

# PrEP method choice in the context of gender-based violence: Early observations from the CATALYST study in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe

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## Background

Gender-based violence (GBV) remains common in sub-Saharan Africa, with lifetime estimates of GBV ranging from 21% to 49%. GBV affects people's ability to prevent HIV, including their effective use of PrEP. However, new PrEP methods present an opportunity for people experiencing GBV to prevent HIV safely and effectively.

Early findings from the PEPFAR/USAID-supported CATALYST study, which offered choice between the PrEP ring and oral PrEP during the period of analysis, provide insights into GBV experiences of PrEP users and how they navigate product choice.

## Methods

CATALYST provides PrEP choice for women at public health sites in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe.

For this analysis, we defined an experience of GBV as a "yes" response to at least one of 5 questions at enrollment or follow-up describing multiple types of GBV, including physical and emotional violence and non-partner sexual assault. We defined partner-related social harms as any negative experience in participants' intimate partner relationships associated with product use or study participation, ranging from nonviolent discord to GBV, reported during follow-up.

We analyzed quantitative baseline and follow-up data from May–December 2023. Using descriptive statistics, we outlined GBV and partner-related social harms. We used logistic regression to explore associations between these experiences, product choice, and participant demographic characteristics.

**Partner-related social harms remain relatively infrequent, and participants have opted to continue PrEP use after the experience.**

## Results

### Experiences of GBV at baseline

At data cutoff, 2,678 participants had enrolled in CATALYST. About 35% (country range = 9–60%) of those who enrolled reported ever experiencing GBV (Figure 1).

At enrollment, participants who reported an experience of GBV were more likely to choose the PrEP ring (aOR:1.2; 95% CI: 1.0–1.4) or no method (aOR:1.8; 95% CI: 1.2–2.8) than those who reported never experiencing GBV (Figure 2).

### GBV and partner-related social harms in follow-up

Although about 11% of enrolled participants reported experiencing GBV at any follow-up visit, only 2% of participants reported a partner-related social harm.

Eight of the 20 instances of partner-related social harms, reported by 19 participants, involved physical harm. Most (12/19; 63%) of these participants were sex workers, people who inject drugs, or people ages 24 or younger.

Although conclusions cannot be drawn due to limited data, a higher proportion of partner-related social harms was reported among participants who were members of these marginalized groups compared to participants who reported GBV or the overall study population (Figure 3). All partner-related social harms involved PrEP use, with participants opting to continue PrEP for more than half (11/20; 55%) of the incidents.

