

High levels of autonomous decision-making among women receiving multi-method pre-exposure prophylaxis (PrEP) counseling through the CATALYST study in sub-Saharan Africa

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INTRODUCTION

As pre-exposure prophylaxis (PrEP) products expand, providers help clients make an informed autonomous decision about which PrEP method to use. We aimed to explore how client-provider interactions during multi-method PrEP counseling shaped clients' decisions and early continuation.

METHODS

CATALYST, a study implemented by the PEPFAR/USAID-supported MOSAIC project, was delivering oral PrEP, PrEP ring, and injectable cabotegravir (CAB) PrEP to women, especially adolescent girls and young women (AGYW), at public facilities in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe (**Figure 1**). We analyzed cohort data from June–October 2024 and adapted a six-question PrEP-ADM (Autonomous Decision Making, **Figure 2**) scale to explore whether clients received adequate counseling and support to make an autonomous decision. We used factor analysis to validate the scale and logistic regression to determine factors associated with fully autonomous decision-making (defined as having a “high” PrEP-ADM score, 18/18) and refilling PrEP within three months. We thematically analyzed eight in-depth cohort interviews to explore experiences with PrEP counseling.



Figure 1. CATALYST sites

RESULTS

Overall, 91% (1,163/1,281) of participants had high PrEP-ADM scores, with no significant variation by sociodemographic characteristics (prior PrEP use, age, gender, and AGYW, pregnancy, breastfeeding, and sex worker status) and country. Factor analysis identified two subscales: “communicating information” and “supporting informed decision-making.” (**Figure 2**)

