



COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

OPPORTUNITIES AND CHALLENGES OF HIV PRE-EXPOSURE PROPHYLAXIS IN PUBLIC HEALTH FACILITIES, ADDIS ABABA, ETHIOPIA 2024- A QUALITATIVE STUDY FROM FEMALE SEX WORKERS AND SERVICE PROVIDERS PERSPECTIVE.

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STATEMENT OF DECLARATION

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
DIC	Drop in Centers
FDA	Food and Drug Administration
FMOH	Federal Ministry of Health
FSW	Female Sex Workers
HIV	Human Immune Deficiency Virus
MSEM	Modified Social Ecological Model
MSM	Men Who Have Sex with Men
PLHIV	People Living With HIV
PrEP	Pre-Exposure Prophylaxis
SDG	Sustainable Development Goal
TDF	Tenofovir Disoproxil Fumarate
UNAIDS	United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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ABSTRACT

Background: Preexposure prophylaxis (PrEP) is the administration of antiretroviral (ART) drugs to HIV negative individuals who are at high risk of acquisition of the virus which is a prevention strategy to minimize the new incidence of HIV among key populations like Female sex workers (FSWs). PrEP reduces the risk of getting HIV from sex by about 99% when taken as prescribed. However, FSWs face significant challenges in utilizing this intervention but this condition is not explored in Ethiopia.

Objectives: TO explore challenges and opportunities of HIV PrEP among FSWs in selected public health facilities Addis Ababa, Ethiopia 2024.

Methods: A qualitative exploratory method was employed to assess challenges and opportunities toward PrEP among purposely selected FSWs and PrEP service providers. A Semi structured in-depth interview guide was used for the interview. We conducted fifteen individual interviews with FSWs and eight individual interviews with PrEP service providers from February 26-May 2, 2024. The deductive and inductive methods were both used to construct a thematic analysis manually.

RESULTS: The findings of this study revealed that FSWs face significant individual, family, community and institutional level challenges in utilization of PrEP services in Addis Ababa Ethiopia. Major challenges include worried about taking PrEP on a regular basis, PrEP pill burden, concern about adverse and side effects which affected FSWs utilization of PrEP at individual level and perceived fear of family, sexual partner, friends and coworkers' pressure and discrimination and in addition lack of community awareness were discussed as family and community level challenges. Furthermore, participants perceived obtaining professional services like PrEP condom and counseling free and promoting one's health care seeking behavior and having control over their status as an opportunity which came with utilizing PrEP service

CONCLUSION AND RECOMMENDATIONS: The FSWs who use the PrEP medication encounter a number of opportunities as well as major problems. In order to address these issues and maximize the benefits of PrEP use, a multifaceted intervention by the health authorities and relevant stakeholders is required to increase FSW adherence and PrEP use.

KEYWORDS: HIV, PrEP, FSWs, Addis Ababa, Ethiopia.

1. INTRODUCTION

1.1. Background

Human immune deficiency virus (HIV) is an infection that has affected millions of people globally, a report by Joint United Nations Program on HIV/AIDS (UNAIDS) estimates, 39.0 million individuals worldwide were living with the virus, and 1.3 million new cases were reported by the end of 2022 (1,2). According to the Ethiopian public health institute data there are currently over 600,000 people living with HIV, and over 7,000 new HIV infections are reported each year (3). On a systematic review conducted in Addis Ababa HIV accounts for nearly 17.7% of the total people living with HIV(PLHIV) population in the country(4). This indicates that HIV remains a public health concern in Ethiopia, highlighting the need for effective prevention strategies such as PrEP to reduce transmission rates.

Prevention strategies play a crucial role in reducing new infections, as HIV has no cure, Nowadays ART is not always provided for treatment of HIV only, but also for prevention of HIV, in which, the drug can prevent the disease for individuals who are either exposed to or are being at potential risk for exposure to the virus. It is called PrEP and post-exposure prophylaxis (PEP), when given before and after possible exposures to HIV respectively (5,6).

PrEP is the administration of ART drugs to HIV negative individuals who are at high risk of acquisition of the virus. World health organization (WHO) recommends this preventive approach to minimize new incidence of the disease. According to American Centers of disease control and prevention(CDC), taking the drugs as prescribed reduces the risk of getting HIV from sex by about 99%(7,8).

PrEP as a concept emerged in the early 2000s. since then studies including the iPrEx trial which showed that taking an oral ARV medication, tenofovir disoproxil fumarate (TDF), along with comprehensive HIV prevention services reduces the risk of HIV-1 infection by 44% in high-risk populations. The CDC issued its first guidelines for PrEP in 2007, and the US FDA approved oral PrEP use in 2012. In 2017, the CDC updated its guidelines to include adolescents, pregnant women, and people at significant risk of HIV infection and subsequently WHO revised its guidelines in 2019, recommending PrEP for all people at significant risk of HIV infection.

In 2021, WHO also suggested provision of dapivirine ring which is worn inside the vagina for a period of 28 days, and works by releasing ART drug dapivirine into the vagina slowly over 28 days as an extra preventive measure for women who do not want or are unable to take a daily oral tablet. In addition, in 2022 the WHO suggested that those at high risk of HIV be given access to the long-acting injectable cabotegravir (CAB-LA) as an alternative preventive option in which Zimbabwe is the first country in Africa to announce regulatory approval for long-acting injectable cabotegravir for HIV prevention. Other PrEP approaches, such as multifunctional preventative pills that combine antiretroviral medications with contraception, are still being researched (9–12)

In an effort to bring the HIV pandemic currently under control, the Federal Ministry of Health (FMOH) of Ethiopia has committed to reach the UNAIDS 95-95-95 new set of ambitious HIV testing and treatment target in which Ethiopia has progressed in diagnosing 84% of people living with HIV (PLHIV), 83% of PLHIV is on ART and 81% PLHIV have suppressed viral load(2) and simultaneously striving to progress towards the sustainable development goal (SDG) objective in reducing new HIV infection and HIV associated death by 75% by 2020 and eliminating HIV as a public health issue by 2030(13,14). currently HIV decreasing in intensity acknowledging efforts done to decrease the condition but still much is left to do in Ethiopia to achieve the UNAIDS plan for 2025(15).

FMOH has created a manual outlining the guidelines for implementing PrEP in 2019. The manual identifies the targeted beneficiaries as FSWs and HIV-negative partners of sero discordant couples who meet the program's eligibility criteria. The program is currently being implemented, and it usually involves a variety of healthcare providers who have received the necessary training in Ethiopia including physicians, health officers, nurses, pharmacy staff, and laboratory personnel, offer services that are confidential and customized to meet key populations specific needs in 10 community drop-in centers (DICs) and 31 public health facilities(6,16).

PrEP service providers are essential in providing HIV prevention and treatment services, especially for the estimated more than 85,000 FSWs who live in Addis Ababa Ethiopia, As PrEP service providers are at the forefront of delivering comprehensive care, including ART and PrEP services, it is crucial to understand their perspectives, challenges, and opportunities with the introduction of HIV PrEP in Addis Ababa, Ethiopia.(17,18). The ecological framework use highlights how multiple interconnected levels impact PrEP implementation(19).

1.2. Statement of the problem

Based on UNAIDS 2023 reports, women and girls of all ages accounted for 63% of all new HIV infections in sub-Saharan Africa [SSA], including Ethiopia. Compared to the general population, FSWs have a 13-fold increased risk of contracting HIV(20,21).

Despite worldwide advances in HIV prevention and treatment, SSA remains the region with the highest disease burden—over 50% of the population is living with HIV, with women being disproportionately affected. This enormous burden is the result of a confluence of social, cultural, behavioral, and economic factors(22). The impact of HIV on public health and healthcare systems is immense, requiring effective prevention strategies to reduce new infections and improve the quality of life for those affected.

According to a study conducted in Ethiopia, one in five FSWs had HIV among those FSWs, the pooled HIV prevalence was 18.7%, with significant regional variations. The city of Bahir Dar had the highest HIV prevalence, at 28.2% and 15.4% in Addis Ababa (23). To support themselves, FSWs involve in risky sexual work; they are commonly observed in and around bars, liquor shops, and guesthouses, among other social settings. These locations enable unrestricted interaction between FSWs and members of the general public, which is crucial in the spread of HIV among the population(24). Despite being the most affected by the virus, these key population groups—such as FSWs—still have less access to HIV care. They often face problems to HIV treatment and service because of stigma, discrimination, and criminalization of their actions, which makes it challenging to follow different phases of their HIV care continuum. (20,23,25).

As an intervention strategy to prevent new HIV infections, PrEP was recently introduced in Ethiopia in 2019. Although there has been encouraging progress in HIV prevention since implementation over 5 years but, there is still need for improvement (26).

However, challenges and opportunities about PrEP use among these key populations remain unknown. It is thus vital to examine the opportunities and challenges faced by FSWs and PrEP service providers in order to develop effective tailored interventions that will improve national efforts to prevent HIV and increase the uptake of PrEP among these key populations. The current study aims to examine the HIV PrEP opportunities and challenges faced by PrEP service providers and FSWs in Addis Ababa, Ethiopia.

1.3. Significance of the study

There is a limited study in Ethiopia assessing the challenges and opportunities towards PrEP experience from both the PrEP service providers and FSWs perspective. As a result, this study has the potential to contribute to the existing body of knowledge on HIV prevention strategies in Ethiopia, particularly in the context of PrEP. Additionally, this research has the potential to inform the development of targeted interventions aimed at improving PrEP delivery and utilization in Ethiopia.

Understanding experiences of PrEP service providers and FSWs with PrEP can help identify strategies to improve uptake and consistent use of this preventive measure, ultimately reducing their risk of HIV infection. The findings of this study can contribute to evidence-based recommendations for PrEP service providers, communities, and policymakers working with FSWs.

2. LITRATURE REVIEW

This literature review is conducted and structured to provide a comprehensive analysis of the challenges and opportunities related PrEP among FSWs and PrEP service providers. The review begins by discussing the prevalence of HIV and utilization of PrEP. Subsequently, the literature is organized according to the ecological model, which includes individual factors, interpersonal factors, community factors, and structural factors that pose challenges to the effective utilization of PrEP and Finally, the review addresses the opportunities PrEP utilization stated in previous literatures and identified gaps that this study addresses.

2.1.Prevalence of PrEP

PrEP utilization as a preventive measure to end the HIV pandemic has made remarkable progress in which there are about 1.6 million people across the world who received oral PrEP at least once in 2021. Nearly 1 million of these were in eastern and southern Africa(27) and according to CDC USA data, almost 30% of the anticipated 1.2 million people who could potentially benefit from PrEP were prescribed it in 2021, an increase from around 13% in 2017. Despite these changes it is still low to achieve, 50% of individuals who might benefit from PrEP are expected to be using it, according to national expectation in 2025 (28–30).

Countries in SSA have achieved significant progress in the implementation of PrEP as an HIV/AIDS preventative strategy(29,31,32).The Ethiopian FMOH is working to make PrEP accessible to key population since the program started in 2019 and since then Ethiopia has an estimated 2,884 PrEP users which is a low rate of 0.3 per 10,000 population when compared to other African countries(33). However, a lot of effort has to be done to reach the objective of broad usage and access to PrEP there are still numerous challenges to be addressed.

2.2.Challenges of PrEP by key population

PrEP is an intervention to reduce HIV infection among key populations. Despite the potential benefits of the program there are several challenges organized as individual, interpersonal, community and structural challenges that can make the intervention difficult and result in discontinuation of the program (19,34,35).

2.2.1 Individual level challenges

PrEP drug burden and side effects of PrEP

There have been many individual challenges identified in literature that are faced by FSWs during utilization of PrEP for HIV prevention. According to qualitative study conducted in India FSWs faced challenges of forgetting to take PrEP daily and considered taking PrEP drug daily and size of the drug being large as a burden(36), additionally FSWs challenged to use PrEP adherently by fearing side effects which could potentially affect their health condition which are listed in a study conducted in Uganda as dizziness, nausea vomiting (37) and other was alcohol consumption of FSWs which led them to discontinue the drug utilization due to fear of drug interaction and skipping pill after alcohol consumption(38) on other study conducted in southern Africa Estwani the side effects and adverse effects were the major reasons for PrEP discontinuation which was described as being pregnant were sought as a reason for discontinuation and roll out of the program (39). On another study conducted in Zimbabwe size of PrEP pill was seen as a challenge by PrEP utilizers and facilitated discontinuation (35)

Low socioeconomic status and Reduced condom use

PrEP program is currently provided free in Ethiopia but excluding the challenges of cost related to the drug but in study conducted in USA Philadelphia low socioeconomic status FSWs faced the challenges of taking PrEP drug while being homeless and considering PrEP as not their priority (40).

Reduced condom utilization was one of the challenges for PrEP users because of worrying more about HIV than STI which led them to drug resistance and other complications currently in Ethiopia PrEP intervention program is provided in combination with condom use. In a study conducted in Belgium and Australia PrEP users showed decreased utilization of condom (41,42).

This individual-level challenge has resulted in a lack of adherence to the drug, which is the primary focus that can affect the drug's effectiveness. Despite the availability of HIV PrEP, adherence remains a critical issue among FSWs and negative partners of serodiscordant couples. In a study conducted in Kenya, 37% of participants were adherent to PrEP, while 63% were non-adherent. Furthermore, a research in Africa discovered that important groups face individual-level challenges such as transportation, HIV counseling, and treatment service prices, which act as a barrier to adherence and result in roll out (43–46).

