

Navigating PrEP Engagement Challenges: The Role of Social Relationships, Stigma, and Normalization  
Among AGYW in Namibia

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**Abstract**

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Adolescent girls and young women (AGYW) in Namibia remain disproportionately affected by HIV, yet consistent pre-exposure prophylaxis (PrEP) use remains low. This study explores how social relationships, stigma, and efforts to normalize PrEP use influence PrEP engagement among AGYW in Namibia. A secondary analysis of 58 qualitative interviews with AGYW aged 15–24 in the Khomas and Zambezi regions was conducted using thematic content analysis. Participants initiated PrEP primarily in response to structural vulnerabilities, including partner distrust and risk of sexual violence, viewing PrEP as a tool of self-protection and autonomy. However, PrEP initiation, adherence, and continuation were shaped by complex interpersonal dynamics: many AGYW navigated partner disapproval, family stigma, misinformation, and privacy concerns, which created significant adherence challenges. Supportive relationships with family and peers, as well as individual coping strategies and self-efficacy, facilitated continued PrEP use despite these barriers. Findings highlight the critical need for interventions that address relational and structural barriers to PrEP use and strengthen AGYW's agency and social support networks to sustain adherence.

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## Introduction

Human immunodeficiency virus (HIV) is a major health burden in Namibia, with new infections disproportionately impacting adolescent girls and young women (AGYW).<sup>1</sup> In 2023, AGYW in Namibia aged 15–24 had a 1.06% incidence rate of HIV, compared to 0.03% among their male counterparts. Namibia introduced pre-exposure prophylaxis (PrEP) in 2016 as part of its national HIV prevention strategy.<sup>2</sup> Targeted programs aimed at preventing HIV infection among AGYW were implemented, including the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) initiative, a U.S.-funded program designed to increase PrEP accessibility and address structural barriers contributing to disparities in HIV incidence among AGYW in Namibia.<sup>2</sup> Despite the proven effectiveness of PrEP and its incorporation in national prevention guidelines, adherence remains low among AGYW.<sup>2,3,4</sup>

While biomedical side effects have been cited as contributing to PrEP discontinuation, there is considerable evidence that social relationships and stigma also play a significant role in whether AGYW initiate, adhere to, and continue using PrEP.<sup>5,6,7</sup> Perceived stigma from sexual partners, peers, and parents can significantly influence AGYW's decisions around PrEP.<sup>2</sup> In fact, a 2025 scoping review of African studies identified anticipated or experienced stigma from peers, family, and community members as the single most salient barrier to consistent PrEP use for AGYW.<sup>5</sup> Despite efforts to normalize PrEP use throughout sub-Saharan Africa, persistent misinformation and slow-changing social norms continue to deter uptake and continued use.<sup>6,8</sup> The particularly harmful misconception that PrEP is only for sex workers or people living with HIV further reinforces stigma and undermines sustained use.<sup>2,5</sup> In this context, the term 'ARVs' was commonly used by participants and community members to refer to HIV treatment, and this conflation between PrEP and HIV treatment fueled both stigma and misinformation. Although

initiatives like DREAMS have aimed to increase awareness and normalize PrEP use among AGYW, the extent to which these efforts have impacted social perceptions and reduced stigma is not well understood.<sup>2</sup> Research on adherence to PrEP in Namibia has largely focused on healthcare and structural barriers, with limited attention to the influence of social dynamics and normalization efforts on AGYW's decision-making. Rather than examining engagement from a systems or implementation perspective, this study centers on the experiences, motivations, and social influences shaping AGYW's initiation, adherence, and continuation of PrEP. Understanding how stigma, social relationships, and normalization processes affect adherence is critical to designing interventions that support sustained PrEP use at both the individual and community levels.

This secondary data analysis aims to explore the social and relational factors that influence PrEP engagement, including initiation, adherence, and continuation, among AGYW in Namibia. In particular, it examines the research question: 'How do AGYW in Namibia navigate PrEP engagement in the context of social relationships, stigma, and efforts to normalize PrEP use?' Through an analysis of 58 qualitative interviews, the study generates insights that can inform future interventions aimed at improving adherence support and program implementation for HIV prevention among this population.

