Acceptability and utility of a decision support tool in enabling young women to make informed choices about PrEP options

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Abstract

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Introduction: Adolescent girls and young women (AGYW) in Sub-Saharan Africa remain at high risk for HIV infection yet their uptake of, and persistence on HIV pre-exposure prophylaxis (PrEP) remains a challenge. With increasing availability of different HIV PrEP formulations, a decision support tool (DST) could improve AGYWs' risk perception and increase their PrEP knowledge to enable them make informed decisions about PrEP.

Methods: We evaluated the updated MyPrEP, a client-facing DST about oral PrEP and HIV prevention, with modules on daily oral emtricitabine-tenofovir, monthly dapivirine vaginal ring (DVR) and bi-monthly injectable cabotegravir. From August to December 2022, sexually active, HIV-uninfected AGYW from six African countries (Eswatini, Kenya, Malawi, South Africa, Uganda, Zambia) were enrolled in a prospective cohort with oral emtricitabine-tenofovir offered to all participants and 6 months of follow-up. At month 6, we evaluated preferences for these different PrEP formulations among AGYW, with dapivirine ring and bimonthly injectable cabotegravir only available in research projects. We ran multivariable logistic models

to determine participant characteristics associated with preference, increased knowledge and interest in these PrEP formulations.

Results: Of 2795 AGYW with a median age of 24 years (interquartile range [IQR] 21,27) 74.9% were from South Africa, 95.6% had a primary sex partner with 22.8% having multiple sex partners. At enrollment, 93% initiated oral PrEP and based on month 6 urine tenofovir testing which indicated use in the prior week, approximately 70% of participants demonstrated recent oral PrEP use. Injectable PrEP was most preferred at 52.8%, monthly oral PrEP at 31.5%, daily oral PrEP at 25.5%, with DVR being least preferred at 5.4%. Compared to AGYW with poor adherence, AGYW with self-reported good adherence to oral PrEP had 2.22 times higher odds of preferring daily oral PrEP (aOR= 2.22, 95%CI: 1.54,3.20) while those with fair adherence had 51% lower odds (aOR= 0.49, 95% CI: 0.28, 0.87) of preferring DVR. Similar proportions of participants reported increased knowledge about oral and injectable PrEP (67.3% and 66.3% respectively) after using the DST. Almost 90% of AGYW strongly liked getting information about PrEP from the DST.

Conclusion: AGYW revealed a strong preference for long-acting PrEP formulations after using the My PrEP DST which overall increased participants' interest and knowledge about PrEP formulations. With increasing availability of different PrEP formulations, innovative tools like My PrEP DST could facilitate AGYW's ability to assess their HIV risk and make informed choices about PrEP.

Key words: Decision support tool (DST), HIV PrEP, Choice, Preferences, Sub-Saharan Africa, Women

DEDICATION

To my family, for your unwavering support, love and steadfast belief in me throughout this journey.

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INTRODUCTION

Human immunodeficiency virus (HIV) remains a global epidemic with gender disparities, unequal power in sexual relationships, and sexual violence fueling greater HIV infections among women (1). In 2022, over 77% of new HIV infections among young people in Sub-Saharan Africa (SSA) were in adolescent girls and young women (AGYW) (2). Multiple studies have demonstrated that the effectiveness of oral emtricitabine-tenofovir (FTC-TDF) HIV pre-exposure prophylaxis (PrEP) is strongly associated with adherence(3) (4) (5) (6). A recent pooled analysis found very high levels of protection against HIV acquisition among women who took an average of four doses per week of oral PrEP indicating that PrEP adherence needs to be high but not perfect to achieve prevention benefits (6). For African AGYW, PrEP adherence and persistence remains a challenge (7) (8) (9).

There has been increasing interest in developing long-acting PrEP formulations which could address many of the challenges with adherence. Monthly dapivirine vaginal ring (DVR) and 2-monthly injectable cabotegravir (CAB-LA) have demonstrated admissible safety profiles and efficacy in clinical trials in SSA (10) (11) (12) and have received approval from WHO as alternatives to daily oral PrEP for HIV prevention (13) (14) (15). Lenacapavir, a HIV capsid inhibitor, is a promising long-acting PrEP agent that can be dosed daily or weekly orally, and every six months subcutaneously (16). Interim analysis from PURPOSE 1, a phase 3 trial of six-monthly injectable lenacapavir among AGYW in South Africa and Uganda, demonstrated 100% efficacy in preventing HIV infections among cisgender women, and regulatory approval will be sought after the PURPOSE 2 trial in men who have sex with men (MSM) and transwomen (TW) reports results(17). Islatravir, the first member of a new class of drugs- nucleoside reverse transcriptase translocation and termination inhibitor (NRTTI) - was under evaluation as a long acting monthly oral PrEP among cisgender women in the IMPOWER 22/ MK8591-22 study (18) (19) (20) before being withdrawn due to safety concerns (21). A new NRTTI compound, MK-8527, is under evaluation in a phase 2 trial as an oral monthly HIV PrEP formulation which might move into efficacy trials in 2025 (22). Other molecules including tenofovir alafenamide (TAF) (23) and GS-1720- an oral integrase inhibitor are also under evaluation as weekly oral PrEP (24). With the introduction of approved long-acting PrEP options into PrEP programs, such as the

monthly DVR and injectable cabotegravir and additional agents being evaluated (22)(23) (24)(25), AGYW will need to make informed decisions about using daily oral PrEP or long-acting PrEP.