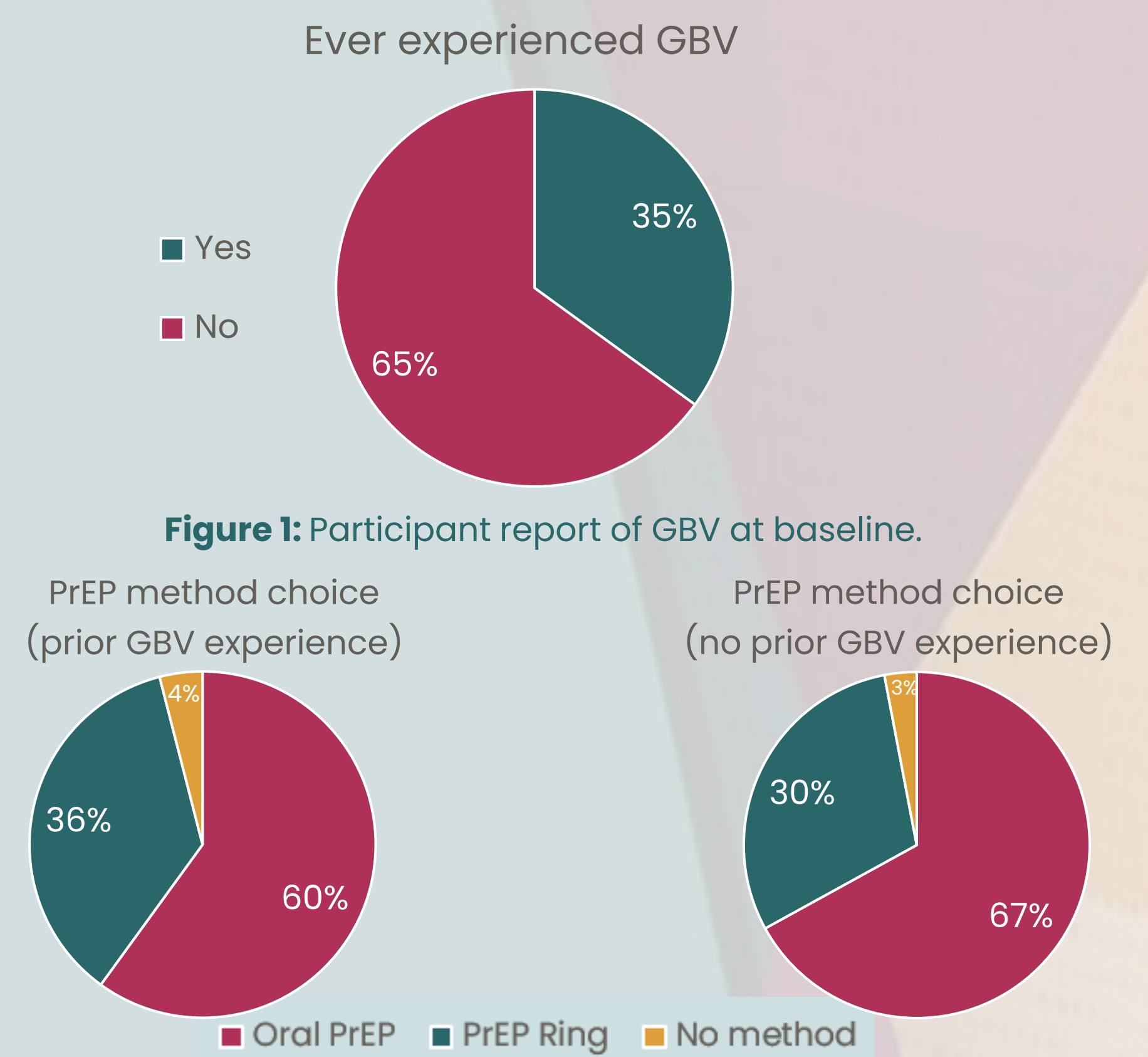


Figure 1: Participant report of GBV at baseline.