2.2.2 Interpersonal level

Other challenge faced by key population is interpersonal level challenge which is a challenge coming from conservative family , friends and romantic partner that prevent them from utilizing the drug would not approve which may impact initiation and persistence of PrEP use(47,48). In another study PrEP use would introduce conflict in intimate relationships that acts as a challenge faced by PrEP utilizers (47,49,50) and similarly, community based mixed study conducted in Nigeria assessing challenges of PrEP identified discrimination by 296 (60.7%) respondent that is supported by a qualitative focus group discussion stating One of the reasons proffered was misconception that use of an antiretrovirals PrEP implies being HIV infected despite its use for prevention(45,51,52)

2.2.3 Community level

Members of the community are not openly using PrEP or actively dissuade others from using it that significantly influence PrEP use, and mistrust and reluctance may grow if not openly used and norms stating PrEP as socially unacceptable inhibit uptake (31,45,53).

Awareness and knowledge about PrEP

Having adequate knowledge about PrEP among PrEP service providers and also FSWs have significant effect on utilization of the drug However, studies found that PrEP knowledge among PrEP service providers is not sufficient enough to provide information for PrEP utilizers and it is known that FSWs who had good knowledge were more likely to utilize PrEP compared to those who had poor knowledge(54,55).

In a study exploring the attitudes, knowledge, and perceived barriers to the uptake of HIV PrEP among FSWs and PrEP service providers that offer health services in New York city found that Prior to participating in the study the majority of Participants (74%) and staff members (57%) had not heard of PrEP similarly, in another study conducted among nurses in South Africa (68%) of the nurses had moderate PrEP knowledge and PrEP was viewed negatively by 84.5% of the respondents (56,57). Most literatures in this area suggests that there is a lack of knowledge about PrEP among both the PrEP service providers and the FSWs (58–60).

2.2.4 Structural level

PrEP stigma negatively impacts individuals taking it, impacting their adherence and persistence behavior in a review conducted in USA PrEP stigma worsens healthcare disparities by introducing additional challenges to access, such as negative attitudes and discrimination, for those already struggling to access care, qualitative study conducted in Kenya also yielded the same result (19,31,49).

Exploring the challenges and experiences they face is essential for designing effective interventions to enhance PrEP uptake and improve HIV prevention efforts.

2.3.Opportunities of PrEP by key populations

PrEP utilization as prevention strategy by key populations brings several opportunities that increase the drug utilization and achieving the goal of HIV prevention. FSWs stated their opportunities as condom utilization mainly controlled by a male sexual partner and also there is risk of breakage due to their clients being drunk or using force during sex making them susceptible to the virus however PrEP initiation increased women's power and ability to protect herself from the virus and mostly FSWs have been benefited in being autonomous in her health promotion and disease prevention activities. On the other hand, FSWs visit health center for drug refill offering continuous checkups and get a test for the virus monthly (33,61,62).

Another opportunity identified by FSWs in a qualitative study was that they can discontinue PrEP when they are no longer in potential risk for HIV and roll out of the program if they have stop working as a paid sex worker or declared as risk free of acquiring the virus as general population by PrEP service providers (35).

Despite having enormous benefits and opportunities for PrEP utilization there is a limited study in the area worldwide and no current study in Ethiopia exploring factors that perceived as opportunity for PrEP utilization among FSWs as a result this study will explore these factors deeply.

2.4.Theoretical framework

Engaging in HIV health care services is a complex issue because it is multifaceted and affected by many factors to varying degrees in which, the ecological model framework is a comprehensive approach that considers multiple levels of influence on health behaviors including individual, interpersonal, community, and structural levels (19,63). Baral and colleagues 2013 developed the Modified Social Ecological Model (MSEM) to understand the factors influencing HIV healthcare engagement in clinical and public health settings(64–66).

Multiple levels of impact are assessed when applying the ecological framework to the challenges and opportunities faced by FSWs and PrEP service providers with HIV PrEP. At the individual level, it will aid in examining attitudes toward PrEP and HIV-related information, as well as pointing out misunderstandings and obstacles to adherence. At the interpersonal level, it will explore the effects of relationships such as peer pressure and family support on PrEP uptake. At the community level, it will explore how community norms and healthcare settings affect PrEP. Lastly, the framework examines structural factors such as healthcare policies, the stigma surrounding HIV and sex work, and those that affect access to PrEP.

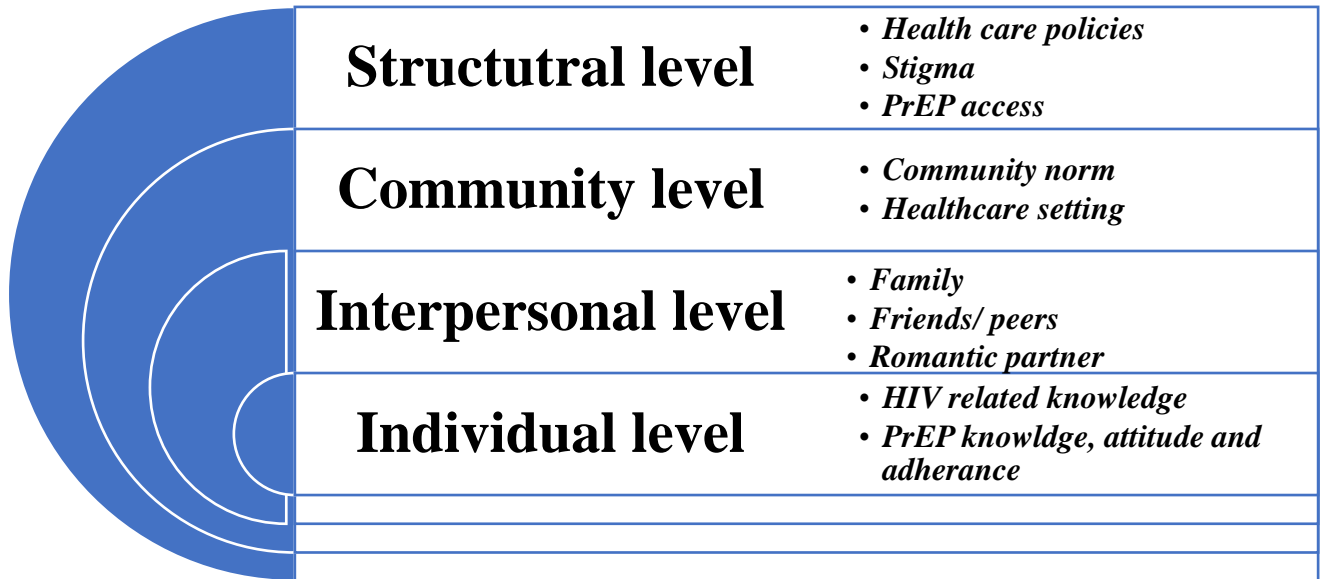


Figure 1 Ecological model for challenges and opportunities of FSWs and PrEP service providers towards PrEP in Addis Ababa Ethiopia 2024(65)

3. OBJECTIVES

3.1.General objective

- To examine the HIV PrEP opportunities and challenges faced by FSWs in Addis Ababa, Ethiopia 2024.

3.2.Specific objectives

- To explore challenges of HIV PrEP faced by FSWs using PrEP services in Addis Ababa, Ethiopia 2024.
- To explore opportunities of HIV PrEP faced by FSWs using PrEP services in Addis Ababa, Ethiopia 2024.

4. METHODS

4.1. Study setting and period

The study was conducted from Feb 26-May 2, 2024 among PrEP service providers and FSWs who are receiving PrEP for prevention of HIV. Initially nine public health facilities and six Drop-in-Centers (DICs) were included to perform a pilot study. Currently, the PrEP services are provided in 31 public health facilities and ten DICs in each sub city for FSWs and HIV negative sero-discordant partners in Addis Ababa the capital city of Ethiopia having a population of over 105 million (2021). The country has a three-tier healthcare delivery system and more than 353 public hospitals, 3,706 public health centers and 17,561 health posts. The city divided into 10 sub cities and has a population size of over 5,228,000(67) and estimated more than 80000 FSWs reside in the country(68).

4.2. Study design

A qualitative exploratory study design involving FSWs and PrEP service providers was carried out.

4.3. Population

4.3.1. Source population

All FSWs who are currently receiving PrEP in Addis Ababa

All PrEP service providers who are currently providing PrEP service in Addis Ababa

4.3.2. Study population

Selected FSWs in selected health center in Addis Ababa

Selected PrEP service providers in selected health centers in Addis Ababa

4.4. Study participants and eligibility criteria

The study population consisted of FSWs and PrEP service providers in Addis Ababa's public health facilities.

4.4.1. FSWs inclusion criteria

The study population consisted of FSWs who are HIV negative and are receiving PrEP care services in Addis Ababa's public health facilities. Any female who was at least 18 years old and agrees to have sex with a man for payment or other benefits was referred to as a "sex worker" in this study. The following requirements were met in order to be eligible to participate in the study: the participant had to be a self-identified female sex worker who is living without HIV, aged 18 years or older, and having been on PrEP therapy for a at least one-month duration for a drug Side effects to subside a duration deemed sufficient for the participant to have acquired experiences and sufficient time for side effects to subside and suppressed viral load (69).

4.4.2. FSWs exclusion criteria

HIV positive FSWs, age less than 18 and not volunteer to participate was excluded from the study.

4.4.3. PrEP service providers inclusion criteria

The second group of participants in the study was medical professionals working in public health facilities in Addis Ababa that provide PrEP services, including PrEP for HIV-negative patients. A nurse, midwife, health officer, or doctor is referred to as a "PrEP service providers" in this study.

The requirements for participation in the study included was providing a PrEP therapy to FSWs for a minimum of six months, a period judged adequate to allow the participant to gain perspectives and experiences relevant to the phenomenon under study.

4.5. Sampling methods and sample size

The study used purposive sampling to recruit participants. Eligible FSWs received a phone invitation to participate in the study after the health facility that serves the key population groups provided their contact information. The PrEP service providers was contacted personally to obtain consent for the study. After each participant gives their consent, the researcher approached them and conducted the interview. The sample size was determined until data saturation reached but the study conducted in 4 purposively selected sub cities health centers in Addis Ababa namely YEKA,

ARADA, GULELE and BOLE sub cities 15 FSWs and 8 PrEP service providers were interviewed from each sub city health center until data saturation reached.

4.6.Data collection tools

Semi structured interview guide adapted in reviewing literatures was used for in-depth interview assessing the challenges and opportunities toward PrEP.

4.7.Data collection procedures

The principal investigator with the trained research assistant conducted in-depth face-to-face interviews. An interview guide was used to outline the open-ended topics in English and translated to Amharic. Data was collected until saturation reached, when more data failed to reveal any new emergent codes or themes but it is was planned to conduct interview with minimum of 20 participants purposively. The time and place of the interviews was determined based on the convenience of the participants. With the participants' permission, the assistant researcher audio-recorded and take written notes during the interviews. The interviews were done in Amharic and lasted approximately 40 minutes in a health center.

4.8.Data processing and analysis

Thematic analysis was used to manually examine all of the data gathered. The primary Investigator conducted data analysis simultaneously with data collection. Both deductive and inductive coding was used; a priori codes from earlier research was used, and after data collection, emerging inductive codes was generated. The accuracy of the principal investigator's transcription of the field notes and audio data was confirmed by the supervisors. The participants' socio-demographic data reported using descriptive statistics Quotations from the participants' statements was used to illustrate the findings and highlight the key themes.

4.9.Trustworthiness

For insuring trustworthiness, the criteria's credibility, transferability, dependability and confirmability was considered.

Credibility: To ensure credibility Before conducting the study pretest of the interview guide were conducted for checking the reliability and validity of the tool by advisors and before starting the

actual data collection, the primary investigator was first got familiarized with the study setting and create a rapport with participants and after the data collection the primary investigator discussed data coding, data analysis and interpretation continuously throughout the research process with advisors. Member checking was employed during data collection by taking the response of the participants to them and validating during interview.

Transferability: To ensure transferability, the research Title and Purpose was stated clearly and Audio records and notes was taken during the interview. Audio records of participants' interview, notes taken during the interview and transcription verbatim was saved for cross checking the process. Participant statements was quoted directly, without losing its meaning and tick description was used.

Dependability: was achieved through sending all data collected tools, the raw data, the encodings made during the analysis phase and was drawn inferences to the researchers not involved in the research as an external audit. The audio records and process used during data analysis are available for cross-checking.

Confirmability: To establish conformability the investigators, own opinion was avoided from affecting the study data by precisely reviewing interview transcripts, comparing codes with the raw data, and checking the findings with the participants' views several times to eliminate personal biases.

4.10. Ethical consideration

Ethical clearance to conduct this research was sought from the Research and Ethical Review Committee (IRB) of the Addis Ababa University, college of health science, school of nursing and midwifery. Permission to conduct the study was obtained from Addis Ababa Health bureau. The Principal Researcher obtained informed written consent from all participants to conduct the interviews. Detail explanation about the objective (purpose) and benefit of the study was described to the study participants to ensure their full cooperation. The voluntary nature of participation in this study was underlined. Confidentiality was also be assured by conducting the interview in a room with no interference and reassuring participants name was not be needed and specific codes was used about the identity and other personal information of all interviewees.

4.11. Dissemination and utilization of result

The findings of this study will be submitted to the School of Nursing and Midwifery department at Addis Ababa University's College of Health Sciences and Addis Ababa health bureau. And the result of the study will be disseminated to selected health facility. Finally, attempts will be made to publish the research findings in reputable local and/or international journals.

5. Results

The results of in-depth interview exploring challenges and opportunities faced by both FSWs and PrEP service providers during FSWs PrEP utilization were presented below in two sections. The first section discusses the sociodemographic characteristics of the research participants and the second section describes about emerged themes and subthemes.