As with contraceptives, misconceptions or lack of knowledge about the various PrEP formulations may dissuade AGYW from choosing certain methods. If a woman has insufficient information about the PrEP formulation she initiates, she may eventually discontinue despite continued risk (26) (27) (28) creating increased risk of HIV infection. Misinformation and myths from peers, family and the community are a barrier to PrEP uptake and persistence (29) (30).

PrEP delivery in Africa faces many challenges such as busy healthcare environments characterized by long patient queues with clinicians sometimes being too overwhelmed or lacking time to offer sufficient PrEP counselling (31) (32). Superficial counselling can lead to clients being misinformed about their diagnosis (assuming they have HIV) or feeling pressured to accept PrEP without full understanding or intention to use consistently (32).

Patient-facing decision support tools (DSTs) have been observed to enhance patient knowledge of available treatment options, enabling them to accurately self-assess their risk and increase their involvement in shared decision-making in different health care contexts (33) (34)(35). DSTs have been demonstrated to be superior to standard of care (SOC) in improving decision quality, reducing decisional conflict related to feeling uninformed thus increasing patient agency and decisiveness (34). A client-facing decision support tool for HIV prevention could assist patients in assessing their risk and making informed decisions about PrEP use that align with their values and preferences. This could be particularly helpful for programs that provide personal, sensitive and often stigmatized services such as sexual health and HIV prevention (36). DSTs may be also be useful for new PrEP formulations, when clinicians are less familiar with new formulations and less conversant or confident in their counselling (31).

We sought to analyze PrEP formulation preferences and the acceptability of the MyPrEP DST in the INSIGHT cohort of AGYW who were offered open label oral FTC-TDF PrEP. The INSIGHT study was conducted between August 2022-July 2023; most women initiated oral FTC-TDF and there was limited access to dapivirine ring (DVR) and injectable cabotegravir (CAB-LA) in PrEP programs. We evaluated user preferences for different PrEP formulations among INSIGHT participants, correlates of PrEP

preferences with participant demographics, sexual behavior and adherence to oral PrEP, and acceptability of the MyPrEP DST.

Data about African AGYW's PrEP preferences after most had experience with taking oral FTC-TDF PrEP could inform implementation of PrEP choice in the context of constrained choices due to cost or limited availability of products. Currently both dapivirine ring and injectable cabotegravir supplies are very limited, so one model of PrEP choice is that PrEP users are offered the most widely available option (oral FTC-TDF PrEP) first. After a trial of oral FTC-TDF PrEP, long-acting formulations (currently, dapivirine ring or injectable cabotegravir) could be offered to those who are still motivated to use PrEP but desire a different formulation than daily oral PrEP based on adherence or other factors.

METHODS

Development of MyPrEP DST

My PrEP DST is an interactive web-based client-facing DST that provides HIV prevention information in a neutral manner to support informed decision making. Developed based on iterative feedback from healthcare workers, AGYW and community members in in South Africa and Kenya (37), it was evaluated among AGYW in a randomized controlled trial in a public health clinic in Johannesburg, South Africa through the USAID-funded POWER oral PrEP demonstration project in Kenya and South Africa (38). While PrEP uptake was >90% in both the My PrEP DST and SOC arms, PrEP continuation at month 1 was twice as high (20% vs 11%) among women randomized to use the DST (31).

The My PrEP DST was modified in 2023 to provide information about DVR and CAB-LA, long-acting PrEP modalities that have been shown to be efficacious (39) (10) (12). Modules were added to the MyPrEP DST to provide information and user comparisons of oral PrEP, DVR and CAB-LA with simple lay person terminology and graphics (https://witsrhi-mypreptool-client.herokuapp.com/).

Study design, setting and population.

The INSIGHT cohort was a prospective open label daily oral PrEP cohort in which sexually active HIV negative AGYW, ages 16-30 were recruited from August-December 2022 from 20 African clinical research sites with 15 sites in South Africa, and one site each in Eswatini, Kenya, Malawi, Uganda, and Zambia

(ClinicalTrials.gov ID NCT05746065). Participant recruitment was conducted through community sensitization and outreach activities, snowball recruitment and participant-based referrals, social media, and from a waiting list of possible participants for a truncated efficacy trial of once monthly oral islatravir for HIV prevention. At enrollment, women were offered HIV testing per the national algorithm, contraception, and PrEP. Women were eligible for the INSIGHT cohort if they were willing to provide written informed consent, tested HIV-negative at screening, had vaginal sex in the past three months, and were interested in PrEP. Women were offered oral PrEP but acceptance of oral PrEP was not a requirement to participate in the INSIGHT cohort.