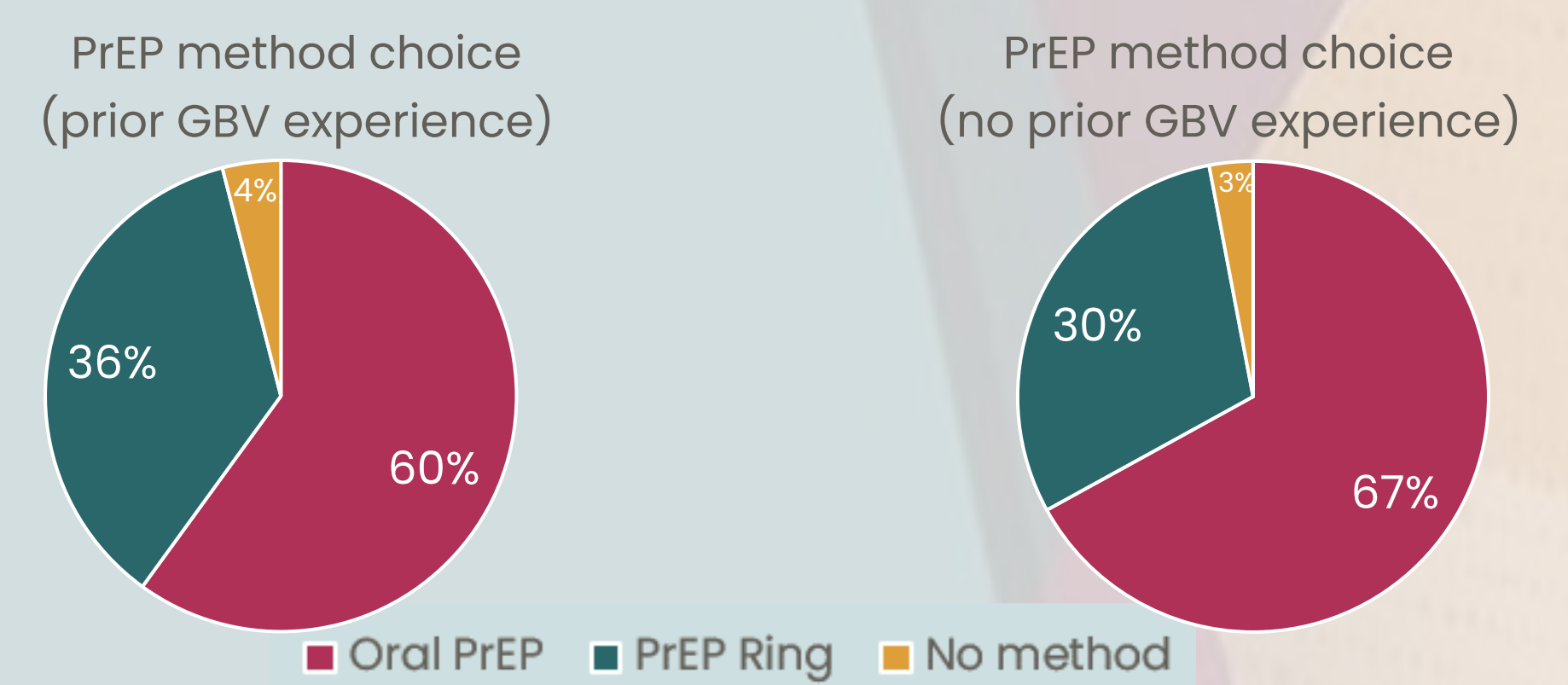


Figure 2: Baseline PrEP method choice among participants who did and did not report GBV.