5.1. Participants sociodemographic characteristics

Twenty-three participants were recruited for the in-depth interview; of these, eight PrEP service providers and fifteen FSWs were included in the study based on the study's eligibility criteria. The study included FSWs ranging in age from 25 to 37, with a mean age of 28 years. Forty percent of FSWs had been using PrEP for more than a year, while 60% had been using it for less time. The PrEP service providers range in age from 29 to 33 years old, with a mean age of 32years. 62.5% have three to four years of experience delivering PrEP medication.

Table 1 Sociodemographic characteristics of FSWs and PrEP service providers in Addis Ababa Ethiopia 2024

Sociodemographic characteristics of FSWs	Category	Frequency	Sociodemographic characteristics of PrEP service providers	category	Frequency
Age	20-24	4	Age	24-28	4
	25-29	6		29-33	1
	30-34	2		34-38	1
	35-39	3		39-43	2
Educational status	Primary	9(60%)	Profession	Nurse	5(62.5%)
	Secondary	4(26.7)		Midwife	2(25%)
	College and above	2(13.3%)		HO	1(12.5%)
Marital status	Single	6(40%)	Educational status	Diploma	2(25%)
	Married	3(20%)		Degree	6(75%)
	Divorced	6(40%)			

5.2 Emerged themes

Following in depth analysis of interview data from both FSWs and PrEP service providers three themes have emerged according to the research objective which are: challenges associated with HIV PrEP use, opportunities associated with HIV PrEP use, and recommendation about the use of HIV PrEP are discussed in this section with example quotes.

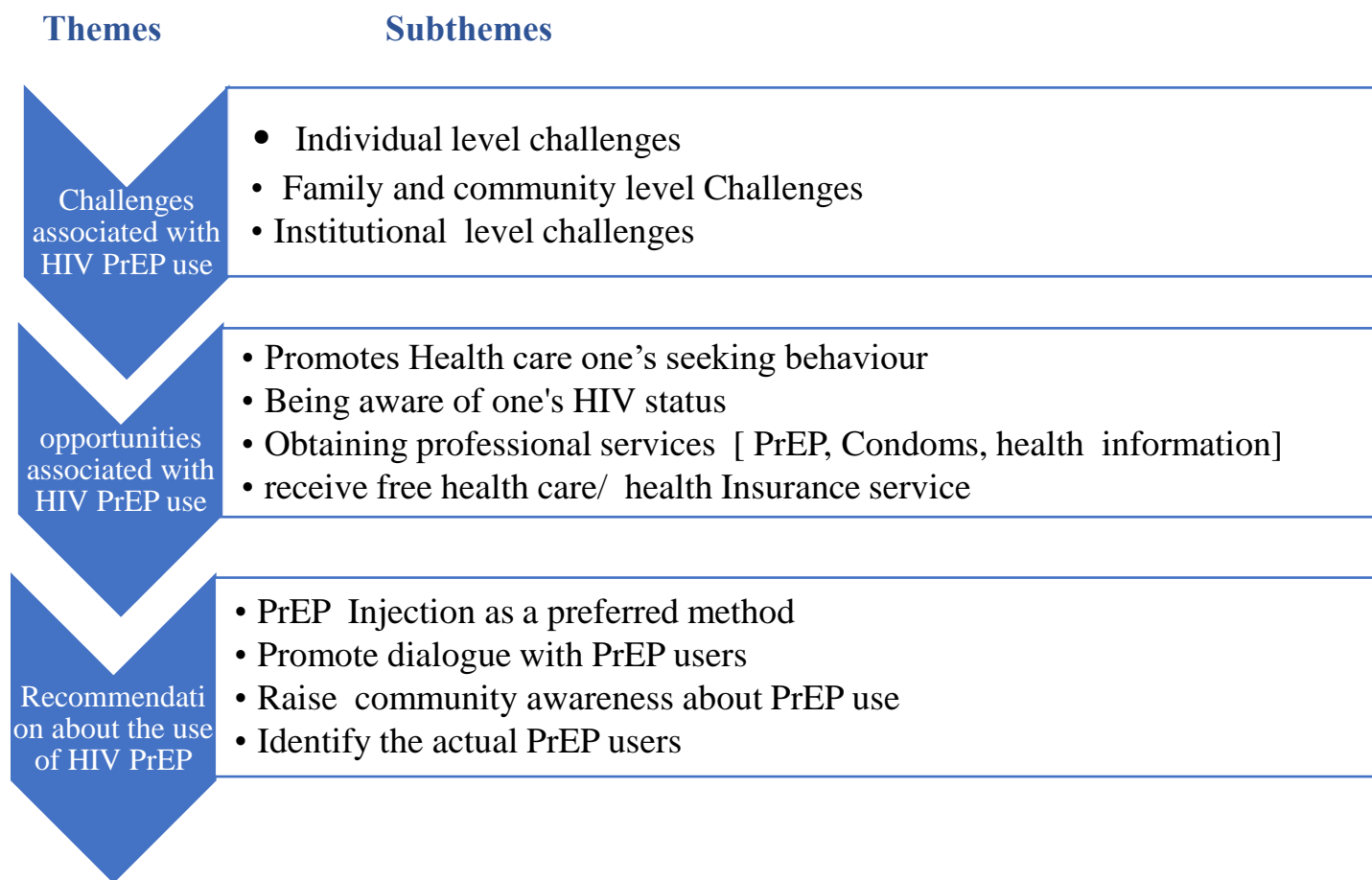


Figure 2 Schematic presentation of emerged themes and subthemes of challenges and opportunities among FSWs and PrEP service providers in selected public health facilities Addis Ababa Ethiopia 2024 GC

Theme 1: Challenges associated with HIV PrEP use

The first theme that has been emerged during thematic analysis of in-depth interview data was Challenges associated with HIV PrEP use. There have been four subthemes identified as challenges of FSWs in utilization of PrEP this are individual level challenges, family and community level challenges, institutional level challenges.

Subtheme 1: Individual level challenges

The results of in-depth interview with the participants yielded that most of the participants reported worried about taking PrEP on a regular basis, concerns about PrEP's adverse effects, PrEP pill burden, condom preference over PrEP, lack of food and a place to live as an individual challenges that affected uptake and utilization of PrEP

I. Worried about taking PrEP on a regular basis

Participants in the in-depth interview discussed their concerns about taking PrEP regularly as a challenge, pointing out that they date and have sex with complete strangers for financial gain and that they have no idea when they will stop doing this and return to a normal life as a result , the FSWs felt hopeless about taking a daily drug because they were unsure of when to stop working as sex workers, and this condition caused them to believe that PrEP is a lifelong medication. Some even said that it would be preferable to take a lifetime medication after HIV infection rather than before infection. Sample responses are listed below:

“When you consider using PrEP drugs on a regular basis, you begin to lose hope because you are never sure when to quit dating someone just for money...” [FSW01, Age:22]

“...from FSWs side the first challenge they state is that taking the drug (PrEP) daily, because she may not know when she will be able to stop doing this work, when you see the cases of sero discordant couple they take the drug for 6 months until viral suppression of the partner However, it is really difficult on FSWs side to take a drug daily that they have no slightest idea when exactly are they going to stop taking it” [PrEP service provider 01, with 2 years’ experience]

Despite those being hopeless some FSWs showed a hopeful thinking and a courage to say they will be discontinuing this job and until then taking PrEP is important. Sample responses:

“I believe I will continue taking PrEP until I quit this life as a female sex worker because your health condition is all that matters, and I will do anything to protect my health.”
[FSW03, Age:37]

“If God wills, I want to quit doing this job and find a proper job for me, so I don't plan on taking the PrEP for a long time.” **[FSW05, Age: 27]**

II. Concerns about PrEP's adverse and side effects

The majority of FSWs who were interviewed stated that taking PrEP had some side effects, which presented as a challenge. Some FSWs who had started taking PrEP stopped because they were afraid of the side effects, and some FSWs had experienced side effects for a long period of time. FSWs have reported experiencing hurt burn, nausea, vomiting headache, lightheadedness, abdominal cramping and low back pain as some of mention side effects. sample responses included:

“To be honest with you, this medication is really hard to take. I constantly get headache, particularly in the first one to two weeks. Some FSWs stop taking it because of this.”
[FSW04, Age: 20]

“I have used PrEP for almost a year, but I have discontinued for a month duration because it was making me sick, I felt headaches lightheadedness and abdominal cramping all the time.....” **[FSW09, Age: 21]**

“.... most of them say they couldn't take PrEP complaining about hurt burn, nausea, couldn't eat and headache after taking it, and they say no, it makes me fight with people I had enough....” **[PrEP service provider 04, with 3 years' experience]**

However, some participants and the service providers clarified that the side effects are temporary and go away a week or two after starting the medication. It was also mentioned during the interview with PrEP service providers that many FSWs struggle with retention and stop using the drug because of the difficult side effects, as well as the lack of patience to wait for them to go away. Sample responses:

“...there are some side effects you may feel until your body adapts to taking the drug, but before that, you may feel nausea, headaches, and back pain, but after that, it all disappears” **[FSW05, Age: 27]**

“...you never know what will happen after taking the drug, so being prepared is mandatory because the drug has the property of causing a gastric burning sensation...” [FSW10, Age: 30]

“...after they start taking the drug they complain gastric pain burning a lot, headaches, and loss of appetite they tell you a lot of reasons for discontinuing even when we counsel them to be patient until these symptoms disappear” [PrEP service provider 04 with 3 years’ experience]

A participant who began using PrEP and became pregnant had to discontinue the medicine due to concerns about potential health effects on her unborn child. She resumed using PrEP after not taking it during her pregnancy or during nursing. Service providers have noted that the proportion of FSWs who start taking PrEP is much higher than that of those who continue to take the medication. Sample responses:

“I had to discontinue PrEP because I was breast feeding, and was worried PrEP could interfere with my breast milk and hurt my daughter.... I chose using only condom during this time” [FSW 02, Age: 22 years]

“...there is an adherence problem, and there are a lot of FSWs who discontinue taking the drug after they start. For example, here in our health center, there are a high number of FSWs who start taking the drug, but the number of who continue using the drug is much lower than those who started.” [PrEP service provider 03, with 1 year experience]

“...the thing that concerns me the most is the adherence issue because it's best if they don't start it in the first place rather than starting and discontinuing in between...” [PrEP service provider 01, with 2 years’ experience]

III. PrEP pill burden

The other individual challenge that many FSWs and PrEP service providers have mentioned is the burden of the PrEP pill, which has made it difficult for them to take the medication. This is expressed as difficulties that FSWs have with the size, route and daily taking. These are the main individual challenges for correct PrEP utilization.

Large size of PrEP, burden of taking pill daily and Alcohol consumption

Most of PrEP users complained that the size of PrEP is too large making it difficult for them to swallow and even make them choke sometimes, to add more to their concern they had faced problem of taking a pill every day which will predispose them to forget the reasons given for this are that the lifestyle of FSWs is extremely demanding, and they consume large amounts of alcohol, which has caused them to worry about using drugs on a daily basis because they wonder what would happen to them if they took the drugs along with alcohol? Some even stated that they forget and skip to take PrEP on the days when they drink alcohol, which has a significant negative influence on the medication's proper use and adherence and can result in retention issues. Sample responses:

“Oh, it is a really big drug, and sometimes it even makes you choke and spit it out and I try to take a lot of water with it, and it's really difficult and you also forget to take PrEP daily, I would prefer injection form of PrEP like family planning if available and I think it will be more effective for us”. **[FSW02, Age: 22]**

“.....during alcohol consumption, they don't even remember to take the drug; they may even forget to put on a condom.” **[PrEP service provider 01, with 2 years' experience]**

The difficulty of the FSWs' life in having to work at night and sleep during the day makes it uncomfortable for them to take a daily drug. Some FSWs may even work day and night, which makes taking PrEP even more difficult. The most common complaints service providers hear from their clients are about the size of the drug being too large and about taking PrEP every day and constantly asking if there is a way to take a drug on a monthly or weekly basis as family planning injection drugs. sample responses included:

“The worry of taking the drug daily and the burden of being able to remember daily to take the drug and they say it is very tiresome and they don't want to take the drug daily it is difficult to remember....” **[PrEP service provider 01, with 2 years' experience]**

“.... all FSWs feel uncomfortable taking the drug daily, according to their work condition in which they work at night and sleep during the day. If the drug is changed to be taken monthly instead of daily, it will be more convenient for them because they don't have to worry about forgetting to take the drug or passing the time to take the drug...”” **[PrEP service provider 02, with 3 years' experience]**

IV. Condom preference over PrEP

Some FSWs stated that they preferred using condoms over the PrEP medication, referring to their experience of living HIV-free for years despite only using condoms. They also mentioned that they had become familiarized with PrEP, a daily medication that prevents HIV infection, but that using it also requires using condoms. These has led them think using PrEP as a double burden and preferred using condoms alone. Sample response:

“I never do sex without a condom and I feel condom is very effective for me, even has more benefit from the PrEP drug itself...” [FSW06, Age: 35]

Some service providers indicated that there was a misunderstanding when PrEP was first introduced that FSWs were only using PrEP and not condoms. It took them a long time to realize that, in accordance with the guidelines, using PrEP should be done together with a condom for better protection, and that PrEP should be their backup in the case of an emergency such as sexual assault or condom breakage or slippage. Sample response:

“The challenge is when first PrEP was introduced most FSWs taught they don’t have to use condom anymore and one woman even stopped using PrEP when we told her she still has to continue using condom as previously, and saying why would I suffer the burden of taking a drug daily if it doesn’t work on its own...” [PrEP service provider 03, with 1 year experience]

V. Lack of food and a place to live

The socioeconomic status of FSWs was extremely low, as both service providers and the women themselves explained which ranged from being homeless to not having enough money to buy food for themselves or their children. This affected the women's use of PrEP, as they were concerned about taking a daily medication on an empty stomach and some reported that the medication caused stomach pains when taken without food. Sample responses:

“The problem I have is that sometimes I go for days without eating, or I might eat once a day, and at those times I find it difficult to take PrEP because I worry that it will impair my health” [FSW01, Age: 22]

“Taking their regular meds while living on the road presents a challenge for FSWs who work as mobile sex workers and are homeless. They don't have a place to keep their medications either.” [PrEP service provider 01, with 2 years' experience]

It has been difficult for those who are living on the streets as mobile FSWs to take daily drugs because they don't have an appropriate place to store the drugs. These women have even disclosed that sometimes they agree to have sex without money and exchange for spending the night in a room so they can be spared from the streets for even a single day.