## **Methods**

This study used a secondary qualitative analysis of 58 in-depth interviews conducted with AGYW between September and December 2019 in the Khomas and Zambezi regions of Namibia. These interviews were conducted at public health facilities and DREAMS outreach sites supported by the International Training and Education Center for Health (I-TECH). At the time of data collection (September through December 2019), PrEP delivery in Namibia was still

in its early stages. While PrEP was included in national guidelines and was technically available, implementation support and healthcare worker training had not yet been scaled, and PrEP delivery to AGYW was largely limited to early pilot settings such as these sites. As a result, participants in this study represent some of the earliest AGYW adopters of PrEP in Namibia.

A purposive sample of AGYW aged 15–24 was recruited based on their experience with PrEP, with the aim of ensuring representation of different user trajectories. The sample included young women who had continued using PrEP consistently, those who had stopped and restarted, and those who had discontinued without restarting during the timeframe of data collection for this study. AGYW who had never initiated PrEP were not included. The purposive sampling strategy allowed for the inclusion of varied perspectives on PrEP initiation, adherence, and continuation, including experiences with social stigma and perceptions of PrEP normalization.<sup>2</sup>

The interviews were conducted in person by trained qualitative researchers using a semi-structured interview guide. Interviews were held in Oshiwambo, Silozi, Subiya, and English, depending on the participant's language preference. Conversations lasted between 30 and 90 minutes and were audio-recorded with consent. Transcripts were translated into English if necessary and reviewed for accuracy by a secondary researcher. The interview guide covered several topics relevant to this research aim, including motivations for PrEP initiation, experiences with social influences such as partners, family, and peers, perceptions of stigma and normalization, disclosure experiences, and structural barriers to adherence.<sup>2</sup>

The analysis was conducted in Atlas.ti 8 and followed a thematic content analysis approach. Coding began with a deductive framework guided by key topics reflected in the research question, including social relationships, stigma, and efforts to normalize PrEP use, while open coding was used to capture additional emerging themes. A codebook was iteratively

developed and refined, and all 58 transcripts were coded by the primary researcher. A secondary coder reviewed the initial three transcripts independently, and discrepancies were resolved collaboratively to ensure clarity and consistency in code definitions and applications. Analytic memos were used throughout the coding process to document reflections and emerging interpretations. The full finalized codebook is provided in the appendix.

The analysis focused on how social dynamics influenced PrEP engagement- including initiation, adherence, and continuation- through key thematic areas that emerged during coding. Findings from this analysis are presented thematically, reflecting the key influences on AGYW's PrEP engagement.

## **Results**

### *Motivations for Initiating PrEP*

Most AGYW interviewed viewed PrEP as a tool of self-protection, primarily in response to partner distrust or the threat of sexual violence. Over one-third (20/58) of participants cited distrust of male partners, often due to suspected or confirmed infidelity or refusal to test for HIV, as the impetus for starting PrEP independently. For some, mistrust was rooted in emotional neglect and repeated patterns of unfaithfulness. One participant explained *“No, I, I cannot trust you. Because there can be a day passing by you. You don't even have time to say how you are feeling. How is the baby. And all the times you are going for fresh ladies”* (Participant WDH 24). Additionally, approximately one in six participants (10/58) described real or perceived risk of rape or forced sex as their primary motivator for PrEP initiation, framing PrEP as a “last line of defense” that granted them agency over their health in situations where they lacked control over their sexual encounters. PrEP was described as offering protection in contexts where participants

had little power to negotiate condom use or partner fidelity, or to prevent sexual violence. One participant shared, *“So, I felt like, if I go out at least even if someone rapes me or something happens to me, at least I’m taking the necessary precautions... And I won’t get the virus. But I kind of feel that maybe something will happen. Maybe like rape happens in Namibia, like there are a lot of rape cases. And I feel so unsafe.”* (Participant WDH 18). This sense of persistent vulnerability shaped participants’ perception of PrEP as a tool for self-directed prevention in an unsafe environment.

