Abstract Code: WEPED294

#RethinkRebuildRise.

PRO, Wits RHI, Root to Rise, LVCT Health, Jhpiego, Pangaea Zimbabwe and The CATALYST Study at **AIDS 2026**

"I just made my own choice":

Women's decision-making in the context of HIV PrEP choice in Eastern and Southern Africa

Authors: Ivan Segawa[1]*, Mark Conlon[2], Haley Sisel[2], Catherine Kyampire[1], Rose Wilcher[3], Kyria Louis Charles[2], Patriciah Jeckonia[4], Courtney McGuire[2], Amogelang Kekana[5], Lisa Mills[6], Nicolette Naidoo[6], Imelda Mahaka[7], Herbert Kadama[8], Elizabeth Irungu[9], Virginia Fonner[10], on behalf of the CATALYST study (Catalyzing access to new prevention products to stop HIV)

Affiliation: [1]FHI 360, Kampala, Uganda, [2]FHI 360, Durham, USA, [3]Root to Rise, Chapel Hill, USA, [4]LVCT Health, Nairobi, Kenya, [5]Population Council, Johannesburg, South Africa, [6]Wits RHI, University of Witwatersrand, Johannesburg, South Africa, [7]Pangaea Zimbabwe, Harare, Zimbabwe, [8]Ministry of Health, Kampala, Uganda, [9]Jhpiego, Nairobi, Kenya, [10]Johns Hopkins University, Baltimore, USA

Introduction

- Women value different attributes in HIV prevention methods.
- As new prevention methods become available, women must decide whether to initiate PrEP and which method best fits their current needs and lifestyle.
- Understanding these decisions is critical for optimizing PrEP uptake and persistence in high-burden settings.

Objective

- To understand women's motivations and decision-making processes for initiating PrEP and selecting specific PrEP methods in real-world settings

Methods

- CATALYST was an implementation study evaluating PrEP choice delivery in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe.
- We conducted a mixed-methods analysis drawing on 26 in-depth interviews conducted between April 2024 and January 2025 among women who selected a method (oral PrEP, PrEP ring, injectable cabotegravir), or no PrEP.
- We additionally summarized cohort data collected at the initial visit when cabotegravir was added as an option, describing reasons for choosing or not choosing PrEP methods.
- Findings were mapped and presented using the Capability, Opportunity, Motivation–Behavior (COM-B) model.

Women's PrEP decisions reflected their HIV risk perception, relationships, privacy needs, eligibility, and preferences for ease of use. Expanding prevention options requires counseling and delivery models that center women's autonomy and informed choice.

Results

- Among women who provided at least one reason for their PrEP decision (N = 3,185), the median age was 29 years (IQR: 24-36), and 40% were married.

Capability: Why women choose PrEP methods

- Ease of use was the dominant driver of method choice (Fig.1)

Fig 1. *% selecting method because it was easy to use*

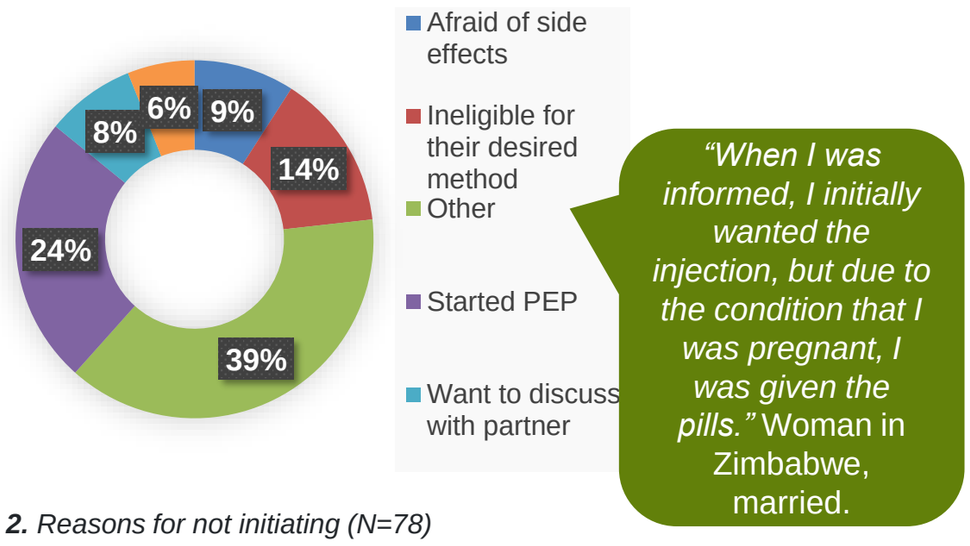
- Women expressed preferences for how PrEP is administered and selected methods that best suited their circumstances.