“I occasionally agree to have sex with clients without money, so I can spend a night in a hotel room safe from the streets.” [FSW03, Age:37]

Subtheme 2: Family and community level challenges

The result of in-depth interview among FSWs and service providers yielded that there is a family and community level challenges that affect correct PrEP utilization and this are perceived fear of family pressure and discrimination, sexual partner pressure, friends and coworker's pressure, nonprofessional source of information and misconception, fear of being eliminated from the sex industry, and perceived lack of community awareness and prejudice

I. Perceived fear of family pressure and discrimination

Family influence is one element that has come up in interviews with FSWs and service providers in this study. Being FSW is done in secret from family members. As a result, FSWs have become so afraid that their family will find out that they are FSWs and that they use an HIV pre-exposure prevention medication. Sample responses:

“My mother thinks I work as a maid, if she found out am a sex worker and I take PrEP for HIV prevention she will kill me....” [FSW 02, Age: 22]

“Families don't even know that she is a female sex worker. Despite them living together, she does this business by hiding from her family, so giving PrEP drugs to this woman will further increase her challenge” [PrEP service provider 01, with 2 years' experience]

“No, my family doesn't know about the work I do or the drug I take; they have no idea about everything.” [FSW06, Age: 35]

“...my family doesn't know that I do business, they would hate me and kill me if they knew.”
[FSW10, Age: 30]

The majority of FSWs were embarrassed to reveal their identity as FSWs, which made them more likely to stop taking PrEP even after they had begun. Sample responses:

“The main reason I've stopped PrEP is that my family doesn't know that I date; therefore, I can't tell them what medication I take in case they see me on PrEP...” **[FSW 02, Age: 22]**

“I discontinued PrEP for about 2 months when I traveled to the countryside to visit my family because if they knew I fear they will never see my face again ...” **[FSW10, Age: 30]**

Most participants highlighted that it has been challenging for them to disclose anything to anyone because the PrEP medication's container and daily administration are similar to those of ART. One participant—a mother of a 15-year-old child—shared how her son misidentified her for HIV positive and was unable to realize that she was taking an HIV prevention medication. Sample response:

“I had a difficult time trying to explain to my fifteen-year-old son that I take PrEP for HIV prevention because he is too young to understand. He asked me one day about PrEP, telling me it's an HIV medication and how I got infected. When my son asked not to have his nail clipper with me, I felt discriminated against. **[FSW08, Age: 29]**

II. Sexual partner pressure and fear of being eliminated from the sex industry

A few FSWs who were interviewed claimed that their partners regarded them less favorably and made unpleasant remarks since they used PrEP on a daily basis. One of the women went so far as to say that because of her PrEP status, her partner broke up with her and wouldn't spend time with her. Sample response:

“I had a customer that used to come daily, and after he saw me taking the drug, he said nothing, but he never came back...” **[FSW005]**

One FSW who works in a massage parlor but keeps her sex work hidden from her husband said, *“He would leave me if he knew I am a sex worker and I am taking this medication.”* **[FSW11, Age: 35]**

III. Friends and coworker's pressure

Friends and coworkers of FSWs pressure PrEP utilizers by influencing in different ways the first thing is that pressure from a non-utilizer friend so the women's described most FSWs have no interest in taking this drug and influence others not to take it by creating a rumor about the drug that is incorrect and despite some being resistant to those rumors and taking the drug continuously but some FSWs discontinue by listening these rumors and misconceptions. Sample responses:

"...some FSWs think that PrEP will make you sterile and spread rumor to prevent new users from starting." [FSW07, Age: 26]

".... there is competition in this work; if you don't keep up, you'll lose your customers, and I fear that my competitors will spread rumors that I have HIV and take my customers for themselves, so I try to hide the drug from them." [FSW07, Age: 26]

Some coworkers intentionally spread rumor on those using PrEP as HIV positive and try to take their customers this has been due to coworkers job competition

"... Women in this business don't love each other, and because of that, I think that someone will start the rumor of me getting infected, they will discriminate me and take my customers and I fear that" [FSW 04, Age: 20]

"For FSWs to first start PrEP, they face challenges of being afraid due to FSWs face influence from their friends and employers that the drug is an HIV drug, fear of being discriminated against, and also fear of losing their job and fear of starting the drug" [PrEP service provider 05, with 2 years' experience]

".... there is competition in this work; if you don't keep up, you'll lose your customers, and I fear that my competitors will spread rumors that I have HIV and take my customers for themselves, so I try to hide the drug from them." [FSW07, Age: 26]

Other pressure that comes from a friend is due to lack of awareness and similarizing PrEP drug with ART by its property and similarity with ART and influence those taking the drug as HIV positive and discriminate them. Sample responses included:

“...ART and PrEP are literally the same in container; in the way it is taken daily and it creates a confusion on users that some can't differentiate the two drugs and say it is HIV drug” [FSW 01, Age: 22]

“...My friends say that I shouldn't even take PrEP during my pregnancy they were talking PrEP will affect my daughter health.” [FSW 02, Age: 22]

“The reason for thinking only HIV-infected individuals take a drug. Because the container of the PrEP looks exactly the same as an HIV drug, when I take this PrEP, a lot of my friends think that I am HIV-infected” [FSW 04, Age: 20]

IV. Nonprofessional source of information and misconception

Many FSWs took part in the study, and PrEP service providers also showed that there were misconceptions among FSWs regarding PrEP. These included the belief that PrEP prevents many diseases, that it prevents pregnancy, and PrEP drug predisposes you to HIV infection and other diseases. Another misconception that FSWs listed was that we don't need to take PrEP for HIV prevention because God will protect us. Furthermore, FSWs got information about the PrEP drug from non-professional sources, such as friends, which will affect utilization and adherence. Sample responses included:

“I think that PrEP prevents us from a lot of things including pregnancy” [FSW 03, Age: 37]

“Sometimes I feel that when I get too adapted to this drug, what if it gets changed to HIV? So, I think that's why people fear taking it...” [FSW 04, Age: 20]

“Sometimes I think that the drug could make us HIV-infected and that we shouldn't be using it. I face this challenge...” [FSW 07, Age: 26]

“Some say that God is the one who protects us, not some pill, and we have been living without HIV until now, and don't want to take PrEP” [FSW 07, Age: 26]

“...PrEP protects against a lot of diseases I don't know the names but it protects not only HIV but around 10 diseases...” [FSW 08, Age: 29]

“At first, they said it would make you infected, but I trusted the nurse and took the drug. But on the first few days, I wasn't taking it; I just put it at home, and when I made sure, I started taking it.” [FSW 09, Age: 21]

“We find many incorrect activities, like some think the PrEP drug is lifelong and not discontinued it Isn't because of not giving attention to what has been said, and it may not always be due to their lack of attention, but it may be our gap of explaining in detail and just hurrying to finish” [PrEP service provider 04 with 3 years' experience]

Few FSWs expressed that they don't take information from nonprofessional source and they only rely on information from health center and they are correctly using the drug as been advised.

V. Perceived lack of community awareness and prejudice

According to the interview data, the community lacks awareness of HIV PrEP because the government has not created any awareness about the drug. However, since everyone is aware of ART and what an ART drug looks like, the community perceives PrEP takers as HIV positive and discriminates against them. As a result, FSWs avoid public gatherings and coffee ceremonies.

Sample responses:

“...most of the people's haven't had enough understanding about PrEP ... and prevent those taking the drug by discriminating and saying that they are HIV positive.” [FSW01, Age: 22]

“The community sees PrEP when we discard the container after finishing and they say we are using HIV drug and there is one FSW who used to be my friend she makes a rumor now saying I'm positive in every place that she went because she is infected and taking ART...” [FSW08, Age: 29]

“I want everyone to know that if people in the community are aware of PrEP, there might not be any prejudice towards drug users.” [FSW04, Age:20]

“.... I have discontinued PrEP one time when I was sick and I started going to the holy water, and at that time I taught the community will judge me and I also felt taking HIV prevention drug doesn't go along with holy water, and I discontinued it” [FSW13, Age: 28]

When asked about the lack of awareness in the community, the service providers explained that the PrEP drug is not available to the public as a whole. If awareness creation in mass media take place, half of the population of the country would seek out the medication, making it impossible for the government to provide the service. Additionally, more awareness raising would encourage the general public to become infected with HIV by leading them to believe that there is a preventive drug and it is acceptable to become infected. For these reasons, some service providers claimed that awareness creation is not necessary. Sample responses:

“I know that the general community is not allowed to have information about PrEP availability because it will further lead them to be exposed to HIV. We were curious once and asked the health bureau, and they said saying there is a drug that could prevent you from HIV, is same as it's okay to be exposed, so it is prohibited even to create awareness in mass media....” [PrEP service provider 01 with 2 years’ experience]

“There has been no clear information about PrEP even in mass media the information is only provided for clients and for health professionals that only deliver the service because PrEP is not provided for general population.” [PrEP service provider 05 with 2 years’ experience]

Subtheme 3: Institutional level challenges

I. Lack of operational labs and essential supplies

When the PrEP drug was first introduced, PrEP service providers stated that they conducted all necessary laboratory workups before prescribing PrEP. However, at the moment, they only conduct HIV tests prior to administering PrEP due to the lack of functioning laboratories and equipment in government health centers. When FSWs were instructed to undergo the test in another private facility, they complained that the tests were too expensive and that this prevented them from taking the medication. As a result, the government made service providers to prescribe PrEP without the necessary laboratory workups but this has led service providers fear to prescribe PrEP before the necessary workups due to FSWs behavior they drink alcohol and also, they have other addictions like chat chewing and cigarette smoking so for this population starting a daily drug without making sure doing the necessary laboratory workups could predispose them to further complications. Sample responses:

“The laboratory workups have stopped currently due to the fact that if they can't pay, they won't be able to get tested and if they don't get tested, that will eventually lead them not taking the drug. As you know, FSWs even refuse to take PrEP for free despite being asked to pay for a laboratory” [PrEP service provider 01 with 2 years' experience]

“We used to perform the laboratory tests specified in the guidelines; However, the health center doesn't yet have any supplies or a working laboratory. Despite having finished HIV PREP training, we don't put it into practice, even though these exams are necessary before starting medicine.” [PrEP service provider 04 with 3 years' experience]

II. Lack of sufficient service providers

The results of in-depth interview with service providers uncovered that, service providers shared their experiences with workloads and the imbalance between the number of providers in one health center. This made them to be challenged to counsel all FSWs by taking time to ensure they understood everything and asking if they had any questions or concerns. However, the providers currently provide very quick service without enough counseling or teaching because FSWs lack the patience to wait for the services they need in the health center, and when they don't get what they want quickly, they leave and service providers doesn't want them to leave so they are forced to provide service very quickly and they suggested that sufficient providers should be assigned in KP clinics to provide effective and detail counseling and service. Sample responses included:

“From the provider's side, there is a very high case flow and there is no sufficient provider in the KP clinic. As for FSWs behaviors, they don't have the patience to wait a long time; they want to get the service within minutes after they come to the health center. In order to deliver the service faster to them, sometimes we may not counsel them, taking enough time to address all of their concerns and asking them to repeat what we have said to check their understanding.” [PrEP service provider 07 with 3 years' experience]

“...What happens now is that when you provide the service and do registration and counseling at once, including other services, those waiting outside to get the service will start to make noise, and they even don't have the patience to wait, so they leave. You can't take enough time to counsel each person in detail, so you just give the service to all quickly because we don't want to lose those who came to get the service and you may not find them again.” [PrEP service provider 08 with 1 years' experience]

“.... we face many challenges as a KP provider because the populations at first are unstable and difficult to talk to and convince, so it takes a lot of effort from us to convince them” [PrEP service provider 02 with 3 years’ experience]

According to some service providers, there are only one or two health centers in a sub city that offer PrEP services to FSWs. This has resulted in a high case flow in those facilities that deliver the service, making it difficult for them to provide appropriate services, filter out individuals who are not taking the medication correctly, and assess adherence objectively using various techniques.