Study procedures

Specific procedures for the month 6 visit are shown in Figure 1. Baseline demographic characteristics were obtained at enrollment. At enrollment 93% of women initiated oral FTC-TDF HIV PrEP with an additional 6% initiating PrEP after enrollment. To understand if the MyPrEP DST was useful in eliciting PrEP formulation preferences among AGYW after the majority had experience with oral FTC-TDF PrEP, women were instructed to use the MyPrEP DST at the month 6 study exit visit, with questions about PrEP formulation preference and acceptability of the My PrEP DST (Appendix). Additionally, repeat rapid HIV testing; surveys on sexual risk behavior, PrEP interest and fertility intentions; STI testing for chlamydia, gonorrhea, and trichomonas; urine point-of-care (POC) tenofovir (TFV) assay for real-time PrEP adherence counseling with 1-month provision of PrEP and a referral to PrEP programs for women who desired to continue taking PrEP was done at month 6.

Study outcome and exposure measures

The first goal of our analysis was to assess factors associated with AGYW's preference for oral PrEP versus long-acting PrEP formulations before use of the DST. Participants were allowed to choose preferences for more than one PrEP formulation, and women who indicated a preference for a specific PrEP formulation (e.g. daily oral PrEP or bimonthly injectable cabotegravir) were compared to those who did not indicate that product formulation as a preference in univariate and multivariable analyses. The second goal was to assess acceptability, increase in knowledge and interest for specific PrEP formulations after use of My PrEP DST. The secondary endpoints were high acceptability (selecting "strongly agree" on the Likert scale) and

substantial increase in knowledge and interest in specific PrEP formulations [selecting “a lot more knowledge (or interest) about PrEP formulation” on the Likert scale] after use of the DST.

The cohort included all participants who completed the DST at 6 months. Covariates of interest include age, region, self-reported PrEP adherence, biomarker of adherence, PrEP use disclosure, sexual behavior, sexual risk using the modified VOICE risk score (40), HIV risk perception, and whether participants received an oral PrEP refill at the month 6 exit visit.

Statistical analysis

Data was analyzed using R version 4.4.0. Baseline population characteristics, preference, self-perceived increase in knowledge and interest for different PrEP formulations were summarized using descriptive statistics. We used logistic regression to assess significant associations between covariates and preference for daily oral PrEP, DVR, CAB-LA, and monthly oral PrEP. Unadjusted analyses were conducted to assess each exposure and the outcome. Adjusted multivariate analyses included all covariates with univariate associations $\leq p=0.10$. Crude (cOR) and adjusted odds ratios (aOR), 95% confidence intervals (CI) and p-values are reported with a p-value <0.05 considered significant.

RESULTS

Participant characteristics

Of the 3087 participants enrolled into the INSIGHT study, 2795 (90.5%) completed the month 6 visit. Almost all (99.2%; 2772/2795) used oral PrEP during the INSIGHT study, of whom 83.5% (2314/2772) reported PrEP use disclosure to family or sex partners. The median age at enrollment was 24 years (interquartile range [IQR]: 21, 27), 74.9% (2093/2795) of the women were from South Africa, and 47.0% (1314/2795) used injectable contraceptives. With regards to HIV risk, 27.4% (731/2671) of women with a primary sexual partner did not know their partners’ HIV status, 22.8% (636/2795) reported having multiple sex partners in the last 3 months, and 31.3% (876/2795) reported condom use with last vaginal sex. The median modified VOICE risk score was 5 (IQR: 4, 7) and the median HIV risk perception score was 24 (IQR: 21, 25) (**Table 1**).

Participants' preferences for different PrEP formulations

Participants could select more than one PrEP formulation as a preference, 18.7% (523/2795) selected multiple preferences. A majority 52.8%; indicated their preference(s) included the 2-monthly injectable PrEP (i.e., CAB-LA), 31.5% indicated monthly oral PrEP, 25.5% daily oral PrEP, and 5.4% the monthly DVR (**Figure 2**).

A choice of a two monthly injectable was the most preferred option, selected by 52.8% (1475/2795) of women. Residing in the East African region, using other less commonly selected contraceptive methods which included diaphragms, and having a lot or some worry about HIV acquisition positively predicted a preference for 2-monthly injectable PrEP, while using condoms as a contraceptive and exiting the study with oral PrEP was a negative predictor. Compared to those not worried, those with some worry about getting HIV in the next year had 35% higher odds (aOR=1.35 95% CI: 1.10, 1.67) while those with a lot of worry had 20% higher odds (aOR= 1.20, 95% CI: 1.01, 1.42) of preferring 2-monthly injectable PrEP. Compared to those who did not exit the study with a daily oral PrEP refill, those who exited with a refill had 24% lower odds of preferring 2-monthly injectable PrEP (**Table 2a**).

A monthly PrEP pill was the second highest selected preference, reported by 31.5% (881/2795) of women. Residing in East Africa region and exiting the study with a daily oral PrEP refill were positive predictors of a preference for monthly oral PrEP while having a lot of worry about HIV infection, and having fair or good adherence to daily oral PrEP were negative predictors. Compared to those with poor self-reported adherence to daily oral PrEP, those with fair adherence had 30% lower odds (aOR=0.70, 95% CI: 0.53, 0.92) while those reporting good adherence had 39% lower odds (aOR= 0.61, CI: 0.45,0.81) of preferring monthly oral PrEP. (**Table 2b**).

