

Female sex workers' preferences for Multi-Purpose Technologies to prevent HIV, other Sexually Transmitted Infections (STIs) and unintended pregnancies in Kampala, Uganda

UPTAKE

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BACKGROUND:

Female sex workers (FSWs) in sub-Saharan Africa continue to experience an overlapping burden of HIV, sexually transmitted infections, and unintended pregnancies despite great advances and the wide availability of HIV prevention and contraceptive products. With the increasing awareness of the need to address these interlinked risks, the development of innovative Multi-Purpose Technologies (MPTs) that offer combined protection against all these risks has become crucial.

To inform the development of MPTs, a formative study to explore FSWs preferences for future HIV prevention MPTs was conducted as part of a larger innovative behavioural science research project (UPTAKE) that is seeking to determine factors that facilitate future uptake of long-acting (LA) technologies to prevent HIV and unintended pregnancy among FSWs in Nairobi, Kenya and Kampala, Uganda.

METHODS:

The study participants in Kampala were identified and recruited from an already established FSWs cohort formerly known as the Good Health for Women Project (GHWP).

We conducted 16 in-depth interviews with FSWs aged 15-45 years in Kampala, Uganda. We explored the women's perceived and lived experiences of existing family planning and HIV prevention products and preferences for future MPTs. Interviews were audio recorded, transcribed, and translated. Data were analysed thematically in NVivo 12.

RESULTS:

An interim analysis showed that all the women were interested in future LA MPTs. Their priority was for protection against HIV and unintended pregnancy, with less interest expressed for additional protection against other STIs as they felt that these were easier to avoid and treat.

“I would prefer a product that prevents HIV and pregnancy... and that is what people put emphasis on because one can easily avoid STI's and treating them is easy.” FSW, 17 years

Most of the women preferred an injectable as an ideal future MPT compared to other products because of its discreetness and longer period of protection (3 months to 5 years).

“I think the injection is the best because one would know that they have gotten an injection that would last for a year, then all you would have to do is keep track of the date [for next dose].” FSW, 35 years



RESULTS CONTINUED:

Products that were vaginally inserted were not favoured by the women. Some reported that vaginally inserted products were not suitable for women who have multiple partners and may increase risk of vaginal infection. The women had misconceptions about vaginally inserted products, fearing that they may move and be lost inside the body. These misconceptions were shaped by participants' limited knowledge of, and experience with, vaginal products as well as rumours among peers.

“I have a friend who has been using the coil [IUD] and it caused her a problem. She has multiple partners, so I think someone knocked on it and she started rotting in the vagina and getting puss in her private parts.” FSW, 30 years

Private and non-governmental health facilities were the most commonly preferred access points for MPTs by participants. They reported long waiting times, poor staff attitudes, and a lack of sex worker friendly environments at the government facilities. However, they also acknowledged the existence of skilled health professionals as well as the free services offered at the government health facilities.

CONCLUSION:

Women in our study were interested in LA MPTs. In preparation for the implementation of LA HIV prevention products (i.e. vaginal ring) and potential future MPTs, appropriate interventions to improve sexual and reproductive health literacy are crucial to increase uptake of available products and new HIV prevention products and MPTs in the future.

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