### *Partner Dynamics*

Disclosure of PrEP use to partners elicited mixed reactions, with many AGYW navigating a complex balance of mistrust, misunderstanding, and autonomy. Nearly one-quarter of participants (15/58) recounted negative responses, which included partners who interpreted PrEP as an accusation of infidelity, mocked them for “drinking ARVs,” or demanded discontinuation. Beyond the act of disclosure, active partner influence shaped adherence trajectories. Approximately one-third of AGYW (18/58) experienced explicit partner discouragement, ranging from verbal insults to pressure to stop PrEP, intensifying adherence challenges. One participant shared: *“Whenever I tell him about HIV, he looks so weird, he doesn’t seem happy... he becomes angry. Sometimes, if we spoke about HIV and AIDS today and we decide to go and get tested, he can take even three days without talking to me... our relationship is all about just begging.”* (Participant KTM 04)

Negative reactions such as those forced AGYW into uncomfortable positions, introduced additional challenges in maintaining their daily regimen, and at times led them to conceal their pills or temporarily pause use. One participant reflected on her experience before disclosing PrEP use to her boyfriend: *“Before I told my boyfriend about PrEP, I was always afraid. And,*

*like, I did not want to take PrEP in front of him. So, when we were together... it was past 20h00, and I was wondering when is he going to go... so that I can take my PrEP. Because that time I was afraid of what he would say or what he would think. So I would just like keep praying, like please send him out so that I can just get my PrEP.*" (Participant WDH 23) Still, no participants reported discontinuing PrEP entirely due to a partner's reaction. In fact, several AGYW noted that their partners' attitudes shifted over time, with some eventually expressing support or taking an interest in PrEP themselves.

Reflecting this shift, roughly one in four (16/58) described supportive partners who either silently accepted PrEP or, less frequently, actively encouraged adherence (for example, by accompanying participants to clinic visits). Most supportive partners offered quiet acceptance, while only a few went further by attending appointments or reminding participants to take their pills. These positive disclosures frequently bolstered commitment to daily adherence and reduced secrecy around PrEP usage among the AGYW.

Additionally, about one in five participants (13/58) described partners who provided reminders, expressed interest in joint HIV testing, or even considered starting PrEP themselves. This supportive influence often functioned as an external accountability mechanism, reinforcing participants' confidence and reducing missed doses. As one participant described: *"My boyfriend, we always spoke that we should be supportive... we should do that every after three months... we must go for an HIV test, so we can see how we are."* (Participant KTM 06) These open, ongoing conversations around HIV strengthened relationship trust and helped normalize consistent prevention behaviors.

## *Family and Peer Influences*

Family emerged as a critical factor in encouraging PrEP uptake and adherence: over half of AGYW (36/58) received direct encouragement from family members- primarily female relatives, including mothers, aunts, sisters, and female cousins. These family members provided reminders, accompanied them to clinics, or offered emotional backing. This support often helped offset other barriers to continued PrEP use. As one participant shared: *“I only told my mom... I told her that I take PrEP and I explained to her how it works... she said she is proud of me for taking a good decision about not risking my life... she is the one that advised me that I shouldn't leave the pills... and sometimes she will even call and ask if I took my pills.”* (Participant WDH 25)

However, roughly one-sixth (10/58) encountered strong family opposition rooted in stigma and common misconceptions, often equating PrEP with HIV treatment, fearing it signified promiscuity, or believing it could cause illness or unnecessary side effects. These reactions frequently led to mistrust and intense scrutiny, sometimes pressuring AGYW to discontinue use. One participant described: *“She was in shock... ‘Why are you deciding to take ARVs while you are not HIV positive?’ I explained that it's only taken by people who are HIV negative... but she couldn't understand it. She seemed like maybe I'm hiding something from her... so to prove I wasn't, I told her I will get rid of the tablets in front of her... She even had to call my dad. I was explaining to him, but he also seemed confused... In fact, we had to go back- I got tested three times. I went back with my mom, and the third time I had to go with my now husband.”* (Participant KTM 30) Despite these challenges, many AGYW were able to overcome opposition by sharing clinic-based information and reassuring family members through repeated testing or prolonged conversations. Still, these encounters demonstrate how deeply

misinformation and stigma can complicate PrEP initiation and adherence among AGYW and strain family relationships.

Peer influence also emerged as having both a positive and negative influence on PrEP initiation, adherence, and continuation. Over 40% of participants (25/58) credited friends for reminders, shared tips for side effect management, or even attending clinics together, thus normalizing PrEP within their social circles. For some, persistent encouragement from peers played a decisive role in their decision to initiate PrEP. As one participant explained: *“They influenced [me]. Because they were... Every time I would ignore the conversation, they would talk about it again all over... They were happy. They were saying yes, it is a wonderful decision that you are making... They also said that I would escort you to the clinic... that I can go and get PrEP.”* (Participant WDH 23) Encouragement and active support from peers helped reinforce participants’ decisions and made accessing PrEP feel more socially acceptable and less isolating.

