

Background

- South Africa and Kenya were the first African countries to approve use of oral pre-exposure prophylaxis (PrEP) for populations at high risk of HIV acquisition.
- High rates of HIV prevalence and sexual risk behaviors are reported among gay men, bisexual men and other men that have sex with men (GBMSM) in both Nairobi and Johannesburg.
- At the time of the study neither city had instituted formal PrEP programmes, though there was a PrEP demonstration project for MSM in Nairobi, and similar projects for other key populations in Johannesburg.

Study aim

This study sought to describe current awareness of PrEP and its likely acceptability among gay men, bisexual men and other MSM.

Method

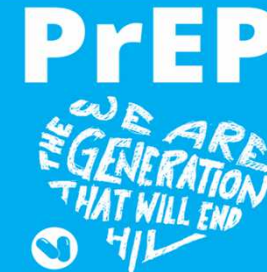
- Between June 2016 and July 2017, in-depth interviews were carried out with 60 GBMSM, including 30 from Nairobi and 30 from Johannesburg, recruited in clinical and community settings and via snowballing. Transcribed data were subjected to thematic analysis using Nvivo 11.
- Semi-structured interviews used a standardised question route to assess prior awareness and experience of PrEP, including whether they had ever sought it and whether they had accessed it.
- After providing a standardised definition of PrEP all interviewees were asked to consider the potential acceptability of PrEP, its likely benefits and any perceived challenges to using it.
- Criteria for inclusion in the in-depth interviews included:
 - Current male gender identity or assigned male gender at birth;
 - 18 years of age or older; and
 - reporting a history of consensual oral or anal intercourse with a man in the last 12 months.

Results

- Thirteen of the 60 GBMSM were living with diagnosed HIV and 31 had not tested within the previous 6 months. The age range was 19-56 with a median of 30.
- In Johannesburg no interviewee had ever been prescribed PrEP and less than a third knew what it was, but up to three-quarters would consider using it in the future.
- In Nairobi three GBMSM had used PrEP but only a quarter knew what PrEP was. Two thirds would consider future use.
- Overall, prior uptake of formal PrEP was low – two men had participated in the Nairobi demonstration project; and another one had accessed PrEP but would not disclose how. One man from Johannesburg had taken the Truvada from PrEP as PrEP occasionally.
- Awareness and understanding of PrEP was relatively low at just over a quarter of negative and untested men being able to correctly describe what PrEP was. In both cities many men stated they knew what PrEP was but were confusing it with Post-Exposure Prophylaxis (PEP).
- Once PrEP had been described, prospective acceptability was very high and two thirds of eligible men were willing to consider future use. Among those who expressed an interest in future use, the primary motivations were to reduce worries about the potential for HIV acquisition during sex and facilitating a less stressful and more pleasurable sex life. PrEP use without condoms was perceived as risky and most saw PrEP as an addition to condoms and not a replacement.
- There were widespread concerns about potential side effects of PrEP and the stigma that might arise if users were perceived to have HIV or be “promiscuous”.
- Scepticism was expressed about potential future topical formulations (rectal microbicides) but potential users expressed interest in long-term (injectable) formulations and intermittent dosing.

“I have heard about PrEP but I don't know what PrEP is... I have heard that there are some drugs which if you use them and you can do those sex things without using condoms. And you are not going to be infected with HIV or any other disease.”

“The side effects, that's what I'm scared of. Like, what if my body rejects it, it doesn't want it? Or it gives me other illnesses ...”



Knowing about PrEP

- Even among GBMSM that knew what PrEP was, that knowledge was often relatively basic – it is a pill; it has potential side-effects, it is not 100% effective.
- Apart from the Kenyan participants that had been in the demonstration project most had learnt about PrEP informally via radio, online (especially YouTube) and from friends. Very few had ever seen health promotion interventions about PrEP.

Feelings about PrEP

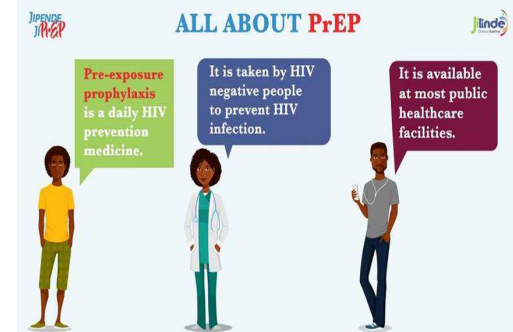
- In both countries, most felt PrEP was “a good thing for the community” even if they could not imagine using it themselves.
- In both countries, three primary concerns about PrEP were common: the potential side-effects of a daily pill; the (perceived) stigma of taking HIV medication and the potential for disclosure of homosexual activity (perhaps to a wife or wider family) that PrEP might force.
- Some felt that PrEP would “will make men lazy”; will undermine condom use; and potentially increase STIs and pregnancy. Men who had a successfully used condoms over a lengthy period of time often felt that PrEP was “no alternative to condom use”.



“There is some people that are going to be for it, and some people that are going to be against it. And the ones that are going to be against it, I feel as though they going to feel that it's like promoting, this PrEP is promoting gay relationships, it's giving gay men power to continue their things which they think is wrong.”

Conclusions

- In both Nairobi and Johannesburg awareness and understanding of PrEP was very limited among GBMSM. If widespread use among GBMSM is desired, health promotion interventions are required to explain its utility. However, our interviews suggest that free availability would generate substantial demand among GBMSM.
- PrEP uptake will be significantly influenced by a desire to reduce anxiety around infections during sex, which should be emphasized by those promoting its use. The extent to which it is a supplement to condoms, or a replacement, also needs to be considered in health promotion efforts.
- In environments where HIV remains substantially stigmatized and hostility to GBMSM remains common, the potential for PrEP use to exacerbate these problems must be challenged wherever possible.



“I think it's good. But, you know, most people will think it's a cure or some kind of – if I take this pill I'm going to have intercourse without using a condom. I'll just pop my pill and I'm good to go. I think it's good and not good at the same time.”