“The other challenge is that we won't check whether they are adherently taking the drug or not, and we won't use different ways to find out whether there is a missed day without taking the drug or not, despite just asking them subjectively” [PrEP service provider 03 with 1 year experience]

“.... providing the service in only some facilities increased the load. For example, in one sub city, there may be one or two KP centers, and the providers are also not sufficient. In most of these KP centers, only one KP provider is assigned for the service, and I think improving this condition will solve a lot of challenges” [PrEP service provider 04 with 3 years’ experience]

III. Lack of health care providers awareness

The data from the in-depth interviews revealed that training and awareness-raising regarding the PrEP drug for HIV prevention are only shared with those providers who currently offer the service. Other health professionals working in private and other governmental organizations have not received any information about PrEP, and this has made it difficult convince FSWs to take the drug consistently and has resulted in retention issues because FSWs show the drug to their relatives who work in private healthcare facilities and pharmacists, and those professionals who have no awareness about PrEP inform them that it is an ART drug and they shouldn't take it. Sample responses included:

“FSWs could come to HC for many issues but in every private and in some governmental health facility that has no KP sites, the health care providers have no awareness about PrEP however this FSWs coming for medical issues, not for KP service could miss the service by the health care providers lack of awareness...” [PrEP service provider 08 with 1 year experience]

“I have faced a very difficult situation one time when a group of five people whom I had counseled and made start taking the drug came back as soon as they left the health center with the drug and went to a private clinic pharmacy the pharmacist then told them that the drug is HIV drug and this made them furious after that they were shouting and saying we know we are HIV positive you wanted to protect the community so you gave us HIV drug saying we're HIV negative we confirmed that the drug is HIV drug from asking a doctor and a conflict happened....” [PrEP service provider 06 with 4 years’ experience]

Theme 2: opportunities associated with HIV PrEP use

The second theme that emerge from the data analysis was opportunities associated with HIV PrEP use and within this theme four subthemes has been identified namely Promotes one’s Health care seeking behavior, being aware of one's HIV status, obtaining professional services [PrEP, Condoms, health information] and receive free health care/ health Insurance service.

Subtheme 01: Promotes one’s Health care seeking behavior and control over their status

According to FSW and service provider interviews, using PrEP encourages people to seek out health care. According to reports from FSWs, since starting PrEP services, they have started wearing condoms to protect themselves whenever possible and have sought medical assistance for even mild problems. This is because the medication has enabled them to receive timely, effective care, making it easier for them to routinely visit the health center. Sample responses included:

“Previously I may not come to the health center too often for simple complaints but now during my appointment time I had the chance to come and ask help for any conditions that I have felt and it made it easier for my health” [FSW001]

“I am a sexual worker, I had an HIV test and the result was negative, and I regularly visit the health center to get tested for the virus” [FSW 02, Age: 22]

"I used to go out without a condom when I had sex just to fulfill the needs of customers, but now I always wear one." [FSW11, Age: 35]

“The main opportunity for users is that it is protecting them from HIV if they take it properly, and the other thing is that because of the drug, they came to the health center too often, which will enable them to get other counseling services repeatedly.” [PrEP service provider 04 with 3 years’ experience]

Some FSWs stated that, despite condom use, which is primarily controlled by male sex partners, they were able to control their health status through proper drug use because of the PrEP drug. They also stated that, after using the drug, they felt confident in their ability to protect their health status on their own and were less concerned about contracting HIV. Sample responses:

“Before PrEP, if the condom breaks, I don't do anything; I just try to wash the area with soap and leave it, but now, I am safe. Thank God.” [FSW06, Age: 35]

“Our life (FSWs) is full of surprises; no one knows what will happen next you may be raped and you won't be prepared, so PrEP will protect you from 80% of HIV for those conditions” [FSW07, Age: 26]

“Before PrEP, I don't get tested too frequently and I may get tested within 7 months or more, but currently I get tested frequently and I'm confident about my status ...” [FSW08, Age: 29]

“The opportunity is that PrEP protects from HIV during times of condom breakage, and you don't have to be scared the whole month fearing you may be infected until you get tested...” [FSW12, Age: 33]

“Condoms is created by humans, so it is not 100% effective. Condom breakage happens to them a lot, and they may even face sexual assault as their job property is to spend time with alcoholic men, so they may face forced condomless sex, so I think PrEP is their best option to prevent HIV in those kinds of conditions.” [PrEP service provider 07 with 3 years' experience]

Subtheme 02: Obtaining professional services [PrEP, Condoms, health information]

The majority of participants disclosed that they were eligible for free PrEP service and that they could also use condoms, health information, and professional counseling that the health center offers to PrEP users. Sample responses:

“I think getting this drug-free is a great opportunity for us because it protects us from HIV during condom breakage” [FSW10, Age: 30]

“...the opportunity they [FSWs] may get from taking PrEP is a condom, a continuous health checkup by getting tests that are available in this health center for free, and taking PrEP, she is able to prevent herself from HIV.” [PrEP service provider 06 with 4 years' experience]

Service providers have noted that although condoms are provided for all FSWs regardless of PrEP use, FSWs believe that they are only for those who take the drug, and they fear that they will not be allowed to use the service if they do not use PrEP. As a result, FSWs take PrEP, even though they may not swallow it, in order to receive access to other services and condoms. Sample responses:

“They have no additional benefit for taking PrEP as being a FSWs they all get condom even if they use PrEP or not, the benefit they get from taking PrEP is a lot for their health condition and I think that's enough and they don't need additional incentive to promote them taking because if you do that, they will take it for the benefit even if they don't want to take the drug so PrEP being free for them to use is enough for them” [PrEP service provider 07 with 3 years' experience]

“I was very afraid to start taking PrEP and decided not to use it, I even argued with the nurse I came just to get tested but I taught if I don't take PrEP, I may be denied other health services so finally they convinced me to take PrEP...” [FSW01, Age: 22]

“Some FSWs take PrEP and throw in trash and not use it however they take PrEP in the first place because the HC distributes 70 pieces of condom monthly and they want condom service so they could sell it” [FSW 04, Age: 20]

Subtheme 03: Receive free health care/ health Insurance service

The majority of FSWs expressed that, once they began taking the PrEP medication, they helped them obtain insurance so they could receive any medical care without having to pay for it. As a result, after starting the PrEP, gaining insurance is perceived as a potential opportunity. Sample responses included:

“Thank God after starting to use prep they gave us health insurance for getting free health service and easily get service without having to wait a lot of time” [FSW01, Age: 22]

“The opportunity we get because of PrEP is that they gave us health insurance to get free health services and condom for free...” [FSW12, Age: 33]

Theme 3: Recommendation about the use of HIV PrEP

The last theme emerged from in depth interview with both FSWs and service providers. During the discussion, four subthemes were discussed as a recommendation to facilitate correct utilization of PrEP: and to ensure proper use of PrEP: PrEP Injection as a preferred method, promote dialogue with PrEP users, raise community awareness about PrEP use and identify the actual PrEP users.

Subtheme 01: PrEP Injection as a preferred method

As discussed, in detail theme 1 subtheme 1. The majority of FSWs have discussed how challenging it is to swallow a medication on a daily basis, and they have expressed a preference for an injectable version of PrEP that does not need daily remembering to take a tablet. Sample response:

“I think it would be great if PrEP pills change its form to injectable similar to family planning injections that we receive monthly since it will be easy for me to take and I won't have to worry about someone seeing and hiding the pill” [FSW 13, Age: 28]

Service providers have also discussed this idea and suggested that if the drug is provided monthly and changes to an injectable form, there will be a solution for all adherence and retention issues. They find that most FSWs who have started taking the drug discontinue it because of drug burden and because taking a pill every day is a concern for them, so switching to an injectable form is a game changer for them. Sample responses include:

“Most women complain that it will be better for them if PrEP isn't something to swallow. They suggest that it would be injected every three months, similar to a family planning drug, because they tell us that they drink alcohol often and might forget, and they are also afraid to take a PO drug while drinking.” [PrEP service provider 06 with 4 years' experience]

Subtheme 02: Promote dialogue with PrEP users

As was mentioned in theme 1 subtheme 3, health care providers found it difficult to provide PrEP counseling correctly because of their workload. They suggested that the best course of action would be to facilitate dialogue with PrEP users, provide adequate information, ask for their

feedback, and clear up any misconceptions. This can only be done if there are enough providers assigned to a service delivery room. In addition, they pointed out that improving dialogue among FSWs and training peer navigators will improve PrEP utilization.

“As a health care team, I think they should work on increasing the number of service providers facilitating coffee tea ceremonies in order to increase discussion among PrEP users and training for peer navigators so they can share their experiences and learn from others.....” [PrEP service provider 01 with 2 years’ experience]

“I believe that as a health care team, we should focus on expanding the number of service providers to foster more discourse among PrEP users and training peer navigators who may impart their knowledge and gain insight from others....” [PrEP service provider 08 with 1 year experience]

Subtheme 03: Raise community awareness about PrEP use

The majority of FSWs and service providers expressed interest in raising community awareness because they believe that doing so will address the issue of FSWs being influenced because of taking the PrEP drug and making it seem similar to HIV medication. Additionally, if the community is sufficiently informed and aware of PrEP, there won't be any issues with PrEP being mistaken for ART and FSWs feeling ashamed to use the drug. Sample responses:

“If there is enough knowledge, there may not be any discrimination against those taking the drug, so I want everyone to understand this.” [FSW04, Age: 20]

“Raising community awareness through the media will increase the benefits of PrEP” [PrEP service provider 07 with 3 years’ experience]

Subtheme 04: Identify the actual PrEP users

As previously mentioned in theme 2 subtheme 02, some FSWs have reported taking the PrEP medication but not swallowing it; instead, they throw it away. This behavior has led some FSWs who correctly utilize PrEP to believe that those who do not swallow the medication but instead take it just for the purpose of getting a condom should be excluded from the program and denied

access because they are taking advantage of our opportunities and competing with those of us who take the PrEP as directed. Sample responses:

“... providers should filter out those who are really FSWs or others pretending to be sex workers and try to take our opportunities away...” [FSW 04, Age: 20]

“I think there are just 50 out of 100 people who take the drug correctly other FSWs take condom and PrEP from all HC however they sell the condom and discard PrEP making condom not enough for us who actually use it...” [FSW 14, Age: 27]

Subtheme 05: provide training for all health care providers

The majority of service providers stated that all health care professionals working in governmental or non-governmental facilities should receive training on PrEP. because they may give incorrect information to PrEP users due to a lack of awareness. Furthermore, providers should be committed to supporting FSWs; otherwise, training alone is useless. Sample responses included:

“...one time I have experienced that FSWs who have prescribed PrEP first time will show PrEP to their relative and private pharmacists for their opinion and the pharmacists tell them that ohh this is known HIV drug did they tell you that you have HIV or this may predispose you to HIV and after that they stop using it and coming to health center so I think creating awareness among health care providers is mandatory...” [PrEP service provider 01 with 2 years’ experience]

“The providers trained are not enough because I think the training should have included professionals from each ward to allow awareness for all, and not only training is needed, but wanting to do the job is crucial because everyone should think of them as our sisters, and if you don't have an internal feeling of wanting to do this, I think the training has no value” [PrEP service provider 08 with 1 year experience]

6. Discussion

This study examined the challenges and opportunities faced by FSWs in utilizing PrEP for HIV prevention at public health facilities in Addis Ababa Ethiopia. The study's primary goal was to explore the opportunities and challenges faced by FSWs in using PrEP services. An ecological framework developed by Baral and colleagues (65) was used to examine various levels of challenges faced by FSWs and to frame the study in various levels, such as individual, family, and community challenges as well as institutional challenges. The study's results were then related to the body of existing knowledge.

Nearly all participants reported having individual challenges using PrEP for HIV prevention, making it difficult to use and ultimately resulted in discontinuation. In this study, a major challenge for using PrEP was concern about taking PrEP daily on a regular basis, which increased the burden of the pills, a similar finding also reported in other Indian studies which many FSWs reported struggling to remember and seeing as an extra pill burden in their daily lives (38). The other issue that emerged from the theme analysis was the burden resulted from PrEP pill being large in size and causing users to choke sometimes furthermore PrEP being PO caused challenge of forgetting to take daily additionally alcohol consumption also complicates adherence, as some FSWs fear drug interactions and may skip doses after drinking, which is supported by existing literatures (35,36) and leading to discontinuation. In order to address this challenge almost all of the participants suggested that the drug's formula should be changed to an injectable form which would relieve the burden of having to take PrEP every day and worry about consuming alcohol, and the government needs to concentrate on addressing this issue to promote better drug utilization and adherence as this has been also suggested in other studies (12)(36).

The fear of side effects was a major topic of discussion in this study. FSWs who use PrEP for HIV prevention experience a variety of side effects, which are also reported in studies from Uganda Kampala(37) and Ethiopia (33) including nausea, vomiting, dizziness, lightheadedness, back pain, burns, and abdominal cramps. Fear of adverse effect is another challenge mentioned by study participants which led to discontinuation and adherence problem which is in line with existing literature (39). Although it is impossible to completely prevent side effects from using PrEP, PrEP service providers should focus on addressing FSWs' concerns and problems by offering

appropriate counseling on how to manage side effects and addressing the misconception of fearing the drug adverse effect like PrEP interfering with pregnancy and breast feeding. This is because FSWs continue to work as sex workers during pregnancy, but stopping PrEP to prevent side effects will expose them to HIV. In line with other studies conducted in Belgium and Australia (42)(41), where participants preferred condom use over PrEP use in combination with condom, our study revealed that FSWs felt that using a condom in addition to PrEP was a double burden for them to use and preferred using condoms over PrEP because it also prevents HIV, STIs, and pregnancy which participants sought PrEP utilization with condom as a additional burden and preferred to use only one which shows the need for understanding on combined utilization of both.

Some FSWs expressed their concerns of being homeless and not having to take a drug without food could affect their health status and disable them from utilization which was supported in a study conducted USA where FSWs considered taking PrEP drug is not their priority because of being poor and not having a place to stay and women who have no stable housing lack safe storage for pill (40). This challenge could also be prevented by making injectable PrEP accessible for FSWs who have no place to store the drug and making PrEP injectable could alleviate the challenge of taking a daily drug without food in empty stomach.

