

Barriers and Facilitators to PrEP use among young people under the age of 24



A systematic review of experiences towards access, uptake and use

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Background

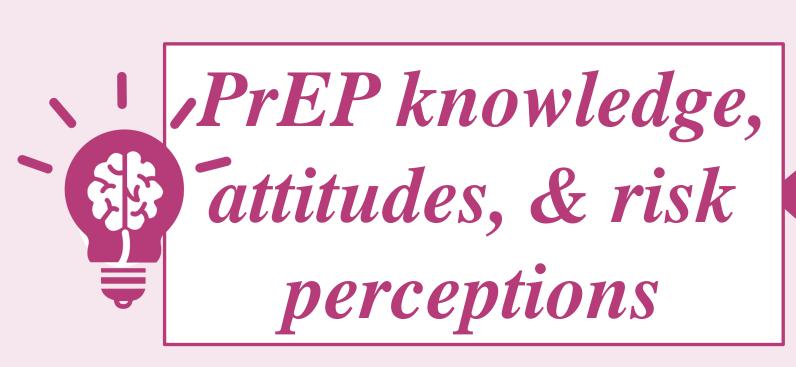
Worldwide young people (YP) aged 15-24 years remain disproportionately affected by HIV. Despite availability of pre-exposure prophylaxis (PrEP) for HIV prevention, structural, sociocultural, individual and socio-economic factors can impact access, uptake and use of PrEP among this population. The purpose of this systematic review was to conduct a narrative synthesis of the barriers and facilitators to PrEP access, uptake and use experienced by young people.

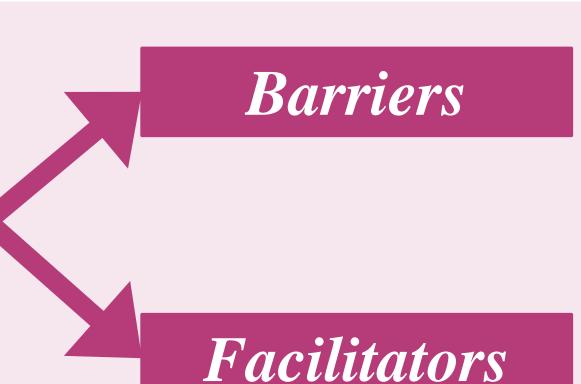
Methods

A systemic search of Pubmed, Scopus, Cochrane, Medline, CINAHL, JBI, EMBASE, Web of Science was conducted. To be eligible studies had to: 1) have participants aged ≤24-years, 2) be published in English in peer-reviewed journals, 3) be peer reviewed qualitative, mixed methods and/or quantitative studies, and 4) contain information on barriers and facilitators to PrEP access/uptake/use. Studies published prior to 2016 were excluded (Post 2015 World Health Organisation PrEP Guidelines).

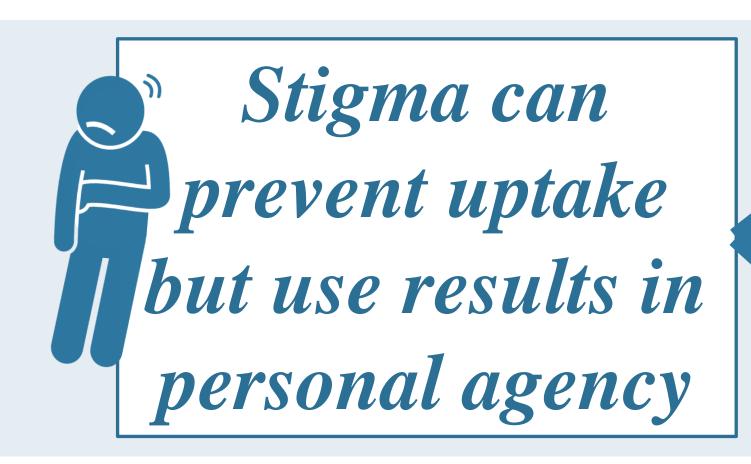
Results

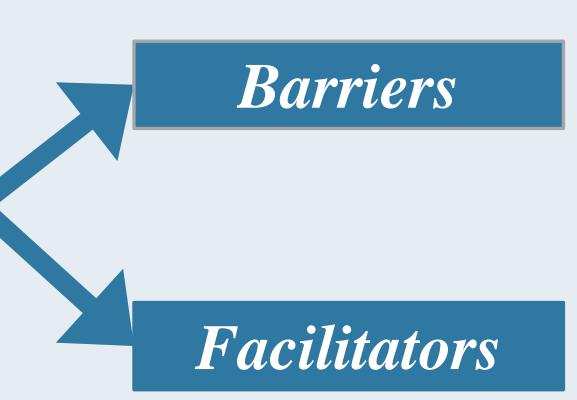
Searches yielded 8337 articles, of which a total of 22 papers met the inclusion criteria: 12 from the United States (USA) and 10 Africa. Our narrative synthesis showed four overarching areas impacting access and uptake of PrEP in YP:





