

Early user experiences with the dapivirine ring (“PrEP ring”) among women in Eswatini

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Background

With support from the PEPFAR/USAID-funded MOSAIC project, Eswatini is preparing for national introduction of HIV PrEP choice for women through a demonstration study introducing the PrEP ring in eight Ministry of Health-supported service delivery points.

Methods

Study participants are HIV-negative, non-pregnant, and non-breastfeeding women 18 years and older who are interested in PrEP and received informed choice counseling for oral PrEP and the PrEP ring. Existing oral PrEP users were not approached for study enrolment unless they asked about different PrEP options or expressed challenges with their oral PrEP use.

We assessed ring users’ reasons for method choice and early experiences with the method through enrollment and follow-up surveys completed during in-person PrEP visits and phone check-ins one week after the initial method choice or switch to another method. Data were analyzed descriptively.

Results

From May 2023 to January 2024, 516 women enrolled in the study. Almost half (45%) had previously used oral PrEP. Following choice counseling, 371 (72%) opted to use the PrEP ring. The median age of ring users was 29 years (IQR: 24–34).

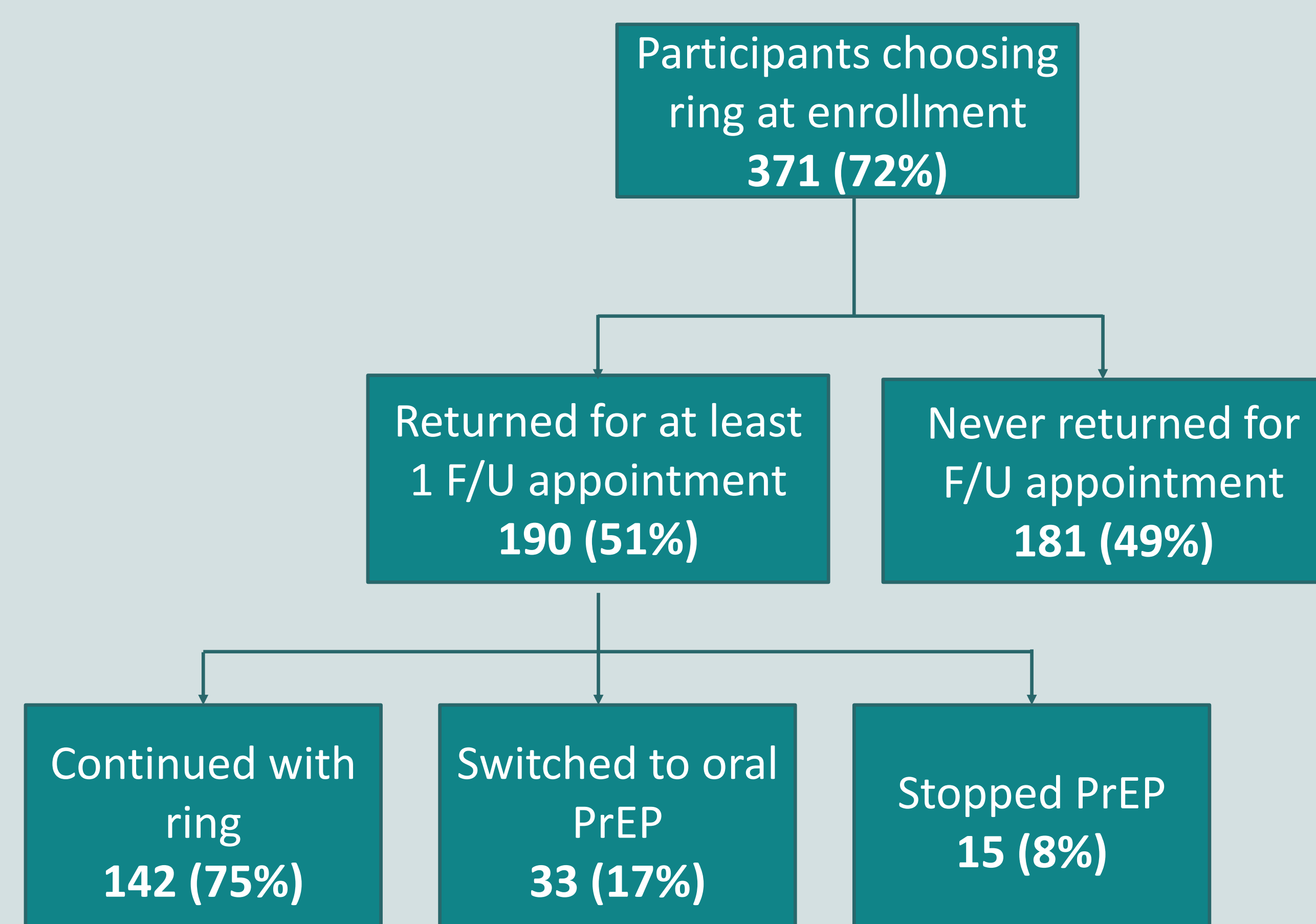
The most common reasons for choosing the PrEP ring at enrollment were ease of use (62%) and not needing to take a daily tablet (53%).



Photo credit: N. Magagula, MoH Eswatini

Over half of ring users self-inserted (52%) or had a provider (9%) insert the ring at a facility during the enrollment visit. Among the 39% who took the ring home to self-insert, 78% confirmed ring insertion by the one-week check-in. Top reasons for not inserting the ring included completing STI treatment (27%), being scared to insert (20%), and side-effect concerns (20%) including abdominal pain or vaginal itching/burning. In total, 190 (51%) women returned for at least one follow-up visit after choosing the ring at enrollment. Among them, at the first visit, 75% decided to continue the ring, 17% switched to oral PrEP, and 8% discontinued PrEP completely.

Figure 1. Ring users returning for at least one follow-up appointment



Reasons cited for not continuing the ring include disliking side effects (19%), no longer needing PrEP (13%), ring discomfort (8%), not having time/money to return for resupply (8%), or pregnancy (6%).

Conclusion

The PrEP ring is an acceptable option for women to prevent HIV. PrEP choice counseling is important to ensure women can make an informed choice and understand the benefits, limitations, and correct use. Ongoing support and management of side effects may improve product continuation. Expanding eligibility to allow ring use in pregnant and breastfeeding women will further expand access to PrEP choice.

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