Fear of family, friends, coworkers, sexual partners, and community pressure were significant among some of the study participants, leading to discrimination, prejudice and being considered HIV positive by the community due to communities' lack of awareness. Furthermore, being a FSW is a secretive activity in Ethiopia, which has led FSWs hide their job and has further affected their PrEP utilization by putting a double burden on fearing to be caught taking the drug and disclosing their status as a FSW which is similar with previous literature(48) Many FSWs are embarrassed to reveal their identity, making it difficult to continue taking PrEP even after starting which is similar to previous studies (50)(47). Additionally PrEP container and daily administration of PrEP medication resemble those of ART further adding the challenge and contribute in disclosing their identity. The finding of this study is consistent with a study conducted among FSWs in Nigeria(45) and Ethiopia (33) discussing the concerns of FSWs use of PrEP drug have similarity to the drug used for HIV infection. In addition to being viewed as HIV positive for daily PrEP usage, FSWs frequently experience pressure from their partners. Others who conceal PrEP from customers out

of concern that they will lose income if clients see them and view them HIV positive since PrEP resembles ART medicine similar with the studies conducted in USA and Uganda (51,52).

This study uncovered widespread misconception regarding HIV PrEP among FSWs, which may have an impact on utilization and adherence. Among the myths that FSWs and service providers addressed the ones about PrEP's ability to prevent pregnancy and protect against illnesses other than HIV was significant which indicates lack of correct understanding about PrEP. Some participants stressed on God's protection from HIV and PrEP has no contribution. This all FSWs misconception resulted from nonprofessional sources of information about the PrEP medication, such as friends and coworkers. To clear up these misconceptions and improve correct utilization of PrEP, a comprehensive strategy incorporating community engagement, campaigns, and the dissemination of evidence-based information is needed. Study conducted in India(38) , USA(52) and Ethiopia(33) address the same problem.

According to interview data both FSWs and PrEP service providers have mentioned that there is lack of awareness about PrEP drug on the community and which challenges FSWs by considering PrEP utilizers as ART utilizers and leading to discrimination which is similar with the findings of other study(45,47). Furthermore, some Service providers argued that the PrEP drug is not accessible to the public, and mass media awareness creation would make it impossible for the government to provide sufficient PrEP. Additionally, PrEP service providers expressed their fear of more awareness could encourage the public to become infected with HIV, leading to the belief that there is a preventive drug and it is acceptable to become exposed. However many studies recommended community awareness creation is one of the facilitators for PrEP utilization which is supported from the study conducted in Ghana(60) , Nigeria (45) and South Africa (50).

This study revealed that during the initial period of PrEP drug administration in Ethiopia service providers conducted all necessary laboratory workups before prescribing PrEP, but currently only HIV test is conducted due to the lack of functioning laboratories and equipment in government health centers and FSWs complaining that the tests were too expensive, preventing them from taking the medication which is evident in similar studies from Nigeria and Uganda (36,45) . The government has then made service providers to prescribe PrEP without the necessary lab workups, but this has led providers to fear of prescribing PrEP without proper laboratory workups due to

FSWs' addictions with different substances and potential risks of further complications could result from not doing the necessary tests. As a result, PrEP service providers recommended doing the necessary laboratory workup before PrEP initiation should be mandatory and to avoid the challenges of FSWs not affording to pay the tests the service should be provided in HC with full functioning laboratory and free testing should be available for FSWs.

The results of in-depth interviews with service providers revealed issues of imbalances in workload and PrEP service providers and due to this pressure to provide services quickly in order to satisfy the impatience of FSWs, and reported difficulty delivering detailed counseling service. which could affect correct utilization of PrEP and encourage non-professional source of information and in order to reduce this problem, service providers emphasized the need assigning sufficient providers KP clinics to deliver detailed counseling, which will improve the provision of PrEP services. PrEP is currently integrated with other health care services including family planning and VCT which resulted in workload over the service providers which is discussed in a study conducted Ghana (60) and the result emphasized assigning additional staff due to increase in clients and the amount of time necessary to provide the counseling needed for PrEP(35)(61).

In-depth interviews revealed that training and awareness-raising about PrEP drug for HIV prevention are limited to current PrEP providers, indicating lack of awareness about PrEP by general health care professionals this has led to retention issues, as FSWs are shown the drug to their relatives in private healthcare facilities and pharmacists, and those who have no awareness inform them that PrEP is an ART drug and should not be taken. Which indicates lack of sufficient knowledge and understanding among health care professionals towards PrEP that needs awareness creation among all health care professional and which is similar with existing literatures (56–59) Furthermore, the study's participants suggested that this challenges can be addressed by enabling more providers to obtain training and awareness-raising, which is consistent with research conducted in Africa(46)

The findings of this study explored several opportunities for utilization of HIV PrEP service for FSWs which is supported by different previous existing literatures. According to the interview data from both PrEP service providers and FSWs perspective the use of HIV PrEP drug among FSWs has enhanced health care seeking behaviors of FSWs that participant FSWs currently

utilizing the service reported that there has been increased visits to the health centers due to FSWs scheduled appointments for PrEP services and FSWs seek medical service for different conditions and complaints which has been ignored previously. This result is similar with the existing studies performed in sub-Saharan African that consistent PrEP service utilization increased FSWs regular engagement in health care seeking behaviors and it further can lead to better overall health outcomes by encouraging users to seek medical advice more frequently for broader range of health issues(32,35,61).

From in depth interview among FSWs and PrEP service providers PrEP utilization was reported as an opportunity increasing control of FSWs health status by themselves and promote their confidence over self-control as condom utilization is mainly controlled by male partners which is supported in many studies including a qualitative study conducted in Ethiopia condom breakage is a frequent experience that has been reported by FSWs because of men's control over condom and also FSWs facing sexual assault and forced to do sex without condom as a result(33) Participants expressed increased confidence in their ability to prevent HIV in situations where condom use might fail or sexual assault might occur. This is supported by studies which found that PrEP users often experience reduced anxiety about HIV, leading to a greater sense of control of their health status and well-being(61,70,71) PrEP utilization has also contributed regular HIV testing during a routine health center visit encouraging FSWs habit of frequent HIV screening for awareness of their HIV status which is critical monitoring by supporting early detection and treatment of HIV is crucial for effective prevention and management.

It is found from many studies that cost issue is the major challenge in utilization of PrEP drug due to PrEP being expensive however currently in Ethiopia PrEP is being provided free for key populations including FSWs along other services including condom distribution, counseling from health care professionals and receiving health insurance service to avoid financial barriers in which FSWs using PrEP benefit from a range of health facility services which enhances their ability to protect themselves from HIV and other STIs which has been seen as an opportunity by this study participant and it is an activity that should be continuous to promote successful PrEP utilization and adherence. This comprehensive approach of integrating PrEP with broader health care benefits is in accordance with the recommendations of WHO which promotes integrated health services for key populations (72,73).

7. Strengths and limitations

7.1. Strengths

This is the first qualitative study to examine the opportunities and challenges associated with using PrEP services in Ethiopia, from the perspectives of FSWs and PrEP service providers. This study used data triangulation by using the perspectives of both FSWs and PrEP service providers, which helped to ensure the validity of the research. Additionally, this study tried to limit researcher bias during each interview with the providers and FSWs in an effort to provide in-depth insights into the challenges and opportunities.

7.2. Limitations

This study had some limitations. First, recruited FSWs were volunteers from public health facilities in Addis Ababa Ethiopia. Secondly, only FSWs who had access to a cell phone were interviewed. There would have been a wider range of experiences if women seeking PrEP care services from private/ NGOs health facilities and without cell phones had been included in this research. Therefore, the study findings cannot generalize all FSWs pursuing PrEP care services in Addis Ababa. Third, responses might have been influenced by social desirability bias, given the sensitivity of the topic.

8. Conclusions and recommendations

8.1. Conclusions

The findings of this study revealed that FSWs face significant individual, family, community and institutional level challenges in utilization of PrEP services in Ethiopia. Major challenges were related to PrEP pill in which the participants worried about taking PrEP on a regular basis due PrEP pill burden, concern about adverse and side effects which affected FSWs utilization of PrEP at individual level. Perceived fear of family, sexual partner, friends' pressure and discrimination in addition to lack of community awareness were identified as family and community level challenges.

Furthermore, participants perceived obtaining professional services like PrEP condom and counseling free and promoting one's health care seeking behavior and having control over their status as an opportunity which came with utilizing PrEP service. Finally, to address identified challenges participants recommended training for all health care providers and community awareness creation to prevent discrimination and tackle misconceptions to facilitate better utilization of PrEP and prevent adherence problem.

8.2. Recommendations

To Ethiopian ministry of health

The Ethiopian ministry of health could address identified challenges by providing injectable PrEP options for better utilization and adherence to address PrEP pill burden and homeless FSWs concern.

In addition, the ministry of health should allocate budget to avoid problems with nonfunctional laboratories with insufficient instruments to perform the necessary tests for FSWs before initiating PrEP service.

To Addis Ababa health bureau

There needs to be a sufficient number of PrEP service providers in order to manage the workload and provide the clients with effective counseling and services and also to ensure community awareness and prevent discrimination against PrEP users, mass media awareness is required through community mobilization and the implementation of peer supporter programs.

For future researchers

Given the recent introduction of the PrEP service in Ethiopia, there exists a multiple areas of unexplored research opportunities in this domain. These include assessing community and healthcare providers' knowledge and attitudes towards PrEP, as well as conducting additional qualitative studies to evaluate the experiences of sero discordant couples in using the programme.

8.3. Implication of the study

Healthcare professionals, especially nurses and midwives, play a crucial role in improving PrEP utilization among FSWs. Based on this study's findings, nurses and midwives are the main healthcare professionals providing PrEP in Ethiopia. The results of this study imply that nurses should focus on enhancing education and counseling services that address misconceptions about PrEP, such as its ability to prevent pregnancy or protect against other infections. Given the cultural context, nurses and midwives must tailor their communication to ensure that FSWs understand the importance of consistent PrEP use while also addressing concerns about drug side effects, adverse effects and social stigma. They can provide practical advice on managing side effects and the benefits of PrEP, especially in reducing HIV risk where only condom use may not be reliable due to client or partner control over it.

Furthermore, according to this study, nurses and midwives can integrate PrEP services with broader healthcare support, promoting regular health-seeking behavior and empowering FSWs to take control of their HIV prevention efforts. Additionally, fostering community awareness and creating stigma-free healthcare environments can help FSWs feel safe accessing PrEP services, ultimately leading to better health outcomes in this population.

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10. ANNEXES

10.1. ANNEX A: English version of information sheet

Title: OPPORTUNITIES AND CHALLENGES OF HIV PRE-EXPOSURE PROPHYLAXIS IN PUBLIC HEALTH FACILITIES, ADDIS ABABA, ETHIOPIA 2024- A QUALITATIVE STUDY FROM FSWs AND SERVICE PROVIDERS PERSPECTIVE

Name of Principal Investigator: Estela Abera

Name of the Organization: Addis Ababa University College of health sciences

Name of the Sponsor: Addis Ababa University College of health science

Introduction: This information sheet and consent form is prepared with the aim of To examine the HIV PrEP opportunities and challenges faced FSWs in Addis Ababa, Ethiopia 2024

Type of research: this study uses exploratory qualitative design and it will involve semi structured in-depth face to face interview

Purpose of the Research Project: To examine the HIV PrEP opportunities and challenges faced by FSWs in Addis Ababa, Ethiopia 2024.

Procedure: Women who are self-identified FSWs and who meet the inclusion criteria will be included in this research. We sincerely encourage you to participate in our research. If you are willing to participate in this study, you must acknowledge this and indicate "Yes" on the consent form. You will then be interviewed following that. Using a coding system, all of your replies and results will be kept confidentially, meaning that nobody will be able to access them. **Duration**

We are inviting you to participate in an interview which will take a maximum of 40-60 minutes of your time.

Risk and /or Discomfort; - You might find it uncomfortable to participate in this research; especially if it takes more than 30 to 40 minutes. But your involvement is very important to understanding your perspectives. There is no risk associated with taking part in this study.

Benefits: - Although there might not be direct benefits for you, your involvement will aid in our investigation of opportunities and challenges towards PrEP. This will enable us to find any gaps and implement the necessary interventions by approved stakeholders.

Reimbursements: You will not be provided any incentive to take part in the research.

Confidentiality: - The data gathered for this research will be kept private and confidential. Your personal information will be saved in a file with a code number instead of your name. It will also be kept locked with a key and disclosed to no one except the investigator.

Right to Refusal or Withdraw:- Right of Refusal or Withdrawal: You have the right to refuse from taking part in this study. Additionally, you have the right to leave this research whenever you choose.

Voluntary Participation: Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Person to contact: - The Institutional Review Board (IRB) of Addis Ababa University College of Health Sciences will examine and approve this research study. If you have any question, you can contact Dr Endalew G. Sendo with 0911196298 at any time, and you may ask at any time you want.

Name: Estela Abera

Phone No: 0984189738 E-mail: doruabera@gmail.com

10.2. ANNEX B: English version of informed consent

Addis Ababa University

College of health Sciences School of allied health science

Department of nursing and midwifery

A semi-structured questionnaire prepared to To examine the HIV PrEP opportunities and challenges faced by FSWs in Addis Ababa, Ethiopia 2024.

Dear

Hello, I'm ESTELA ABERA I'm studying a master's degree in maternity and reproductive health nursing At Addis Ababa University College of Health sciences. I am interested to do research on challenges and opportunities of PrEP from both FSWs and PrEP service providers perspective in selected health centers for a partial completion of the requirements for a master's degree. It is approved the use of this semi-structured questionnaire. I'm hoping you can help me by responding to these questions. Nobody else will be able to access any of your responses. I guarantee to keep all of the information you provide confidential. Any participant who chooses not to participate in the study has the right to discontinue at any time. By having respondents complete the questionnaires in a private, unseen location, confidentiality and privacy are preserved. So, i need your sincere and honest response. It is anticipated that the study's findings will be a significant contribution to policy and intervention initiatives.