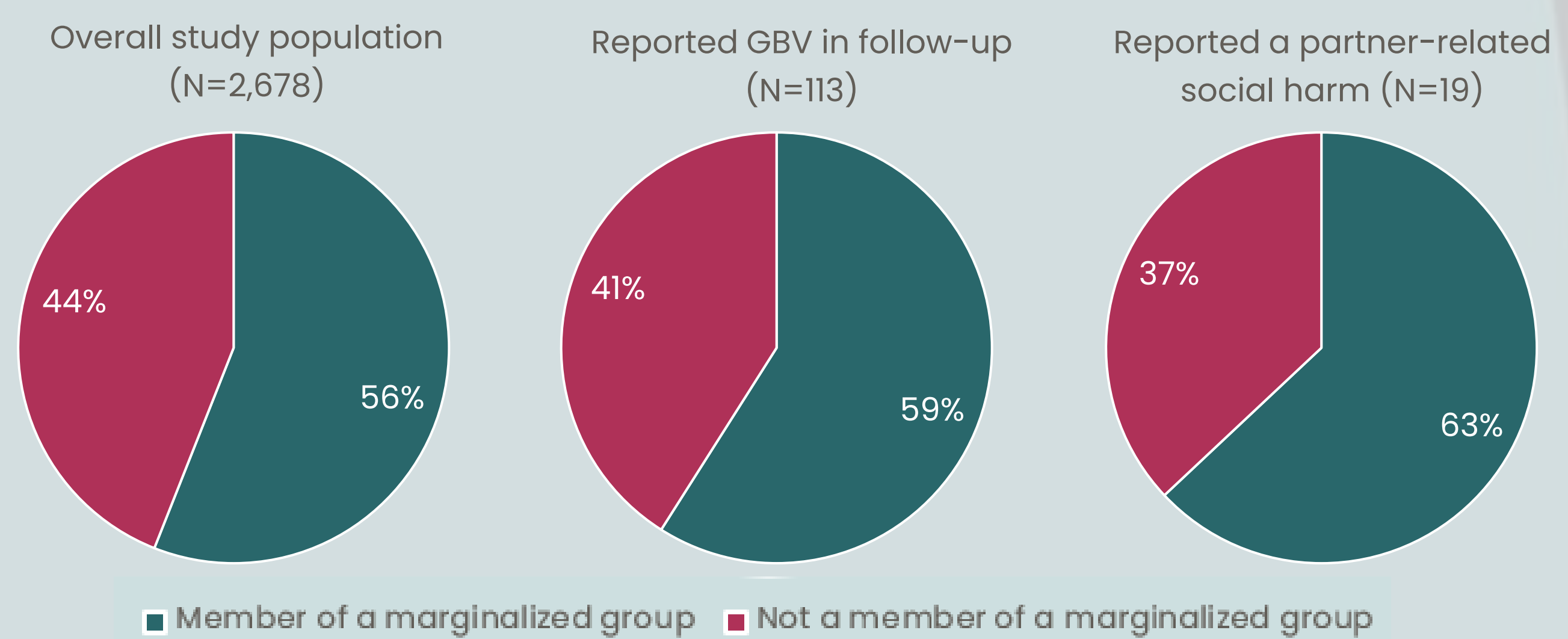
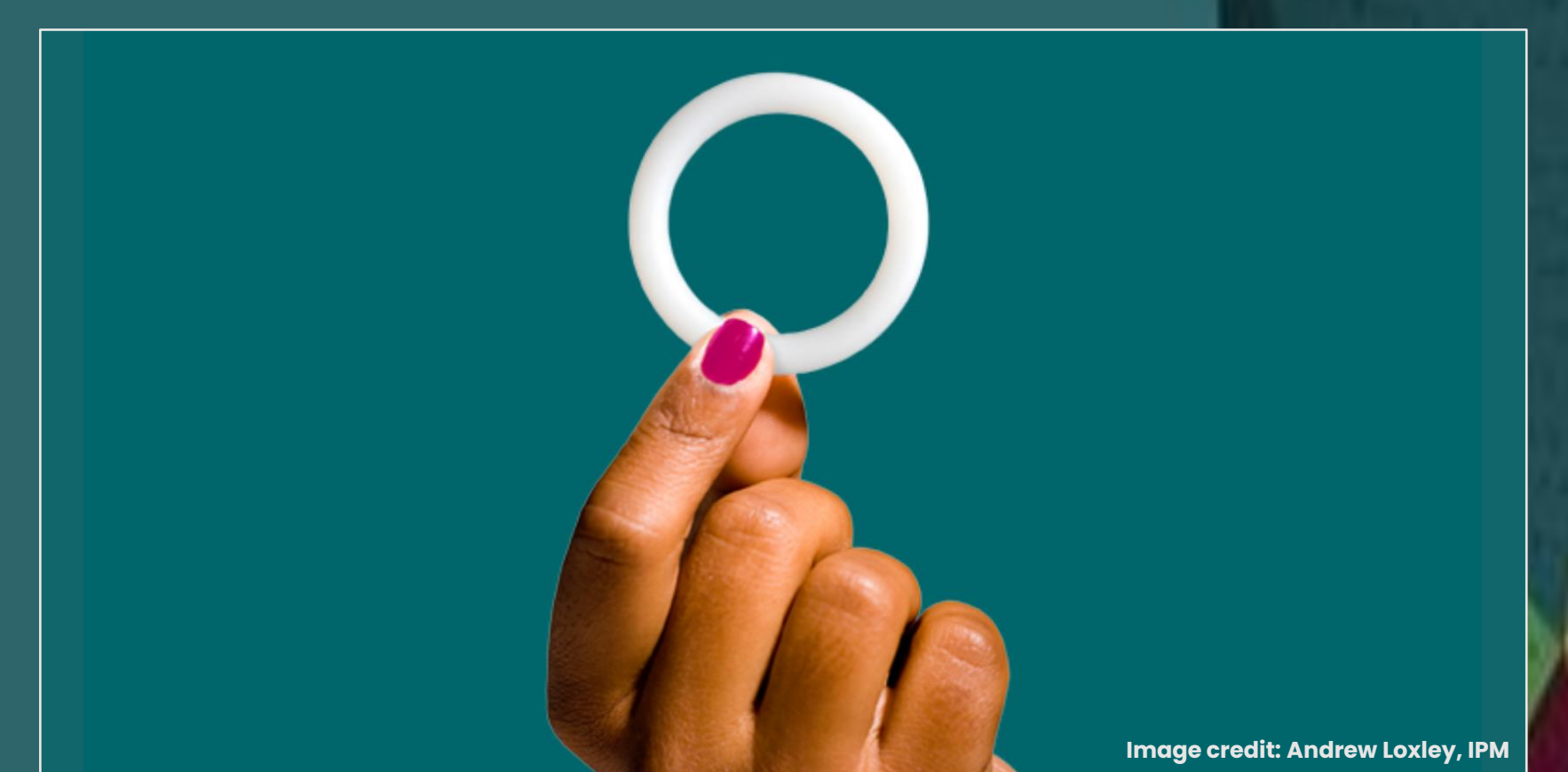


Figure 3: Experiences of gender-based violence and partner-related social harms in follow-up among the general study population and participants from marginalized groups.

## Conclusions

Early results indicate GBV is common among CATALYST participants, and that experience may influence a participant's product choice. However, partner-related social harms remain relatively infrequent, with many of the participants who experience them choosing to continue PrEP use afterward. CATALYST continues to explore these connections to support GBV survivors, including members of marginalized groups, in PrEP choice and use.



This poster is dedicated to the memory of Rebecca Cheptegei and the far too many people whose lives have been cut short by gender-based violence. We work toward a day when everyone can live a long, happy life free from violence. MOSAIC is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents of this presentation are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government.