In contrast, around 36% (21/58) described negative peer influence- rumors that “PrEP causes infertility” or “activates HIV” fueled fear and sometimes led to missed doses. As one participant explained: *“Most of the people influenced me negatively... I was told like when you start taking the pills you might get some sort of infections because they don’t look like they are to prevent you but to give you something... so it was hard.”* (Participant KTM 13) Many participants described efforts to actively challenge this misinformation and contribute to the normalization of PrEP use within their peer networks. Nearly half (27/58) of participants engaged in proactive peer education. The AGYW interviewed shared their experiences on correcting misinformation by sharing personal experiences or distributing educational materials. One participant described keeping a pamphlet in her room to educate curious or skeptical visitors: *“I had a pamphlet in my room about PrEP. If they want to argue more about that I just*

*give them the pamphlet... they had to read more about it and they will just say, okay it's fine now.*" (Participant KTM 16) Through these efforts, many AGYW contributed to the gradual normalization of PrEP use within their peer circles, transforming misinformation into opportunities for education and empowerment.

### *Knowledge Gaps & Misinformation*

Although the majority of participants (32/58) displayed a strong understanding that PrEP prevents HIV in HIV-negative individuals, one-third (19/58) explicitly requested more detailed information on side effects, dosing duration, and biological mechanisms. Misinformation was pervasive, with approximately half (29/58) of the AGYW reporting that they had heard myths such as "PrEP is the same as ARVs," "it causes HIV," "it causes infertility," or "it can damage your liver." These misconceptions often originated from community gossip or social media, fueling anxiety and prompting some AGYW to reconsider, pause, or discontinue use. Healthcare workers also emerged as a source of misinformation, with eight of the interviewed AGYW (8/58) reporting distrust toward healthcare providers, often when nurses lacked updated PrEP knowledge or displayed judgmental attitudes, such as equating PrEP with HIV treatment.

One participant recalled her experience with a healthcare worker who discouraged her from continuing PrEP: *"One time at the hospital when I asked if there was PrEP, the nurse told me they saw two people who started with PrEP and now they are drinking ARVs... they first started with PrEP and now they are into ARVs"* (Participant KTM 01). The participant cited this experience as a reason for discontinuing PrEP. Another participant described how misinformation circulating among peers led her to stop taking PrEP: *"The things which people were talking about- 'the PrEP pills you are drinking, you don't know where it comes from, from*

*where it's going to end, what it can bring in your body'- that is why I wanted to ask the nurse but then I got discouraged... There is another one that I heard, apparently if you continue taking these pills, then at last when you go for blood test, they can find that you have HIV"* (Participant KTM 09). For several participants, fear and confusion stemming from misinformation undermined confidence in formal health guidance and contributed to decisions to pause or discontinue PrEP.

### *Stigma and Privacy Concerns*

Half of participants (29/58) encountered stigma, such as being labeled "promiscuous" or assumed to be HIV-positive, leading some to hide PrEP or skip doses during social gatherings. Concurrently, nearly one-third (19/58) voiced specific concerns about privacy, describing elaborate strategies, such as hiding pills in cosmetic containers, to avoid discovery. One participant shared: *"The nurse told me that some of the HIV people can take PrEP with an additional drug... so I was like, if people see these pills, they might think they are ARVs or something. Yah, I was worried- like how am I going to hide these pills?"* (Participant KTM 19) Another explained that being seen at the same clinic as people living with HIV contributed to fears of being misidentified: *"We were paired up with those on ARVs. Now when people look at you, they think you are also on ARVs... The first day, I wanted to stop it."* Overall, stigma and privacy concerns not only created psychological distress but also influenced decisions about where to seek care, when and how to attend clinic appointments, and whether or not to disclose PrEP use to others, ultimately affecting confidence and consistency in daily adherence.

## *Coping Strategies and Self-Efficacy*

Despite numerous interpersonal and structural challenges, nearly all AGYW (46/58) described specific coping strategies to maintain adherence, including setting phone alarms, integrating PrEP into daily routines, or discreetly storing tablets. Furthermore, more than half of the participants (33/58) expressed high self-efficacy, describing confidence in managing side effects, counteracting stigma, and navigating logistical hurdles in obtaining and taking PrEP. Even when facing family opposition or pervasive rumors, many remained resolute. One participant, who faced intense stigma at home from family members who believed she was receiving HIV treatment medications, shared: *“It hurts me... I feel very hurt... but I really don’t care because it’s my life. I care about my life and that’s why I am still taking PrEP.”* (Participant WDH 25) Another echoed a similar sentiment: *“Sometimes you cannot be worried about what people think about your life... because at the end of the day, you are on your own. If you don’t protect yourself, that’s still up to you.”* (Participant KTM 26) These testimonies demonstrate how personal agency, grounded in self-protection and autonomy, can be critical to sustaining PrEP use despite adversity from interpersonal influences.