"I just wanted the privacy part of the injection; it will be just my thing. No one else will know." Woman in Zimbabwe, married.

Results (continued)

Opportunity: How context shaped decisions

- Among women who did not initiate PrEP (n = 78), 14% were ineligible for their preferred method (Fig.2).



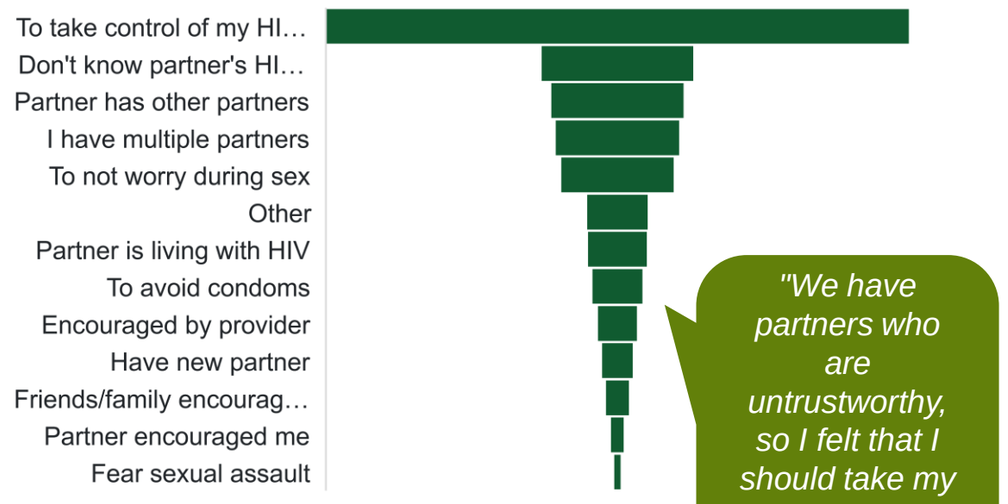
"When I was informed, I initially wanted the injection, but due to the condition that I was pregnant, I was given the pills." Woman in Zimbabwe, married.

Fig 2. *Reasons for not initiating (N=78)*

- Decisions to initiate were influenced by clinic attendance, partner relationships, and pregnancy or breastfeeding status.

Motivation: Why women initiate PrEP

- Primarily driven by perceived HIV risk and a desire to make their own HIV prevention decisions, 66% of women reported initiating PrEP to take control of HIV prevention (Fig.3).



"We have partners who are untrustworthy, so I felt that I should take my own journey and protect myself." Woman in South Africa, married.

Fig 3. *Reasons for choosing PrEP (N=2,000)*

- Participants expressed a desire for protection in the context of partner behavior and risk or their own HIV vulnerability.

Implications for person-centered PrEP choice counselling

- Center women's autonomy by offering balanced counseling on method use, side effects, privacy, visit schedule, and eligibility.
- Reduce barriers to preferred methods though eligibility guidance and alternative options.
- Support women to navigate partner and family dynamics.
- Reinforce informed PrEP choice as women's prevention needs change across relationships and life circumstances.

Acknowledgements

We thank all participants, study teams, and participating health facilities. This study was funded through the PEPFAR/USAID MOSAIC project. This analysis was funded by NIH R25 DA 031608 and an anonymous donor advised fund at The Chicago Community Foundation. We are grateful to Viiv for supplying CAB-LA for the study.

Corresponding Author: Ivan Segawa **Email:** ivansegy@gmail.com **Website:** www.wrhi.ac.za

Disclaimer

This content was acquired following an unsolicited medical information enquiry by a healthcare professional. Always consult the product information for your country, before prescribing a ViiV medicine. ViiV does not recommend the use of our medicines outside the terms of their license. In some cases, the scientific Information requested and downloaded may relate to the use of our medicine(s) outside of their license.