Daily oral PrEP was the third highest selected preference, reported by 25.5% (713/2795) of AGYW. In adjusted multivariate analyses, unknown HIV status of a primary sex partner, having multiple sex partners, self-reported fair or good adherence to daily oral PrEP, and exiting the study with an oral PrEP refill were independently associated with higher preference for daily oral PrEP. Reporting some or a lot of worry about HIV acquisition in the next year and higher VOICE score was associated with lower preference for oral PrEP. Compared to those who had poor self-reported adherence to daily oral PrEP, those who reported fair

adherence had 68% higher odds (aOR= 1.68, 95% CI 1.17, 2.41), while those with good adherence had 2.22 times higher odds (aOR= 2.22, 95% CI: 1.54, 3.20) of preferring daily oral PrEP. (**Table 2c**).

The monthly dapivirine vaginal ring was a preferred choice for 5.4% (151/2795) of the women. Age, East Africa region and unknown HIV status of primary sex partner was independently associated with higher odds of preferring DVR while fair self-reported adherence to daily oral PrEP was a negative predictor. Compared to those with poor self-reported adherence to daily oral PrEP, those who reported fair adherence had 51% lower odds (aOR=0.49, 95% CI: 0.28, 0.87) of preferring DVR. Compared to those who were 16-20 years, AGYW aged 21-25 years had 2.05 times higher odds (aOR= 2.05, 95% CI: 1.15, 3.66) while AGYW older than 25 years had 2.27 times (aOR= 2.27, 95% CI: 1.19, 4.32) of preferring DVR (**Table 2d**).

Increased interest and knowledge about PrEP formulations, and acceptability of the DST

Over half of the participants reported “a lot more” interest in PrEP overall, oral PrEP and injectable PrEP, while 40.3% reported a lot more interest in vaginal PrEP (**Figure 3**). Approximately two-thirds (67.3%) reported a lot more knowledge about oral PrEP after using My PrEP DST compared to 58.8% for vaginal PrEP (**Figure 3**). Participants’ interest in oral, vaginal and injectable PrEP formulations after using the DST aligned with their preferences prior to using the DST. (**Figure 4**)

Acceptability of the DST was moderate to high with 60.3% finding the information easy to understand while 89.8% reported they liked getting information about PrEP from the DST. Almost three-quarters of the participants strongly agreed that they were satisfied with the information provided about HIV prevention, while 60.8% trusted the information in the My PrEP DST (**Figure 5**).

DISCUSSION

There was high uptake and persistence with daily oral PrEP through 6 months in this multisite cohort of African AGYW with 99.2% having taken oral PrEP during the study and 90% exiting the study with a refill. Overall, our findings indicate that women prefer longer acting PrEP with approximately 53% indicating a preference for 2-monthly injectable PrEP and 32%, a monthly oral pill. Regional differences, sexual partner characteristics, type of contraceptive use, adherence to daily oral PrEP (either by self-report or a biomarker of recent PrEP use), and level of concern about getting HIV in the next year were the strongest predictors

of PrEP formulation preference. Acceptability of the MyPrEP DST was high and a majority of women indicated that it increased their knowledge and/or interest in different PrEP formulations.

The high PrEP uptake and persistence in this cohort may reflect increased awareness about PrEP as PrEP programs and community sensitization has expanded. As an example, a study in Kenya revealed 84% awareness of PrEP among young adults (41) while another study among women and girls in eSwatini, Kenya and South Africa indicated 46% awareness of oral PrEP (42). Many AGYW report learning about PrEP from clinics, peers, media and community outreaches, sources demonstrated to provide information with variable accuracy and completeness (29). While African AGYW have demonstrated high interest in initiating PrEP, uptake ranging from 27% to 100%, persistence at 6 months remains a challenge being as low as 15% (43) (44) (38) (45) (7) (46) .

Multiple studies have indicated low adherence to daily oral PrEP among AGYW (7) (8) (9) indicating need for development of various PrEP formulations. Similar to previous studies (47) (48) (42) (49), our findings revealed higher preference for longer acting PrEP formulations, 2-monthly injectable PrEP being most preferred followed by a monthly pill, which is not yet available and is currently in clinical trials. The lowest proportion indicated a preference for a monthly DVR. Compared to those who did not get daily oral PrEP refill, those who exited the study with a refill had about 80% higher odds of preferring daily oral PrEP (aOR= 1.79, 95% CI: 1.04, 3.06), and about one-quarter indicated that one of their PrEP formulation preferences was daily oral PrEP. These findings support that a subset of African AGYW can use daily oral PrEP and will persist with it (50). The diverse preferences elicited for various PrEP formulations indicates that having options would increase choice, but not replace oral PrEP. These findings need to be considered in the context that women were not offered an actual choice of these products and prior research about hypothetical PrEP choice (51) (52) (53) may not predict actual behavior. As an example, in the MTN 034/REACH cross-over study of the DVR and daily oral PrEP among African AGYW, although they indicated a similar preference for both oral and long acting PrEP at baseline (54), after six months of each product use, two-thirds of AGYW chose the DVR and those who chose to use oral PrEP were more likely to have had high adherence to oral PrEP during the cross-over period (55).

