



Results from the FemiPrEP project: The construction of pre-exposure prophylaxis (PrEP) by prevention actors as a tool, or not, for African migrant women.

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Women and PrEP (FemiPrEP)

Action research: the AIDS and Sexuality Observatory (OSS) and the AIDS Prevention Platform (APP)

Objectives :

Research: to better understand what facilitates or hinders the uptake of PrEP among women and in particular migrant women from sub-Saharan Africa.

Prevention: to facilitate access and uptake of PrEP among women of African descent for all actors in the sexual health promotion sector

In line with a body of research:

Van Beckhoven et al, 2015; Alvarez-del Arco et al, 2017; Loos et al, 2016; Loos et al, 2017; Hadj et al, 2017; Deblonde et al, 2019; Carillon et Gosselin, 2020; Buffel et al, 2021; Young, 2021; Young et al, 2021 ...



Starting point: Paradox of not uptake/non access of PrEP by a priority group/ one of the two “key population”

Priority population:

- Epidemiological category: heterosexuals from Sub-Saharan Africa (Sciensano)
- HIV National plan : “migrants defined as a priority group” along MSM (2014-19), “(undocumented) migrants priority target groups” (2020-26).
- Concerted strategies : e.g. “cadre de référence 2018-2022”, Brussel
- Beyond the numbers: Continuity over time, Intersection of vulnerabilities, cross-discriminations

Ambivalent offer:

- (documented and, or undocumented) Sub-Saharan African migrants not included in INAMI eligibility criteria for PrEP.
 - AMU for undocumented people yet unclear criteria and effective refusals.
 - Since 2017: focus of PrEP promotion towards MSM.
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FemiPrEP research- project

Period: 2021-27

5 work packages (WP)

WP1) the point of view of African women on this tool;

WP2) **the point of view of sexual health promotion associations on the non-use of PrEP by African women;**

WP3) the experiences of women (of African descent or not) who use PrEP;

WP4) the point of view of those who deliver PrEP on the reasons why women do not use it;

WP5) attitudes and practices of gynaecologists towards PrEP.



The point of view of sexual health promotion associations on the non-uptake of PrEP by African women (WP2)

Question: how do prevention actors/associations navigate with the ambivalent offer of PrEP for African women and women of African descent?

Methodology:

- Two groups: 1: Sexual health promotion and 2) women health and, or migrants health organisation
- Semi-structured interviews
- Thematic analysis

Period: 2021 (May)- 22 (June)

Population: more than 30 organisations/ **3 regions:** Brussels, Wallonia, Flanders

Results: 1st group



Results

Ignorance of PrEP by African women: shared vision

The radical cultural difference:

- Ability to understand how PrEP works.
 - Lack of prior knowledge and sexual education of the population
 - Cultural taboo of sexuality
 - Lack of time for prevention workers
 - Unability of the population to deal with the daily management of treatment
 - Impossible or “dangerous” to give the information on PrEP
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Results

The legal limitation to PrEP

- Undocumented uninsured population
 - Uncertainty about the access (INAMI, AMU)
 - Cost of PrEP
 - Other material priorities
 - Complicated follow-up due to accommodation conditions
 - “Tool eventually not available”
 - “Do not create an offer that cannot be met”
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Results

The (bio)medicalisation of PrEP

- HCR: proximity with HIV and HIV stigma
 - Complicated pathway to get PrEP: appointment, repetitive follow-up...
 - Discussion on sexuality and risk to assess the need of the PrEP
 - Eligibility criteria : experience of refusal?
 - Discouraging pathway and device
 - Appropriate for heterosexuals African migrants
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Results

The privation of right

- Women don't get the information
 - Right to information about PrEP:
 - Right to get a lobby for this specific population (access for undocumented uninsured people)
 - Changing representation of the population (e.g. focus on sexuality as a taboo...)
 - Changing conceptions and practices related to PrEP promotion
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Results-discussion

Research:

- Divergent representations and practices: uncertainty/blurring of this - population as a « priority ».
 - Unability to understand and handle PrEP *versus* right to information
 - Legal limitations *versus* right to advocacy

Prevention:

- Identifying groups: sub-groups of women
 - Place of the population needs and mobilisation in associations and networks: e.g. migrant women in PrEP? etc.
 - How we talk about it?
 - What tools: general versus specific?
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