## **Discussion**

This analysis explored how AGYW in Namibia navigated PrEP engagement within the context of social relationships, stigma, and evolving community perceptions of HIV prevention. The findings of this analysis demonstrate that PrEP use is deeply intertwined with AGYW’s lived experiences of risk, power, agency, and resistance. Participants described initiating and using PrEP primarily in response to distrust of their partner, perceived or real risk of sexual violence, and a desire to reclaim control over their sexual health in contexts where they could not

ensure partner fidelity or lacked power to negotiate condom use. The transcripts further revealed how interpersonal relationships, stigma, and privacy concerns shaped daily adherence concerns, often requiring active resistance to social and structural pressures.

For most of the AGYW interviewed, PrEP initiation did not exist as a neutral health decision; rather, PrEP was often initiated in response to a structural vulnerability, such as limited power to negotiate condom use, partner fidelity, or safety in the event of sexual violence. In this context, PrEP offered a rare form of autonomy and agency over health for a population that often faces constrained choices due to age, gender, and structural vulnerability. Several of the interviewed participants described PrEP as a method of reclaiming agency in situations marked by distrust or threat, reinforcing the value of PrEP as a mechanism of self-protection for AGYW rather than simply a biomedical intervention. This aligns with prior research indicating that PrEP fosters a sense of agency for AGYW navigating unequal power dynamics, distrust in partners, and gendered structural vulnerabilities.<sup>6,9,10,11</sup> While reviewed studies did not explicitly cite anticipated sexual violence as a motivator for PrEP uptake, they document that experiences of partner violence and constrained sexual negotiation heighten perceived vulnerability and contribute to decisions to initiate PrEP.<sup>5,12</sup>

However, this agency was consistently challenged by interpersonal and social dynamics, as highlighted in the findings of this analysis. Partner relationships were often a source of stress; while a few AGYW described supportive partners, most reported neutral or dismissive reactions, and many faced accusations of infidelity, mockery, or pressure to stop taking PrEP. Similarly, disclosure of PrEP use often led to conflict, as partners perceived AGYW's PrEP use as a sign that they did not trust them. Many of the AGYW in this sample instead chose secrecy in order to preserve both stability in their relationships and their adherence to PrEP. These dynamics in

partner influences and disclosure mirror the broader stigma documented across sub-Saharan Africa, where young women's PrEP use is often interpreted as a sign of promiscuity or mistrust in sexual partners. This finding aligns with prior studies documenting that AGYW's PrEP use in sub-Saharan Africa is frequently met with suspicion or disapproval from male partners, often interpreted as mistrust or signs of infidelity.<sup>6,7</sup>

Family members and peer networks have been shown to play critical roles in shaping AGYW's PrEP engagement, a dynamic that was clearly reflected in the experiences of participants in this analysis. Within families, supportive mothers, aunts, and sisters encouraged PrEP adherence, providing both emotional and practical support. However, family opposition, particularly from parents or guardians unfamiliar with PrEP, emerged as a major source of distress. For some, this stigma-based opposition led to PrEP discontinuation or elaborate efforts to hide their pill use. This dual influence of family members on PrEP engagement has been similarly documented in other studies across sub-Saharan Africa, where family support can serve as a key adherence facilitator, while family-driven stigma remains a significant barrier.<sup>5,8,9,12</sup> Peer relationships were similarly influential in PrEP initiation and adherence among AGYW, often oscillating between encouragement and stigma-based judgment or misinformation. When present, peer support played a powerful role in facilitating access, normalizing use, promoting adherence, and countering misinformation. Conversely, negative peer messaging, often rooted in myths, was equally influential, with rumors about side effects or claims that PrEP could cause long-term illness or harm leading many AGYW to hesitate, pause, or discontinue use. Beyond these participant experiences, prior literature further demonstrates the potential for peer networks to shape PrEP engagement. Studies from sub-Saharan Africa indicate that peer support can enhance personal agency, normalize PrEP use, and reduce stigma through shared experiences

and informal education.<sup>5,7,8,9,12</sup> Peer-led outreach, exposure to PrEP champions, and participation in peer groups have been shown to counter misinformation and foster more supportive social environments for AGYW.<sup>5,8,9,12</sup>