Our findings indicate that African AGYW's preferences for PrEP formulations vary by demographic and behavioral factors, including number of recent sex partners, HIV serostatus of their primary partner, self-reported oral PrEP adherence, having a positive urine POC TFV result, and level of concern about acquiring HIV. These findings differ from the MPYA study in Kenya which found no associations between demographic factors and PrEP preferences among oral PrEP-experienced participants (51). Our findings align with those from the TRIO study and a Ugandan study that observed contraceptive delivery forms, age and partner HIV status as significant predictors of PrEP choice (52). Preference also varied by region with East African AGYW demonstrating higher preference for all four PrEP formulations. Participants with high adherence to daily oral PrEP were more likely to prefer daily oral PrEP. The fast onset of protection, short duration of action, fast elimination from the body, familiarity and ease of use have been noted to positively influence oral PrEP preference while pill burden, stigma and side effects have been a barrier (49). Recent findings by Marazzo et al that oral PrEP adherence needs to be high but not perfect (at least 4 doses weekly) to maintain high HIV prevention (6) could support evaluation of on-demand oral FTC/TDF PrEP for women, potentially reducing pill burden and encouraging higher uptake and preference for oral PrEP (49).

The strongest predictors of preference for CAB-LA included being from the East African region, reporting condom use for contraception, having some or a lot of worry about acquiring HIV in the next year and daily oral PrEP refill at study exit. Discreteness, longer duration of action and familiarity with injectable contraception have been noted to be major attractions of injectable PrEP while injection site pain, risk of cabotegravir resistance due to its long pharmacokinetic tail being of concern (56) (49).

My PrEP DST demonstrated moderate to high acceptability, increasing AGYW's knowledge and interest in oral, vaginal and injectable PrEP. Despite reporting minimal (5.4%) preference for DVR, a substantial proportion (40.3%) reported increased interest in the DVR after using the DST. Women might need more time, more information and/ or the opportunity to try a product to influence their PrEP formulation preference particularly when it comes to the vaginal ring, a truly novel formulation compared to pills and injections. In the MTN 034/ REACH cross-over study, two thirds of AGYW chose the DVR over daily oral PrEP after experiencing both (55). Client-facing DSTs have been observed to enhance knowledge, enabling clients to accurately self-assess their risk and make informed decisions that align with their values and preferences

(33) (34) (35). The high acceptability of the My PrEP DST could be attributed to increasing digital literacy in SSA (57) and the involvement of diverse stakeholders including healthcare workers (HCWs), AGYW and community members (37) in its development. Guidance from WHO indicates that engagement of diverse users in app co-design, including local HCWs could improve mHealth effectiveness even in low resource settings (58) (59). The MPYA study demonstrated that young women were interested to learn about new PrEP formulations, 58.5% and 55.5% being interested in injectables and vaginal rings respectively (51). Traditional sources of PrEP information for AGYW have been noted to have variable accuracy and completeness (29) which could be a barrier to PrEP uptake and adherence. The DST could fill this knowledge gap and can be easily updated to include information about new PrEP formulations, including the promising 6-monthly injectable lenacapavir (17), providing AGYW with accurate information to enable them make informed decisions about initiating and switching PrEP methods (31).

The limitations of this study include investigating preferences for long-acting PrEP among AGYW without providing actual choice thus these preferences are hypothetical. Three-quarters of participants were South African which could impact generalizability of regional comparisons about PrEP preferences. Although most women had experience with taking daily oral PrEP which could have influenced their PrEP formulation preferences, it is also a strength of the study in that their preferences are likely more informed than among PrEP-naïve participants.

CONCLUSION

Our study demonstrates that while daily oral PrEP initiation and persistence was high, African AGYW may still desire to switch to long-acting PrEP, particularly injectable PrEP when CAB-LA becomes more available, lenacapavir once approved and available, or a monthly pill if shown effective. Approximately one third and one-quarter of AGYW demonstrated high interest in monthly and daily oral PrEP respectively, indicating that expanding PrEP choices should continue to offer oral PrEP formulations which have the advantages of low cost, familiarity, and faster reversibility. The My PrEP DST demonstrated high acceptability with almost 90% of participants reporting they strongly liked getting information about PrEP from the tool. With increasing mobile and internet connectivity across Africa and development of new PrEP formulations, the

My PrEP DST could be leveraged to promote informed decision making about HIV prevention choices ideal for AGYW.