I appreciate you taking the time to respond to my questions in advance.

Would you be interested in taking part in this research?

1. Yes 2. No

If yes, proceed to the next page.

If no, please stop here.

Name of Researcher: Estela Abera

Address: Addis Ababa University College of health science

Phone No: +251984189738

E-mail: doruabera@gmail.com

Name of data collector _____ signature _____

Date of questionnaire interview _____ month _____/2016 E. C.

Time of questionnaire administer began _____ hours: minutes

Time of administered questionnaire finished _____ hours: minutes

Checked on _____ date: _____ month/2016 E.C.

I, the undersigned, have been informed that this study is going to be conducted to explore the challenges and opportunities of PrEP service in selected health centers Addis Ababa. I am aware that the data I provide will be kept private and used exclusively for this research. I am also aware that I am allowed to refuse any question without my interest. So, I agree to take part in the study voluntarily.

Signature _____ Date _____

10.3. ANNEX C: Semi-Structured In-Depth Interview Guide for FSWs

Participant ID: _____

INTERVIEWER INITIALS (XXX): _____

Introduction and Interview Purpose

Welcome and thank you again for agreeing to participate in this study. My name is _____ and I am a Master's student studying to understand different perspectives on an intervention for HIV prevention. During our discussion we will be talking about sex, HIV, prevention, challenges and opportunities related to PrEP, and related topics. We want to hear about what you know, think and believe. There is no right or wrong answer to the questions I'm going to ask. I want to hear, in your own words, your thoughts, experiences and opinions about the topics we'll be discussing. Please remember that you can choose not to respond to a question at any time and that your participation in this study is completely voluntary.

Do you have any questions before we begin?

Consent

- For the purpose of analysis, I would like to record our conversation. I will just take notes if you would prefer that our conversation not be recorded.

Background information

Participant ID _____ Age: _____

PrEP Use and Health Seeking Behavior

General Health Seeking Behavior, engaging with PrEP service providers, etc.

1. Tell me about your healthcare; for example, how often do you see a doctor and for what reasons?
 - How concerned are you about getting HIV? Why are you, or are you not concerned?
 - How often do you get tested for HIV?
 - Tell me how you protect yourself from HIV.

Probe: condom use; PrEP use etc.

2. Let's talk about PrEP. What do you know about PrEP?

Probe for reasons for taking it, how often it is taken, and how long she took it etc.

3. What has influenced your decision to use PrEP the most? Why?
4. What is your future plan to use PrEP? What makes you decide to use or not use it?
5. Tell me in your own words what you have heard, if anything, about PrEP medication

Probe:

- What do your friends, your family, and PrEP service providers say about PrEP?
 - Tell me about any “peer pressure” to take, or not take, PrEP.
 - How have your friends or the community in general treated those who are on PrEP?
6. Tell me about any concerns or challenges you think might prevent you from getting back on PrEP?

Probe for concerns such as side effects, cost, stigma and access

7. What opportunities come along with using PrEP?

Probe:

- PrEP use reduces the risk of getting HIV **99% when taken daily**

- Regular HIV testing etc.
8. Tell me about the most recent appointment where you were offered PrEP.
 - a. Who offered PrEP?
 - b. What did they tell you about PrEP? Pros and cons?
 - c. What do you think about those reasons?
 9. What is your recommendation towards PrEP?

Closing

Thank you for your time and thoughtful responses. That is all the questions that I have for you. Is **there anything else that you think we should know that I did not ask about?**

[Pause for participant response]

Thanks again for your time.

10.4. ANNEX: D: Semi-structured interview guide for PrEP service providers

Title: Pre-exposure prophylaxis for HIV prevention: opportunities and challenges faced by the FSWs and PrEP service providers

Interviewer Initials (Xxx): _____

Date: _____ Start Time: _____ Am/Pm End Time _____

Introduction

Thank you for making time to participate in this interview.

The main objectives of this interview are to:

- To learn your views on the recently prescribed PrEP medications for HIV prevention in Ethiopia
- To look into the challenges and opportunities associated with the new PrEP medications

Consent

• During this interview, would you mind responding to a few questions regarding your role as a PrEP provider? For the purpose of analysis, I would like to record our conversation. I will just take notes if you would prefer that our conversation not be recorded.

Background information

Participant ID: _____ Profession _____

Service Year _____ Gender _____ Age _____

1. General Question:

- **What are the requirements for pre-exposure prophylaxis?**

[Probe: people who are HIV negative and who have had anal or vaginal sex in the past 6 months and: have a sexual partner with HIV (especially if the partner has an unknown or detectable viral load)]

- Who would be able to prescribe PrEP in your health facility (e.g., Doctor, nurses, others)? **Have been trained to prescribe it? Tell me about your experience a bit more.** Do you think there are providers in the health workforce who are not currently able to prescribe PrEP who could be trained to do this? [E.g. pharmacists, nurses, HEWs....]

2. Challenges to uptake and delivery:

- Are there any challenges preventing FSWs or PrEP service providers from accepting and continuing PrEP in your service?
 - If yes, what are the main challenges from the **FSWs side**?
 - *Probe for concerns such as **side effects, cost and accessibility, lack of awareness, non-adherence etc.***
 - What are the main challenges from the ART service **provider side**? Are they related to national guidance or other issues?
 - Have you observed any challenges with your current HIV testing algorithm's PrEP-related service? **What changes do you think are required?** Have you done anything to make it easier for FSWs to use services or to adapt services to their needs?
- Do you think your current PrEP service delivery practice needs to be improved? If yes, what? Why?

3. PrEP as an opportunity for engagement in HIV prevention

- What are the benefits of pre-exposure prophylaxis?

Probe:

 - Probe: PrEP reduces the risk of getting HIV by up to **99%** when taken as prescribed
 - foster independence and responsibility for the users' health,
 - Facilitate client engagement in health promotion efforts [e.g. HIV testing] etc.
- Are there any other issues you would like to raise about PrEP implementation, service delivery for increased uptake, improved adherence, etc.?

4. Closing

Thank you for your time and thoughtful responses. That is all the questions that I have for you.

[Pause for participant response]

Thanks again for your time.

Annex E የመረጃ ቅጽ የአማርኛ ትርጉም

በጥናቱ ለሚሳተፉ የስምምነት ዉል እና አጠቃላይ መረጃ

የጥናቱ ርዕሰ ጉዳይ: አዲስ አበባ፣ ኢትዮጵያ በተመረጠ የመንግስትጤና ተቋማት ውስጥ የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት በአገልግሎቱ ተጠቃሚዎችና እና በጤና ባለሙያዎች ያጋጠሟቸው እድሎች እና ተግዳሮቶች ለመዳሰስ የቀረበ ጥናት ነው።

ጥናቱን የሚያካሂደዉ ስም: እስቴላ አበራ

የተቋሙ ስም: አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

የስፖንሰሩ ስም: አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

መግቢያ: ይህ የመረጃ ወረቀት እና የስምምነት ፎርም የተዘጋጀው በተመረጠው **ጉዳይ:** አዲስ አበባ፣ ኢትዮጵያ በተመረጠ የመንግስትጤና ተቋማት ውስጥ የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት በአገልግሎቱ ተጠቃሚዎችና እና በጤና ባለሙያዎች ያጋጠሟቸው እድሎች እና ተግዳሮቶች ለመቃኘት ነው።

የጥናቱ አላማ: የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት በአገልግሎቱ ተጠቃሚዎችና እና በጤና ባለሙያዎች ያጋጠሟቸው እድሎች እና ተግዳሮቶች መዳሰስ ነው።

የጥናቱ ሂደት: ይህ ጥናት መስፈርቱን ያሟሉ የ አገልግሎቱ ተጠቃሚ ያካትታል። ለመሳተፍ ፍቃደኛ ከሆኑ የመረጃ እና የስምምነት ቅጹን አንብበው መረዳት እና ቅጹ ላይ "አዎ" ይበሉ። ከዚያ በኋላ ቃለ መጠይቅ ይደረጋል ። ሁሉም የእርስዎ ምላሾች እና የተገኙት ውጤቶች ማንም ሰው የእርስዎን ምላሽ የማያገኝበትን የኮድ ስርዓት በመጠቀም ሚስጥራዊ ሆነው ይቀመጣሉ።

ጉዳት እና/ወይም የማይመች ነገር: በዚህ የምርምር ፕሮጀክት ውስጥ በመሳተፍ የተወሰነ አለመመቻት በተለይም ከ40 -60 ደቂቃዎች አካባቢ ጊዜን በማጥፋት ላይ አንዳንድ ችግሮች እንዳሉ ሊሰማዎት ይችላል። እኛ ለምርምሩ ውጤት የእርሶን መሳተፍ ተስፋ እና ደርጋለን። በዚህ የምርምር ፕሮጀክት ውስጥ መሳተፍ ምንም አይጋ የለውም።

ጥቅሞች:- ለርስዎ በዚህ ምርምር ውስጥ መሳተፍ ቀጥተኛ ጥቅም ላይኖረው ይችላል ነገር ግን የእርስዎ ተሳትፎ የ አገልግሎቱ ተጠቃሚ ሴቶች የሚደርስባቸውን ተግዳሮቶች ለማወቅ ሊረዳን ይችላል, ይህም ክፍተቱን ለመለየት እና ባለድርሻ አካል ተገቢውን እርምጃለመውሰድ ይረዳል.

ምስጢር ጠባቂነት: ለዚህ የምርምር ፕሮጀክት ስራ የተሰበሰቡት ሁሉም የእርስዎ መረጃዎች ምስጢራዊ ሆነው ይጠበቃሉ እና ያለ ስምዎ ኮድ ተመድቦላቸው በፋይል ይቀመጣሉ። በተጨማሪም ከእርስዎ የተገኘው መረጃ ከተመራማሪው በስተቀር ለማንም ሰው አይገለጥም እንዲሁም በቁልፍ እንደተቆለፈ ይቀመጣል።

ላለመቀበል ወይም ለማቋረጥ ሙሉ መብት- በዚህ ጥናት ውስጥ ለመሳተፍ ያለመፈለግ ሙሉ መብት አለዎት። ማንኛውንም መብትዎን ሳያጡ ከዚህ ጥናት በፈለጉት ጊዜ የመውጣት ሙሉ መብት አለዎት። ማንኛውም ጥያቄ ካለዎት በማንኛውም ጊዜ መጠየቅ ይችላሉ። ስለ ጥናቱ ተጨማሪ ጥያቄዎች ካሉዎት እባክዎ ያነጋግሩ።

ለበለጠ መረጃ: ይህ ጥናት አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ በተቋማት ግምገማ በርድ እዲፀድቅ ይደረጋል። ማናቸውም ጥያቄ ሲኖረዎት በማንኛውም ጊዜ ማነጋገር ይችላሉ በተጨማሪም ማንኛውንም መረጃ በፈለጉት ጊዜ ማግኘት ይችላሉ።

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Annex F: የሰምነት ቅጽ

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

ነርሲንግ እና ሚድዋይፈሪ ትምህርት ክፍል

ዉድ የጥናቱ ተሳታፊዎች!

ጤና ይስጥልኝ፣ስሜ እስቴላ አበራ እባላላሁ በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ በሚድዋይፍሪ ትምህርት ክፍል የሁለተኛ ዲግሪ ትምህርቴን እየተከታተልኩ እገኛለሁ።የሁለተኛ ዲግሪዬን ለመጨረስ ይረዳኝ ዘንዴ አዲስ አበባ፣ ኢትዮጵያ በተመረጠሁት ጤና ተቋማት በአሁኑ ሰዓት ስለ ኤችአይቪ መከላከል መድሃኒት የተለያዩ አመለካከቶችን ለመረዳት ጥናት እያደረኩ እገኛለሁ።ጥናቱ አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ትምህርት ቤት በነርቪንግ እና ሚድዋይፍሪ ትምህርት ክፍል የጸደቀ ነው። ስለሆነም ከላይ የተዘረዘሩት የጥናቱ ዓላማዎች ይሳኩ ዘንድበእናንተ በኩል በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትሰጡኝ እየጠየኩ ለቃለ መጠይቁ የምትሰጡኝ መልስ ግላዊ እና ስማችሁን ያላካተተ በመሆኑ በከፍተኛ ሚስጥራዊነት የሚጠበቅ ይሆናል። ከዚህም በተጨማሪ በጥናቱ ላይ የምትሳተፉት በፍቃደኝነት ስለሆነ ካልተመቻችሁ ባስፈለጋችሁ ጊዜ ማቆም/ማቋረጥ መብታችሁ ነው። እርስዎ ጥያቄ በመመለስ ብትተባበሩኝ ለጥናት መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነው። መጠይቁን ለመመለስ

ፍቃደኛ ነሽ/ነዎት?

