critical to informing scale-up. This paper presents findings from in-depth interviews (IDIs) with FSW participants exploring the lived experiences and perceptions of taking up and using PrEP during the TAPS Demonstration Project.

Methods

Between June 2015 and July 2017, serial IDIs were conducted with randomly selected participants, in Johannesburg and Pretoria, during their 3, 6, and 9 month clinic visits to record evolution of perspectives and experiences of PrEP use over time. IDIs were conducted in English, IsiZulu, or Setswana, then translated and transcribed by research assistants. Transcripts were uploaded and analysed in NVIVO by the senior research team using thematic analysis which focused on elucidating the broader perspectives and positioning of PrEP within women's lives.

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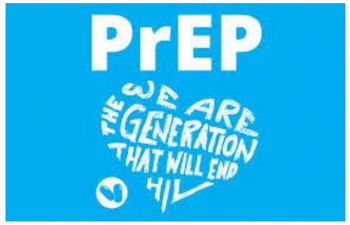
Table 1. Number of serial IDIs in progression.

Month 3	Month 6	Month 9	Total
18	10	6	34

References:

1. Gomez GB, Eakle R, Mbogua J, Akpomiemie G, Venter WDF, Rees H. Treatment And Prevention for female Sex workers in South Africa: protocol for the TAPS Demonstration Project. BMJ Open. 2016 Sep 1;6(9):e011595.
2. Eakle R, Gomez GB, Naicker N, Bothma R, Mbogua J, Escobar MAC, et al. HIV pre-exposure prophylaxis and early antiretroviral treatment among female sex workers in South Africa: Results from a prospective observational demonstration project. PLOS Med. 2017 Nov 21;14(11):e1002444.



(SA Department of Health PrEP National Campaign)

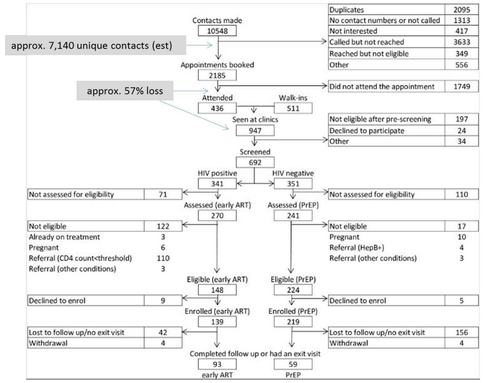


Figure 1. TAPS Uptake and retention flow (from ref 2).

Results

In total, 34 interviews with 18 women were conducted, ages 23-40. Participants perceived risks arising from their work, such as personal safety and potential for HIV infection, such as personal safety and potential for HIV infection, as prominent drivers for taking up and using PrEP. Personal responsibility for staying healthy and being able to support families was also a major motivating factor. Those who stayed on PrEP felt empowered to have control over their own, added HIV protection beyond condoms. All women reported devising their own strategies for managing use, especially when trying to maintain logistical and confidential adherence. Overall, distrust in the existence and/or efficacy of PrEP affected the motivation of women to come to the clinic and to maintain use when questioned by others outside the project.

Conclusion

As one of the first reports of PrEP use among FSWs outside clinical trial settings, this research shows that it will be important to ensure community-based, clear and widespread messaging to generate demand and support for PrEP. The larger TAPS study demonstrated certain successes and challenges in a complex population, further contextualized by this research. To achieve its potential, PrEP implementation must take into account influences on women's lives and what motivates them to take up and use PrEP.

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