At the time of data collection, the normalization of PrEP use among AGYW in the Khomas and Zambezi regions of Namibia appeared to be emergent and uneven. Many participants, especially those engaged in DREAMS programming, had begun to challenge misinformation among peers and educating one another using knowledge from DREAMS and personal experiences. Despite this, broader public understanding of PrEP appeared to be limited, as widespread misinformation in school and clinic settings often left AGYW feeling uncertain and unsupported. In some instances, highlighted in the Results section, even healthcare providers lacked accurate knowledge or used judgmental language, reinforcing pervasive stigma in their communities rather than correcting it. This trend reflects broader findings from literature across sub-Saharan Africa, which show that normalization of PrEP use among AGYW and within communities, including among healthcare workers, tends to increase over time as exposure to PrEP and targeted health promotion efforts expand.<sup>5,6,7</sup> For example, studies demonstrate that as PrEP programs scale up, participants and their networks often become important sources of accurate information and support, gradually improving community and provider acceptance of PrEP as an HIV prevention tool for young women.<sup>5,7</sup> However, without continued investment in provider training and efforts to address community stigma, progress toward normalizing and sustaining AGYW's PrEP use may remain uneven, supporting the need for comprehensive, multi-level strategies.<sup>5,6,7</sup>

Despite these challenges, AGYW demonstrated considerable resilience. Most participants had developed coping strategies tailored to their social environments to support daily pill

adherence. Their shared narratives reflected incredible self- efficacy, with many describing PrEP as something worth navigating immense social challenges, such as misunderstanding or outright rejection, for. This reflects broader understandings from social learning theory, which identifies self-efficacy- the belief in one’s capacity to manage and influence outcomes- as a key driver of sustained health behavior.<sup>13</sup> This tension between agency and vulnerability served as a defining feature of their experiences. Rather than viewing AGYW as passive recipients of PrEP and other HIV prevention mechanisms, the data demonstrate how participants actively negotiated and redefined what HIV prevention meant within the context of their lives, balancing social risk, structural barriers, and personal conviction to protect their health. This exercise of agency not only enables PrEP use in the face of social and structural adversity but also supports adherence and continuation over time. As prior research shows, framing PrEP as a tool of self-protection and autonomy empowers AGYW to persist with its use despite ongoing challenges.<sup>9,12</sup> Continued efforts to strengthen this sense of agency, while simultaneously addressing the relational and structural barriers AGYW face, will be critical to sustaining long- term PrEP use and adherence.

## **Limitations**

This analysis is subject to several limitations. As a secondary qualitative analysis, the original data was not collected to directly answer the research question, limiting depth in some subthemes. Although PrEP was introduced in national guidelines in 2016, participants were among Namibia’s earliest AGYW adopters, interviewed in 2019 at a time when PrEP delivery to AGYW was limited to I-TECH supported and DREAMS affiliated sites. As such, their experiences may not reflect more recent changes in availability or national perceptions of PrEP.

The sample was geographically limited to two regions in Namibia and included AGYW primarily engaged in DREAMS or facility- based services. While some participants were from rural areas, the findings are not generalizable to AGYW in more remote or non-programmatic settings.<sup>2</sup> Importantly, all participants had initiated PrEP, and the study does not capture the perspectives of AGYW who declined PrEP or never engaged with services. Additionally, PrEP use status was defined based on clinical records at the time of interview, which did not always align with participants' own accounts. This discrepancy reflects known limitations in data quality and the fluid nature of PrEP engagement among AGYW, which may not be fully captured in biomedical classifications.

## **Conclusion**

AGYW in Namibia leveraged PrEP as a proactive strategy of navigating sexual risk in contexts shaped by their limited power and social surveillance. The stories shared reflect the promise of PrEP as a vehicle of self- protection and autonomy, as well as the challenges of sustaining its use in environments where misinformation and stigma are pervasive. As some of the earliest adopters of PrEP in Namibia, the experiences of the participants offer critical insights into the social and relational dynamics that shaped PrEP engagement in the earliest stages of program implementation in the region. Understanding how the AGYW navigated stigma, misinformation, disclosure, interpersonal dynamics, and coping strategies can inform future programming aimed at improving access, particularly through addressing the social realities that influence decision-making. Future PrEP interventions for AGYW should be grounded in their lived experiences to ensure strategies are contextually relevant, socially responsive, and sustainable.