1. አዎ 2. አይደለሁም

አመሠግናለሁ።

ጥናቱን የምሰራው: እስቴላ አበራእባላላሁ

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ጥናቱን የሚሰበስበው ስም _____ ፊርማ

ጥናቱ መሰብሰብ የተጀመረበት ቀን /2016/ም

ጥናቱ መሰብሰብ የተጀመረበት ሰዓት : ደቂቃ

ጥናቱ ተሰብስቦ ያለቀበት ሰዓት : ደቂቃ

የተጣራበት ቀን 2016/ም

የጥናቱ ተሳታፊዎች ፍቃደኝነት ቅፅ

እኔ የጥናቱ ተሳታፊ የሆንኩኝ በአዲስ አበባ በተመረጠ የመንግስት-በተመረጠ የመንግስት-ጤና ተቋማት ውስጥ ስለ ኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሃኒት አዋጅ ሰቶች እና በሚሰጡ ጤና ባለሙያዎች መካከል የሚደረግ ጥናት መሆኑን ተረድቻለሁ። የምሰጠውም ግላዊ መረጃዬ በሚስጥራዊነት እንደሚጠበቅ እና ለዚህ ጥናት አላማ ብቻ እንደሚውል ተነግሮኛል። ጥናቱ ውስጥ ያለፍላጎት ተሳታፊ ሆኜ መቀጠል እንደሌለብኝ እና መቀጠል ባልፈለግሁ ጊዜ ማቆም እንደምችል ተረድቻለሁ። በአጠቃላይ ከላይ የተዘረዘሩትን መብቶቼን በማወቅና የእኔ በዚህ ጥናት ላይ መሳተፍ ጥቅም አለው ብዬ በማመን በሙሉ ፍቃደኝነት ለመሳተፍ ተስማምቻለሁ።

ፊርማ _____ ቀን _____

ANNEX G: በከፊል የተዋቀረ የቃለ መጠይቅ መመሪያ ለተጠቃሚ

ርዕስ: የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሃኒት ኤችአይቪን ለመከላከል ፡ በአገልግሎቱ ተጠቃሚዎችና እና በጤና ባለሙያዎች ያጋጠሟቸው እድሎች እና ተግዳሮቶች

የጠያቂው ስም (XXX): _____

ቀን: _____ **መጀመሪያ ሰዓት** _____ **ጥዋት/ከሰዓት** _____ **የማብቂያ ሰዓት** _____

መግቢያና የጥናቱ ዓላማ

እንኳን ደህና መጡ እና በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ስለሆኑ በድጋሚ እና መሰግናለን. ስሜ _____ እባላለሁ የማስተርስ ተማሪ ነኝ በአሁኑ ሰዓት ስለ ኤችአይቪ መከላከል የተለያዩ አመለካከቶችን ለመረዳት ጥናት እያደረኩ እገኛለሁ. በውይይታችን ወቅት ስለ ፆታ ግኑኝነት፣ ኤችአይቪ፣ መከላከል፣ ከኤችአይቪ መከላከያ ምድሐኒት (PrEP) ጋር የተያያዙ ተግዳሮቶች እና እድሎች እና ሌሎች ተያያዥ ጉዳዮች ላይ እንነጋገራለን. ስለሚያውቁት፣ ስለሚያስቡት እና ስለምያምኑት ነገር መስማት እንፈልጋለን. ለምጠይቃቸው ጥያቄዎች ትክክለኛ ወይም የተሳሳተ መልስ የለም። ስለምንወያይባቸው ርዕሰ ጉዳዮች የእርስዎን ሃሳቦች፣ ልምዶች እና አስተያየቶች በራስዎ ቃላት እንዲገልፁልኝ ነው ምፈልገው። እባክዎ ለጥያቄዎቼ በማንኛውም ጊዜ ምላሽ

ለላመስጠት መምረጥ እንደሚችሉ እና በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት መሆኑን ያስታውሱ።

ከመጀመሪያችን በፊት መጠየቅ የሚፈልጉት ነግር አሉዎት?

ፈቃደኝነት

- ለጥናቱ ዓላማ የንግግራችንን ድምፅ መቅዳት እፈልጋለሁ። የንግግራችን ድምፅ እንዳይቀዳ ከፈለጉ በመመዝገብ ማስታወሻ መዉሰድ እችላለሁ።።።

የተሳታፊ መለያ ቁጥር: _____ እድሜ _____

የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት (PrEP) አጠቃቀም እና ጤና የመፈለግ ባህሪ

አጠቃላይ ጤና የመፈለግ ባህሪ፣ ከጤና ባለሙያዎች ጋር ያለው ተሳትፎ፣ ወዘተ።

1. ስለ ጤና አጠባበቅዎ ይንገሩኝ፤ ለምሳሌ፣ ምን ያህል ጊዜ ሃኪም ጋር ይህዳሉ እና በምን ምክንያቶች
 - በኤች አይ ቪ መያዝ ምን ያህል ያሳስብዎታል፣ ለምንድነው የሚያሳስብዎት ወይስ ፣ለምንድነው የማያሳስብዎት?
 - ኤችአይቪን በየምን ያህል ጊዜ ነው የሚመረመሩት?
 - እራስዎን ከኤችአይቪ እንዴት እንደሚከላከሉ ይንገሩኝ?
 - **Probe:** ኮንዶም መጠቀም; የ PREP መጠቀም ወዘተ.
2. ስለ ኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት (PrEP) እንነጋገር. ስለ PREP ምን ያውቃሉ?

Probe: ለመወሰድ ምክንያቶች፣ ለምን ያህል ጊዜ እንደሚወሰድ፣ እና ለምን ያህል ጊዜ እንደወሰዱ ወዘተ።
3. PReP ለመጠቀም ባደረጉት ውሳኔ ላይ ተጽዕኖ ያሳደረው ምንድን ነው? ለምን?
4. PReP ለመጠቀም ያሉት እቅድ ምንድን ነው? ለመጠቀም ወይም ላለመጠቀም እንዲወስኑ የሚያደርገው ምንድን ነው?
5. ስለ PReP መድሃኒት የሰሙትን ነገር በራስዎ ቃላት ይንገሩኝ?
 - **Probe :: ጓደኞችህ፣ ቤተሰብህ እና አገልግሎት አቅራቢዎች ስለ PReP ምን ይላሉ፣**

- *PreP ለመውሰድ ወይም ላለመውሰድ ስለ ማንኛውም “የእኩዮች ግፊት” ገጥምዎት ካወቀ ይንገሩኝ?*
- *ጓደኞችዎ ወይም ማህበረሰቡ በአጠቃላይ PreP እየተጠቀሙ ያሉትን እንዴት ነው የሚያደግዎት?*

6. ወደ PrEP እንዳይመለሱ ሊከለክል ይችላል ብለው የምያስቡትን ማንኛውንም ስጋት ወይም እንቅፋት ካለ ይንገሩኝ:

Probe: እንደ የጎንዮሽ ጉዳዮች፣ ወጪ እና ተደራሽነት ያሉ ስጋቶች

7. PrEPን ከመጠቀም ጋር ምን እድሎች ይመጣሉ?

Probe: PrEP መጠቀም በየቀኑ ሲወሰድ በኤች ኦይ ቪ የመያዝ እድልን 99% ይቀንሳል

- *መደበኛ የኤችኦይቪ ምርመራ ወዘተ.*

8. PrEP ስለተሰጠዎት የቅርብ ጊዜ ቀጠሮ ንገሩኝ

ሀ. PrEP ማን አቀረበኝ?

ለ. ስለ PrEP ምን ነገሩህ፡ ጥቅሞች እና ጉዳዮች፡

ሐ. ስለ እነዚህ ምክንያቶች ምን ያስባሉ?

9. ስለ አገልግሎቱ ምን ምክር ማስተላለፍ ይፈልጋሉ?

መዝጊያ

ለጊዜዎ እና አሰባሰብ ምላሾችዎ እናመሰግናለን። ለርስዎ ያለኝ ጥያቄ ይህ ነው። ማወቅ ያለብን ሌላ ያልጠየቅኩዎት ነገር አለ?

[የተሳታፊን ምላሽ ጠብቅ]

ለጊዜዎት በድጋሚ አመሰግናለሁ።

ANNEX H: በከፊል የተዋቀረ የቃለ መጠይቅ መመሪያ ለጤና ባለሙያ

ርዕስ: የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሀኒት ኤችአይቪን ለመከላከል : በአገልግሎቱ ተጠቃሚዎችና እና በጤና ባለሙያዎች ያጋጠሟቸው እድሎች እና ተግዳሮቶች

የጠያቂው ስም (XXX): _____

ቀን: _____ **መጀመሪያ ሰዓት** _____ **ጥዋት/ከሰዓት** _____ **የማብቂያ ሰዓት** _____

መግቢያ

በዚህ ቃለ መጠይቅ ላይ ለመሳተፍ ጊዜ ስለሰጡን እናመሰግናለን

የዚህ ቃለ መጠይቅ ዋና አላማዎች:-

- በኢትዮጵያ በቅርቡ ለ ኤች አይ ቪ መከላከል ስለታዘዙት የPREP መድሃኒቶች ያለዎትን አስተያየት ለማወቅ
- ከአዲሶቹ የPREP መድሃኒቶች ጋር የተያያዙ ተግዳሮቶችን እና እድሎችን ለመመልከት

ፍቃድ

- በዚህ ቃለ መጠይቅ ወቅት፣ እንደ PREP አቅራቢነትዎ ያለዎትን ሚና በተመለከተ ለተወሰኑ ጥያቄዎች ምላሽ መስጠት ይፈልጋሉ? ለጥናቱ ዓላማ የንግግራችንን ድምፅ መቅዳት እፈልጋለሁ። ንግግራችን መቀዳቱ ምችት የሚነሳዎት ከሆነ የጾፍ ማስታወሻ መዉሰድ እችላለው።

የተሳታፊ መለያ ቁጥር: _____ **የስራ አይነት** _____

የአገልግሎት ዘመን _____ **ጾታ** _____ **እድሜ** _____

አጠቃላይ ጥያቄ:-

- የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት ለመውሰድ መስፈርቶቹ ምን ምንድናቸው?
- [Probe: ኤችአይቪ የሌለባቸው እና ባለፉት 6 ወራት ውስጥ በፊንጢጥ ወይም በብልት የግብረ ሥጋ ግንኙነት የፈጸሙ እና: ኤችአይቪ ካለበት ሰው ጋር የግብረ ሥጋ ግንኙነት ያላቸው (በተለይ የፍቅር ዳደኛቸው የማይታወቅ የደም ውስጥ የቫይረስ መጠን ካለው)]
- • በጤና ተቋምዎ PrEPን ማዘዝ የሚችለው ማን ነው(ለምሳሌ፣ ዶክተር፣ ነርሶች፣ ሌሎች)? PrEPን ለማዘዝ ሰልጣንዎል? ስለ ልምድዎ ትንሽ ተጨማሪ ይነገሩኝ? በጤና ተቋም ሰራተኞች ውስጥ PrEPን ማዘዝ የማይችሉ ነገር ግን ስልጠና ቢያገኙ መስጠት የሚችሉ የጤና ባለሙያዎች አሉ ብለው ያስባሉ? [ለምሳሌ:- ፋርማሲስቶች፣ ነርሶች፣ የጤና ኤክስቴንሽን ሰራተኞች....]

1. ለመውሰድ እና ለተደራሽነት እንቅፋቶች

• ተጠቃሚዎች ወይም አቅራቢዎች PrEPን በአገልግሎትዎ ውስጥ እንዳይቀበሉ እና እንዳይቀጥሉ የሚከለክሏቸው ማናቸውንም መሰናክሎች አሉ?

• አዎ ከሆነ፣ ከደንበኛው ወገን ዋና ዋና መሰናክሎች ምንድን ናቸው?

Probe: እንደ የጎንዮሽ ጉዳዮች፣ ወጪ እና ተደራሽነት፣ የግንዛቤ ማነስ፣ አለማክበር ወዘተ የመሳሰሉ ስጋቶችን

• ከአቅራቢው ወገን ዋና ዋና መሰናክሎች ምንድን ናቸው? ከአገራዊ መመሪያ ወይም ከሌሎች ጉዳዮች ጋር የተያያዙ ናቸው?

• አሁን ባለው የኤችአይቪ መመርመሪያ ስልት ከቅድመ ዝግጅት ጋር በተገናኘ አገልግሎት ምን አይነት ተግዳሮቶችን አይተዋል? ምን ዓይነት ለውጦች ያስፈልጋሉ ብለው ያስባሉ? ደንበኞች አገልግሎቶችን ለመጠቀም ቀላል ለማድረግ ወይም አገልግሎቶችን ከፍላጎታቸው ጋር ለማስማማት ያደረጉት ነገር አለ?

• አሁን ያለው የPREP አገልግሎት አሰጣጥ ልምድ መሻሻል አለበት ብለው ያስባሉ? አዎ ከሆነ፣ ምን? ለምን?

2. PREP ተጠቃሚው ኤችአይቪ መከላከል ተሳትፎን እንደመጨመርያ እድል

• የኤችአይቪ ቅድመ ተጋላጭነት መከላከያ መድሐኒት ጥቅሞች ምንድናቸው?

Probe: PrEP በታዘዘው መሰረት ሲወሰድ በኤች አይ ቪ የመያዝ ስጋትን በ99% በመቶ ይቀንሳል

• ለደንበኞች ጤና ነፃነትን እና ኃላፊነትን ማጎልበት ፣

• ተጠቃሚዎች የራሳቸውን ጤና አጠባበቅ ላይ ተሳታፊ እንዲሆኑ [ለምሳሌ፡የኤችአይቪ ምርመራ]

• ስለ PrEP አተገባበር፣ ለበለጠ አወሳሰድ አገልግሎት አሰጣጥ፣ ስለተሻሻለ አጠቃቀም ፣ ወዘተ. ማንሳት የሚፈልጓቸው ጉዳዮች አሉ?

መዝጊያ

ለጊዜዎ እና አሳቢ ምላሾችዎ እናመሰግናለን። ለርስዎ ያለኝ ጥያቄ ይህ ነው። ማወቅ ያለብን ሌላ ያልጠየቅኩዎት ነገር አለ?

[የተሳታፊን ምላሽ ጠብቅ]

ለጊዜዎት በድጋሚ አመሰግናለሁ።

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by Estella Abera

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