



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

8 June 2023

Pregnant, postpartum women prefer injectable shots over oral pills for HIV prevention

Pregnant and postpartum women on oral pre-exposure prophylaxis (PrEP) may desire to switch to long-acting injectable PrEP as it becomes available in South Africa and Kenya. This is according to a new study, which suggested that further efforts are needed to increase the choice and accessibility of various PrEP options to benefit the wellbeing of pregnant and postpartum women and their infants.

South Africa and Kenya have high PrEP coverage. Injectable cabotegravir received regulatory approval in South Africa in December 2022 and is pending approval in Kenya. The dapivirine vaginal ring (DVR), inserted vaginally and replaced every four weeks, has been shown to reduce the risk of HIV infection by approximately 30% and is not associated with adverse pregnancy or infant outcomes. The DVR received regulatory approval in South Africa in March 2022 (not yet approved among pregnant women) and is pending approval in Kenya.

From September 2021 to February 2022, an international team of researchers surveyed 394 pregnant and postpartum women enrolled in oral PrEP studies in South Africa and Kenya. They evaluated oral PrEP attitudes and preferences for long-acting PrEP methods. Of the 190 women surveyed in South Africa, 67% were postpartum. Of the 204 women surveyed in Kenya, 79% were postpartum.

The participants (75%) reported oral PrEP use within the last 30 days. The findings showed that 49% of the participants reported negative oral PrEP attributes, including side effects (21% South Africa, 30% Kenya) and pill burden (20% South Africa, 25% Kenya).

Published in the *Journal of the International AIDS Society*, the study found that most of the participants (75%, South Africa and Kenya) preferred a potential long-acting injectable over oral PrEP, most frequently for a longer duration of effectiveness in South Africa (87% South Africa, 42% Kenya) versus discretion in Kenya (5% South Africa, 49% Kenya).

Dr Dvora Joseph Davey, an epidemiologist at the University of Cape Town and co-author of the study, said: "HIV incidence remains high among cisgender women of reproductive age in South Africa and Kenya, including during pregnancy and postpartum. Pregnant women without HIV are at elevated risk of HIV acquisition due to structural and socio-cultural

factors that may result in high-risk scenarios, including not knowing the HIV status of partner(s), engaging in condomless sex and having multiple sex partners.”

The study found that 85% of the participants may prefer oral PrEP over a long-acting vaginal ring, primarily due to concern about possible discomfort with vaginal insertion (82% South Africa, 48% Kenya). Davey said significant predictors of long-acting PrEP preference included past use of injectable contraceptives, disliking at least one oral PrEP attribute, and recent infrequent PrEP use.

“Our data suggest that the availability of choices to meet personal preferences is essential to improving the overall acceptability of HIV prevention methods among pregnant and postpartum women as well,” said Davey.

Pregnant and postpartum women in the study reported that they would prefer to use a long-acting injectable PrEP for privacy and discreetness, and this, said the researchers, highlighted the role of long-acting PrEP to mitigate socio-cultural barriers previously identified with oral PrEP use.

According to Davey, women in South Africa and Kenya did not differ in preferences for long-acting PrEP modalities compared to oral PrEP but differed importantly in the reasoning behind their preferences, indicating the importance of context-specific implementation when providing HIV prevention modalities.

Nafisa Wara, a medical student at the David Geffen School of Medicine at the University of California, Los Angeles and lead author of the study, said: “In our study, few pregnant and postpartum women reported a theoretical preference for the vaginal ring over oral PrEP, which may be due to unfamiliarity with the method as well as its lower efficacy.”

“Existing acceptability and demonstration studies of the vaginal ring show that despite similar initial concerns regarding insertion into the vagina and potential side effects, women in sub-Saharan Africa who began using the vaginal ring developed familiarity with the method, found it easy to integrate into their lives and reported willingness to use the method in the future,” added Wara.

Wara said prior use of injectable contraception was associated with a preference for injectable PrEP, indicating that contraceptive knowledge and familiarity with regular injections as a prevention measure may impact the uptake of injectable PrEP among pregnant and postpartum women.

Based on the results of this study, Wara said further work is necessary to assess the feasibility of incorporating long-acting modalities into existing antenatal PrEP provision at the health facility level in South Africa and Kenya that prioritises identified preferences of pregnant and postpartum women, such as services being free of charge or being easily accessible in antenatal and postpartum care.

ENDS

Issued by: UCT Communication and Marketing Department

Ridovhona Mbulaheni

Media Liaison Assistant
Communication and Marketing Department
University of Cape Town

Rondebosch
Tel: (021) 650 2333
Cell: (064) 905 3807
Email: ridovhona.mbulaheni@uct.ac.za
Website: www.uct.ac.za