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TABLES AND FIGURES

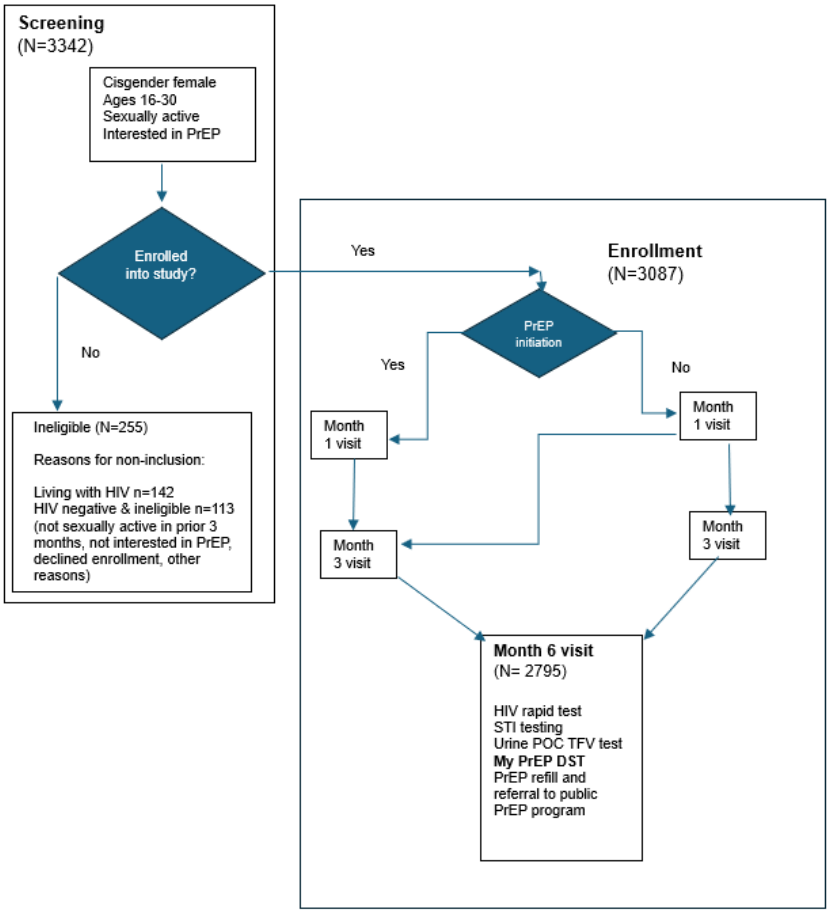


Figure 1: INSIGHT Study Flow diagram

Table 1: Demographic characteristics of participants

Characteristic	N=2795 n (%) or median (IQR)
Baseline participant characteristics at enrolment	
Median age of participants	24(21, 27)
Region	
South Africa (15 sites)	2093(74.9)
Southern Africa (eSwatini, Malawi, Zambia)	425 (15.2)
East Africa (Kenya, Uganda)	277 (9.9)
Education level	
Secondary school or higher	2529 (90.5)
Less than secondary school	266 (9.5)
Marital status	
Single	101 (3.6)
Partnered- not married	2448 (87.6)
Married (monogamous/ polygamous)	246 (8.8)
Participant owns a smartphone	2207/2650 (83.3)
Participant's preferred language is English	2266 (81.1)
Median modified VOICE risk score [a]	5 (4, 7)
HIV risk perceptions and salience scale (HPS) score [b]	24 (21, 25)
Participant earns own income	639 (22.9)
STD diagnosis at baseline [c]	820 (29.3)
Chlamydia trachomatis	534/2671 (20.0)
Neisseria gonorrhoeae	175/2670 (6.6)
Trichomonas vaginalis	155/2672 (5.8)
Syphilis	146/2784 (5.2)
PrEP uptake at enrollment	2595 (92.8)
Participant characteristics at month 6	
Current contraceptive method	
None	502 (18.0)
Condoms	185 (6.6)
Oral contraceptives	218 (7.8)
Implant	509 (18.2)
Injectable [d]	1314 (47.0)
Other [e]	67 (2.4)
Participant had a primary sexual partner, past 3 months	2671 (95.6)
HIV status of primary sexual partner	
Living with HIV	43/2671 (1.6)
HIV negative	189/2671 (70.8)
HIV status unknown	731/2671 (27.4)
Number of sexual partners, past 3 months	
None or 1 partner	2159 (77.2)
2 partners	467 (16.7)
3 or more partners	169 (6.0)
Transactional sex, past 3 months	257 (9.2)
Casual sex, past 3 months	435 (15.6)
Number of vaginal sex acts, past 3 months	12 (5, 21)
Condom use at last vaginal sex	876 (31.3)
History of anal sex, past 3 months	43/2698 (1.6)
Condom use at last anal sex	14/43 (32.6)
STD diagnosis [c]	579 (20.7)
Chlamydia trachomatis	382/2608 (14.6)

Neisseria gonorrhoeae	143/2608 (5.5)
Trichomonas vaginalis	142/2576 (5.5)
Worry about getting HIV in the next year	
Not worried	1323 (47.4)
Some worry	503 (18.0)
A lot of worry	967 (34.6)
Any PrEP use in the study (at enrolment, month 1, 3 or 6)	2772 (99.2)
Self-reported PrEP adherence past 30 days, ascertained at month 6	
Poor	334/2651 (12.6)
Fair	1154/2651 (43.5)
Good	1163/2651 (43.9)
Positive urine POC TFV (at months 1, 3, or 6) [f]	1999/2688 (74.4)
Positive urine POC TFV at month 6 only [f]	1437/2252 (63.8)
PrEP use disclosure to family or partner	2314/2772 (83.5)
Oral PrEP refill at study exit	2516 (90.0)

[a] The modified VOICE risk score includes age<25; not married or living with partner; alcohol use in the past 3 months; partner does not provide financial/material support; and partner has other sex partners with a maximum score of 8