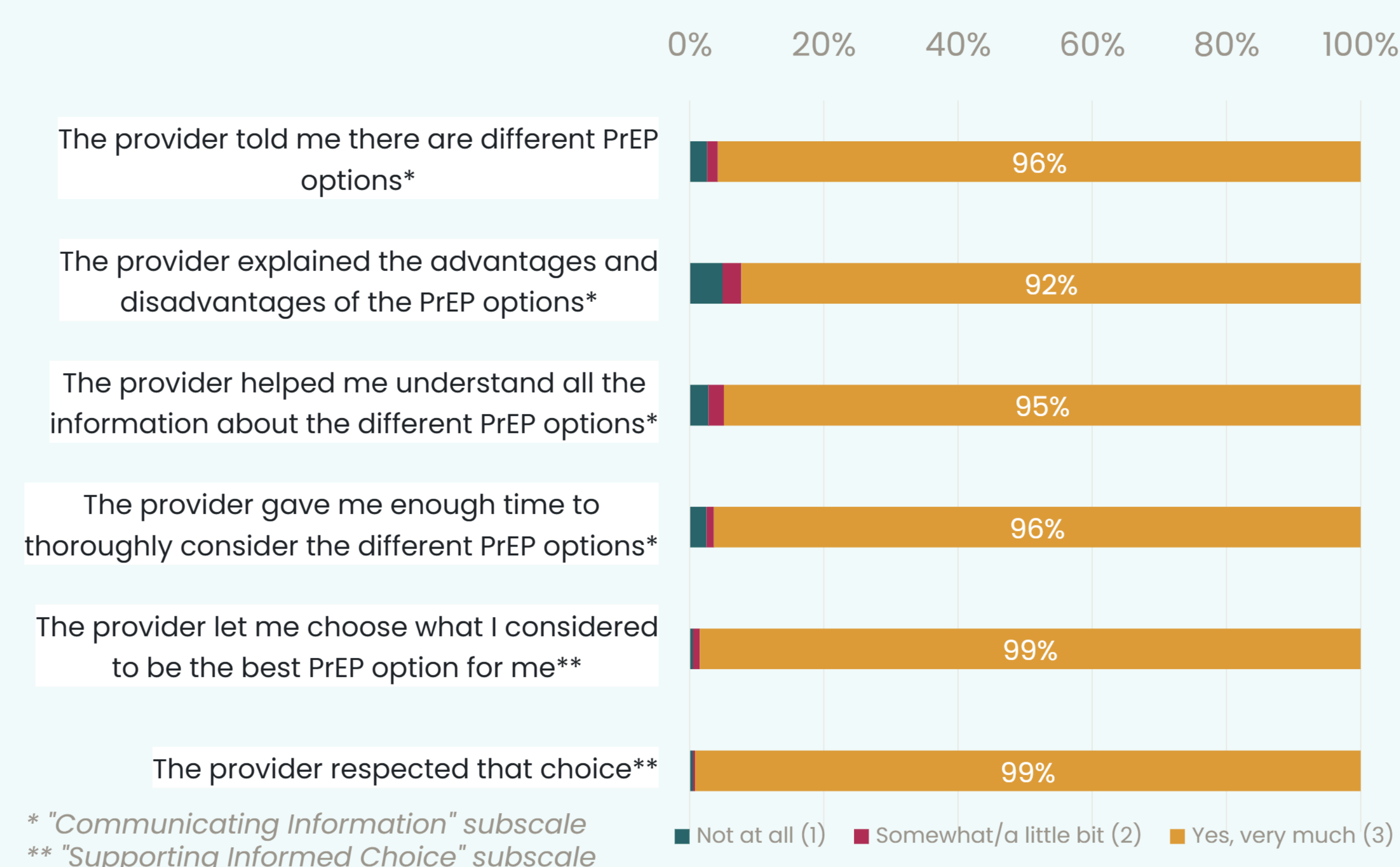


Figure 2. Client responses to PrEP-ADM questions at Stage II initiation

Pregnant (aOR=0.36, 95% CI [0.17–0.76], p=0.008) or breastfeeding individuals (aOR=0.32, 95% CI [0.17–0.58], p<0.001) had lower odds of fully autonomous decision-making, even after controlling for country-level differences.

Additionally, those with high PrEP-ADM scores were somewhat more likely to return for a PrEP refill than those with lower scores (OR=1.77, 95% CI [0.92–3.43], p=0.089).

Qualitative data confirmed that clients are receiving information about the different PrEP methods and are being supported by providers through attentive listening to make an autonomous decision. Support was given to participants to make informed choice on different PrEP methods. Some participants mentioned that they were happy with their choice including no PrEP, while others were mentioned that they were supported to take on other PrEP methods other than the preferred choice because of their health situations. Participants mentioned receiving support from friends, family, and romantic partners. Clients also mentioned the provider's ability to listen attentively to their concerns and make them feel comfortable also helped them in making an informed decision:

"I think I was comfortable because, she was open everything that I wanted to know. She never showed me that she was irritated, she was friendly and you could be free to ask questions... Everything, even if I choose, she did not judge me, or choose for me which method that is suitable for me. She waited for me to choose for myself that, this method is the method that I want." SAA-IDI-CPC-001

Different factors influence PrEP choice such as lifestyle, partners, among others. For example, participants mentioned that they were influenced to choose a specific PrEP method because of their lifestyle or partners among other factors including family members:

"I think for my lifestyle, because I am a working mom. Sometimes when I arrive home, I am tired. I have to concentrate on the kids, the household, so sometimes I forget to take it. Even when I start in the morning sometimes, I will be late I have to prepare the kids for school, even me. So, CAB I know if I take that dose at the clinic and then I am going to go again at the follow-up because the pills I have to take it every day, it is easy to forget." SAA-IDI-CPC-001

"The person that encouraged me obviously and even I told them, it is only my kids. Most of the time I talk with my children, because I have adult children. Number 1 is 21 years this year, number 2 is 18 years this one of 21 is a boy, a girl 18 years, 13 years a girl, 8 years a boy. So every time I talk with them and even when I come here at the clinic and they give me condoms, I distribute with them, that they should take this, and even this PrEP, I told them a lot and I think one of them is going to take PrEP because I talk every time, I am not ashamed to say give me the pills of PrEP there. Someone would say, what is PrEP, I protect myself from HIV, we talk like it is something, that is not a secret." SAA-IDI-CPC-003

Information on PrEP method and HIV prevention was shared during the choice counselling session. Participants mentioned that they were given information about the PrEP methods during the PrEP choice counseling and for some of the participants it was their first time hearing about PrEP. Some participants were also comfortable talking with the provider about PrEP methods:

"I think the provider gave me like.... when you talk about the three methods right. The provider gave me all the information about the pill, about the ring and then the CAB, so I have to choose which one is suitable for me." SAA-IDI-CPC-001

"I did not know anything. [Before joining the study] I know that you must use a condom only, I did not know that you have to take what to prevent HIV because many years ago, we knew that HIV has no cure so, now we see that HIV I can prevent for it." SAA-IDI-CPC-003

CONCLUSIONS

Fully autonomous decision-making was high among CATALYST clients receiving multi-method PrEP counseling, indicating receipt of adequate information and support from providers. Ensuring PrEP counseling is provided equitably to pregnant and breastfeeding populations is essential. High levels of autonomous decision-making may improve PrEP continuation.

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