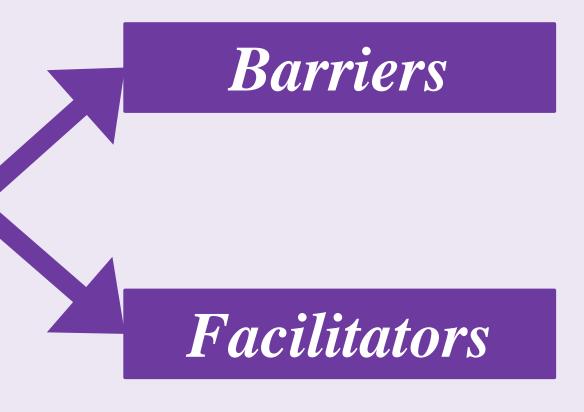
- Low awareness and fear of side effects make access & use challenging
- Inconvenience and aversion to pills makes it difficult to remember
- Perceptions of HIV risk impacts PrEP uptake among young people
- Higher awareness of PrEP and personal risk improved use
- Confidence in efficacy through experience and use in community
- Including in routine i.e. with other medications



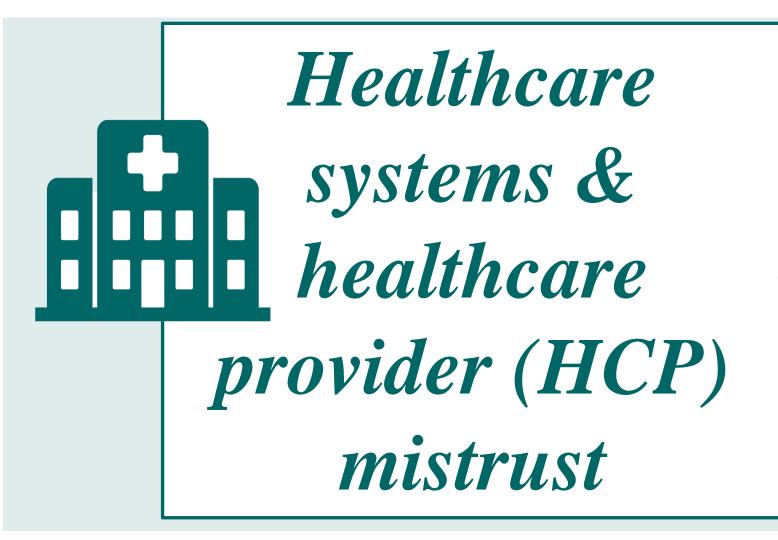


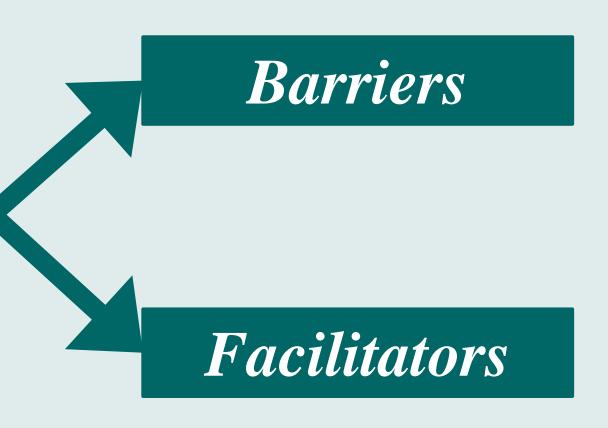
- Internalised fear and being `scared and ashamed'
- Fear pills would be seen as HIV medications,
- Fear of being seen as a 'whore' or the pills mean you 'sleep around'
- Personal agency and autonomy resulted in rejection of stigma
- Future plans i.e. finishing school/planning a family
- Protecting existing family





- Parents, family and partners attitudes led to concealment
- Confiscating/discarding pills, accusations of infidelity or violence
- Lack of community support for HIV/PrEP, fears being seen at clinics
- Families/partners being `cheerleader' helped adherence & appointments
- Social support groups allowed shared support for PrEP use
- Community awareness and education improved access





- Difficulties navigating the health system and confidentiality fears
- Negative experiences & HCP beliefs led to medical mistrust
- Insurance and financial limitations for consults/medications
- Closer local clinics made it easier to adhere & attend appointments
- Providing services and mediations for free
- School-based sexual health clinics

Conclusion

Young people in the USA and Africa experienced similar barriers and facilitators to PrEP access, uptake, and adherence. The influence of cultural norms (e.g. gender roles) and systemic factors (e.g. healthcare insurance) varied across these 2 locations, and further shape how these common barriers and facilitators impacted PrEP access, uptake and use. There is a need for targeted HIV prevention strategies that consider how the different social, cultural, economic, and structural factors can influence access and use of HIV prevention services. The development of dynamic and adaptive strategies that can accommodate the diversity of young people's needs will help to improve access to PrEP working towards global goals for the reduction of HIV transmission.

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