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## Factors associated with awareness and acceptability of pre-exposure prophylaxis (PrEP) among women of reproductive age in Kenya: an analysis of the 2022 KDHS.

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Human Immunodeficiency Virus (HIV) remains a major public health challenge. Kenya has the world's 7th-largest HIV burden, with 1.3 million people living with HIV and approximately 34 daily cases-67% contributed by women.

HIV pre-exposure prophylaxis (HIVPrEP), endorsed by the World Health Organization (WHO) in 2015, is an effective prevention method for those at substantial risk, i.e., adolescent girls, young women, female sex workers, people who inject drugs, and sero-discordant couples. Kenya integrated PrEP into its prevention program in 2016, targeting these groups, who make up 0.5% of the population but account for 29% of new HIV cases. Despite expanded strategies to meet the UNAIDS HIVPREP targets, overall knowledge and uptake of PrEP among Kenyan women remain low, with only 34.29% demonstrating adequate awareness and approval. Other factors seem to play a part, existing research has largely focused on high-risk populations, there is a notable gap in data regarding HIVPrEP awareness and acceptability among WRA outside the high-risk groups. This study addresses that gap by examining these aspects among the general WRA using 2022 Kenya Demographic and Health Survey (KDHS) data.

### Methodology:

We analysed Secondary data from the KDHS 2022 after requesting and obtaining written permission for use of the dataset from the MEASURE DHS website. This study employed a two-stage stratified sampling design. 16,638(50.2%) of the 33,137 participants aged 15-49 years responded to the survey and were included in the analysis. The primary outcomes were PrEP awareness and acceptability. Data was analyzed using univariate and multivariable logistic regression analyses.

### Results:

In total, 16638 WRA were included in this analysis. Most of the participants were aged 15-34 years (68.6%). Of the participating women, 48.4% were aware of PrEP (95% confidence interval [CI]: 47.2-49.7), and 75% approved its use for HIV prevention (95% CI: 73.3-76.6).

Factors that were strongly associated with increased awareness included higher levels of education (secondary and tertiary vs primary or no education) (AOR 3.40, 95% CI: 2.54-4.57), being employed (AOR 1.29, 95% CI: 1.07-1.56), living with HIV/AIDS (AOR 3.79, 95% CI: 1.59-9.03), ethnicity (Luo and other tribes more aware than the kikuyu) (AOR 5.78, 95% CI: 2.86-12.29), having multiple concurrent sexual partners (AOR 2.29, 95% CI: 1.44-3.64), religion (Islam vs other religions) (AOR 0.51, 95% CI: 0.31-0.84) while as facilitators to HIVPrEP uptake included late sex debut(>25 years vs 15-25 years) (AOR 40.06, 95% CI: 14.59-109.99), and good HIV knowledge (AOR 4.88, 95% CI: 1.28-18.62).

### Conclusion:

Approximately half and three quarters of women were aware and approved the use of PrEP respectively. We found that PrEP awareness and acceptability were primarily influenced by individual and community-level factors, including education, employment, HIV knowledge, regional disparities, and cultural norms. Therefore, we recommend targeted interventions that integrate PrEP education into routine healthcare services,

strengthen community awareness programs, and utilize mass media to reduce stigma. Addressing socio-cultural and gender barriers, particularly decision-making dynamics and misconceptions, is crucial for improving uptake, especially among women with lower education and those in underserved regions.

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