## Appendix – Qualitative Codebook

Code Name	Definition
Broader Health Goals (+)	Framing PrEP use as part of long-term well-being, such as family planning, education, or future aspirations.
Clinic Availability or Distance (-)	PrEP not being available due to distance, limited clinic hours, or service disruptions.
Coping Strategies (+)	Actions or techniques used to manage PrEP-related barriers (e.g., forgetfulness, stigma).
Cost or Financial Barriers (-)	Monetary constraints limiting access to PrEP services, including transport or related care.
Dialogue and Peer Education (+)	Active efforts by the participant to initiate conversations, educate others, or normalize PrEP use within their social networks, reflecting agency and intentionality in sharing knowledge or advocating for PrEP.
Discontinuation Reason (Other)	Reasons for stopping PrEP not related to time/transport (e.g., illness, fear, inconvenience).
DREAMS Engagement (+)	Positive experiences with DREAMS activities that build knowledge, confidence, and community support for PrEP.
Family Opposition (-)	Family members expressing disapproval, questioning motives, or prohibiting PrEP use.
Family Support (+)	Verbal or practical support from family members promoting PrEP use (e.g., reminders, accompaniment to clinic).
Knowledge – Additional Wanted	Desire for more detailed or complete understanding of PrEP (e.g., how it works, effects).
Knowledge and Information (+)	Accurate, confident understanding of PrEP's mechanism, benefits, and role in HIV prevention.
Mentor Encouragement (+)	Affirmation or guidance from DREAMS staff or mentors reinforcing the value of PrEP use.
Misinformation (-)	Incorrect beliefs or confusion about PrEP's purpose, side effects, or its distinction from HIV treatment.

<b>Code Name</b>	<b>Definition</b>
Motivation – Other	Motivations for taking PrEP that don't fit standard categories (e.g., weight gain, curiosity).
Motivation – Rape/Forced Sex	Motivations for taking PrEP based on fear of or protection against rape, sexual assault, or forced sex.
Partner Disclosure (-)	Participant does not disclose PrEP use due to fear, stigma, relationship tension, or reports a negative or discouraging response after disclosure.
Partner Disclosure (+)	Participant discloses PrEP use to a partner and receives a neutral or supportive response, or feels empowered by the disclosure.
Partner Distrust	Expressions of mistrust in a partner's sexual behavior or HIV status disclosure.
Partner Influence (+)	Supportive partner behavior or communication (e.g., encouragement, shared decision-making) that facilitates PrEP use.
Partner Influence (-)	Partner behaviors or concerns (e.g., infidelity, disapproval, sexual risk) that discourage or complicate PrEP use.
Peer Influence (+)	Supportive or normalizing peer behaviors or opinions that encourage PrEP initiation or adherence.
Peer Influence (-)	Negative peer opinions, judgment, or stigma that discourage PrEP use or make the participant feel uncertain.
PrEP Stigma (-)	Associating PrEP with promiscuity, HIV positivity, or other stigmatized behaviors leading to shame or secrecy.
Privacy Concerns (-)	Fear of being overheard or seen discussing or receiving PrEP in public or clinical settings, leading to avoidance or secrecy.
Provider Distrust (-)	Feeling judged, dismissed, or not fully informed by healthcare providers, resulting in reluctance to engage with care.
Risk Compensation Concern	Belief that PrEP use suggests risky or promiscuous behavior; contributes to stigma.

<b>Code Name</b>	<b>Definition</b>
Self-Efficacy (+)	Confidence in one's own ability to take PrEP regularly and overcome challenges.
Self-Protection Motivation (+)	Proactive drive to use PrEP for personal safety, particularly in contexts of perceived or known HIV risk.
Side Effects	Physical symptoms from PrEP (e.g., vomiting, diarrhea, weight loss) affecting use.
Time-Related Challenges (-)	Inflexible school, work, or family schedules making it difficult to attend appointments or refill prescriptions.
Transportation Challenges (-)	Lack of reliable, safe, or affordable transport to health facilities offering PrEP.

## References

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