

THAE0103 - Oral Abstract

TITLE

Integrating gender-based violence screening and support into HIV counselling and testing for adolescent girls and young women accessing PrEP in South Africa and Tanzania - experiences from the EMPOWER study

PRESENTER

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AUTHORS

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Background: Partner violence may undermine oral PrEP use, yet evidence is scarce on how to best to support PrEP use while decreasing vulnerability to violence. We assessed the feasibility and acceptability of integrating gender-based violence (GBV) screening and support into HIV counselling for adolescent girls and young women (AGYW) accessing oral PrEP.

Methods: EMPOWER is an open-label PrEP demonstration project for AGYW (16-24 years) in South Africa and Tanzania. We adapted HIV counselling and testing guidelines for lay counsellors to include five questions about exposure to gender-based violence (GBV), recommended by the World Health Organisation. Participants were screened at baseline and at each follow-up visit. We analysed data from counselling session observations (n=10 in SA only) and in-depth interviews with participants (n=39, SA = 25, Tz =14) and clinical staff (n=13, SA = 10, Tz =3). Themes explored included: comfort with GBV screening sessions, usefulness of risk assessment and safety planning, and appropriateness of referrals to GBV support services.

Results: We screened 619 and enrolled 431 HIV negative AGYW (SA=379; Tz=52). 141 (SA=119; Tz= 22) reported lifetime experiences of violence at baseline. Including GBV screening within HIV counselling sessions was feasible, provided continuous training and staff support was available. Overall, study participants were amenable to GBV screening, provided that the basic principles of confidentiality, staff empathy, and absence of judgment were observed. Participants who reported abuse said that it was reassuring and helpful to talk to friendly, non-judgemental counsellors. Challenges reported by HIV counsellors included: initial discomfort in asking about violence; facilitating disclosure of suspected cases; length of time taken to complete the sessions; and offering help when participants did not want any referrals. Staff felt supported by regular debriefings, a directory of referral services for GBV, and an on-site social worker.

Conclusions: Overall, our study suggests that integrating GBV screening into HIV counselling and testing for AGYW is acceptable and feasible when appropriate referral, staff debriefing and technical support are offered, and basic principles of empathetic listening and confidentiality are respected. It is essential that counselling for this group is adolescent-friendly and non-judgmental.

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