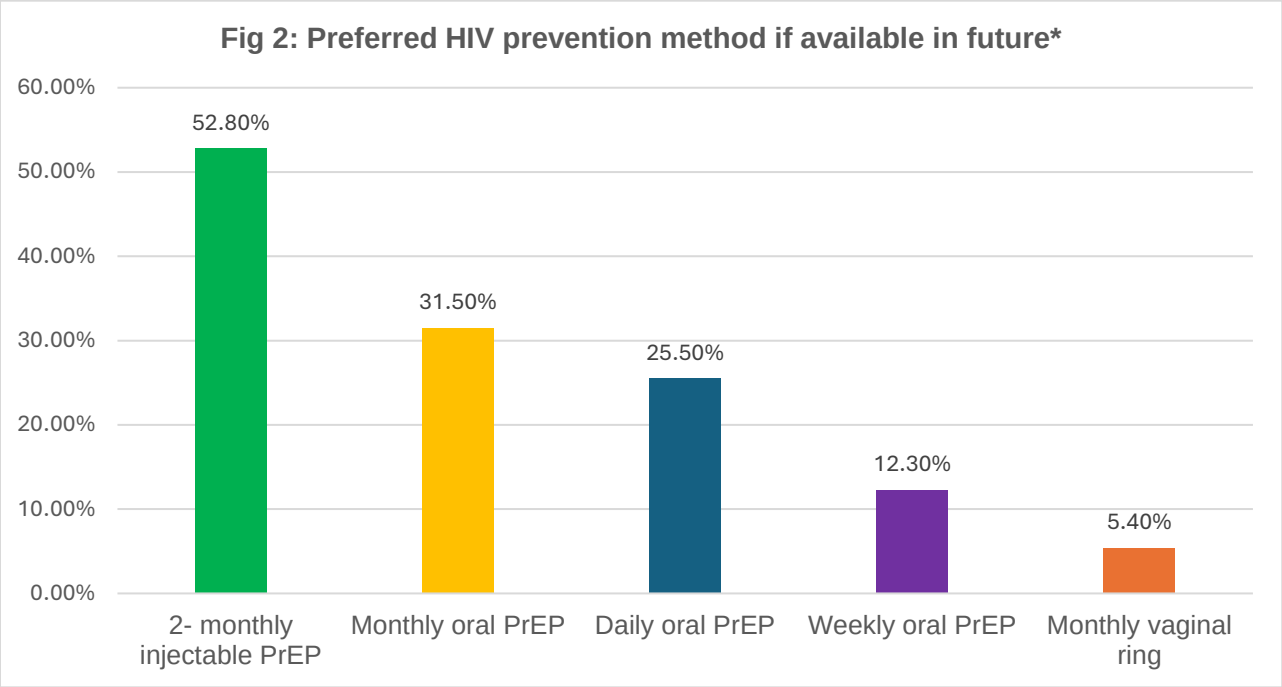
[b] The HIV risk perceptions and salience scale (HPS)consists of 9 questions with scores ranging between 9-36.

[c] Nucleic acid amplification testing for *Chlamydia trachomatis*, *Neisseria gonorrhea* and *Trichomonas vaginalis.* Syphilis rapid plasma reagin (RPR) antibody test was done at enrolment only.

[d] Includes Depot-medroxyprogesterone acetate (DMPA), Subcutaneous Depot-medroxyprogesterone acetate (DMPA-SC), and norethisterone enanthate (NET-EN).

[e] Other contraceptive methods include: intra-uterine device (IUD), patch, emergency contraception, intra-vaginal ring (e.g. NuvaRing), diaphragm/ sponge, other barrier methods, spermicide, natural methods, tubal ligation, hysterectomy or other surgical sterilization.

[f] Urine point-of-care tenofovir (POC TFV) assay indicates oral tenofovir PrEP use in the prior 4-5 days. Testing was done on a majority of INSIGHT participants based on availability of test kits



***** Participants could select multiple options, 18.7% (523/2795) selected multiple preferences.

Figure 2: Proportion of participants who reported their preferences for different PrEP formulations before using My PrEP DST (n=2795).

Table 2a: Association of preference for 2-monthly injectable PrEP formulation by participant characteristics (ascertained before using the DST)

Participant characteristics/ covariates	Prefer 2-monthly injectable PrEP N=1475* n (%)	Do not prefer 2-monthly injectable PrEP N=1320 n (%)	Crude OR (95% CI)	p value	Adjusted OR (95% CI)	p value
Baseline participant characteristics at enrollment						
Age						
16-20 years	292 (50.3)	288 (49.7)	1(Ref)	1(Ref)		
21-25 years	667 (53.3)	585 (46.7)	1.12 (0.92,1.37)	0.24		
>25 years	516 (53.6)	447 (46.4)	1.14 (0.93,1.40)	0.22		
Education level						
Secondary or higher	1347 (53.3)	1182 (46.7)	1(Ref)	1(Ref)		
Less than secondary	128 (48.1)	138 (51.9)	0.81 (0.63,1.04)	0.11		
Region						
South Africa	1067 (51.0)	1026 49.0)	1(Ref)	1(Ref)	1(Ref)	1(Ref)
East Africa	171 (61.7)	106 (38.3)	**1.55 (1.20,2,01)**	**0.001**	**1.55 (1.18,2.04)**	**0.002**
Southern Africa [a]	237 (55.8)	188 (44.2)	1.21 (0.98,1.50)	0.07	1.24 (0.99,1.56)	0.06
Modified VOICE score (median, IQR) [b]	5 (4,7)	5 (4,7)	1.00 (0.96,1.04)	0.95		
Participant characteristics at month 6						
Contraceptive						
None	266 (53.0)	236 (47.0)	1(Ref)	1(Ref)	1(Ref)	1(Ref)
Condoms	80 (43.2)	105 (56.8)	**0.68 (0.48,0.95)**	**0.02**	**0.67 (0.47,0.95)**	**0.02**
Oral contraceptives	108 (49.5)	110 (50.5)	0.87 (0.63,1.20)	0.40	0.96 (0.69,1.33)	0.81
Implant	275 (54.0)	234 (46.0)	1.04 (0.81,1.34)	0.74	1.12 (0.87,1.45)	0.38
Injectable	700 (53.3)	614 (46.7)	1.01 (0.82,1.24)	0.74	1.12 (0.90,1.39)	0.30
Other [c]	46 (68.7)	21 (31.3)	**1.94 (1.12,3.35)**	**0.02**	**1.98 (1.15,3.42)**	**0.01**
HIV status of primary partner, past 3 months						
HIV negative	987 (52.0)	910 (48.0)	1 (Ref)	1 (Ref)		
Don't know	392 (53.6)	339 (46.4)	1.07 (0.90,1.27)	0.46		
Living with HIV	26 (60.5)	17 (39.5)	1.41 (0.76,2.62)	0.27		
Number of sex partners, past 3 months						
None or 1 partner	1146 (53.1)	1013 (46.9)	1 (Ref)	1 (Ref)	1(Ref)	1(Ref)
2 partners	241 (51.6)	226 (48.4)	0.94 (0.77,1.15)	0.56		
3 partners	88 (52.1)	81 (47.9)	0.96 (0.70,1.31)	0.80		
Casual sex partner, past 3 months						

No	1258 (53.3)	1102 (46.7)	1 (Ref)	1 (Ref)		
Yes	217 (49.9)	218 (50.1)	0.87 (0.71,1.07)	0.19		
Transactional sex, past 3 months						
No	1341 (52.8)	1197 (47.2)	1 (Ref)	1 (Ref)		
Yes	134 (52.1)	123 (47.9)	0.97 (0.75,1.26)	0.83		
STI diagnosis at month 6 [d]						
No	1186 (53.5)	1030 (46.5)	1 (Ref)	1 (Ref)		
Yes	289 (49.9)	290 (50.1)	0.87 (0.72,1.04)	0.12		
PrEP disclosure to partner or family						
No	282 (58.6)	199 (41.4)	1 (Ref)	1 (Ref)	1(Ref)	1(Ref)
Yes	1193 (51.6)	1121 (48.4)	**0.75 (0.62,0.92)**	**0.005**	0.86 (0.69,1.07)	0.18
Self-reported oral PrEP adherence, last 30 days						
Poor	183 (54.8)	151 (45.2)	1 (Ref)	1 (Ref)		
Fair	606 (52.5)	548 (47.5)	0.91 (0.71,1.17)	0.46		
Good	604 (51.9)	559 (48.1)	0.89 (0.70,1.14)	0.36		
Any positive urine POC TFV during INSIGHT [e]						
No	355 (51.5)	334 (48.5)	1 (Ref)	1 (Ref)		
Yes	1080 (54.0)	919 (46.0)	1.01 (0.69,1.47)	0.97		
Worry about getting HIV in next year						
Not worried	665 (45.1)	658 (49.8)	1 (Ref)	1 (Ref)	1(Ref)	1(Ref)
Some worry	288 (57.3)	215 (42.7)	**1.33 (1.08,1.63)**	**0.007**	**1.35 (1.10,1.67)**	**0.005**
A lot of worry	522 (54.0)	445 (46.0)	1.16 (0.98,1.37)	0.08	**1.20 (1.01,1.42)**	**0.03**
Oral PrEP refill at study exit						
No	165 (60.2)	109 39.8)	1 (Ref)	1 (Ref)	1(Ref)	1(Ref)
Yes	1310 (52.1)	1206 (47.9)	**0.72 (0.56,0.93)**	**0.01**	**0.76 (0.58,1.00)**	**0.05**

***** of the1475 participants who selected a preference for 2-monthly injectable PrEP, 383 also selected other PrEP formulations.

[a] Southern Africa region: eSwatini, Malawi, Zambia

[b] The modified VOICE risk score includes age<25; not married or living with partner; alcohol use in the past 3 months; partner does not provide financial/material support; and partner has other sex partners with a maximum score of 8

[c] Other contraceptive methods include: intra-uterine device (IUD), patch, emergency contraception, intra-vaginal ring (e.g. NuvaRing), diaphragm/ sponge, other barrier methods, spermicide, natural methods, tubal ligation, hysterectomy or other surgical sterilization.

[d] Nucleic acid amplification testing for *Chlamydia trachomatis*, *Neisseria gonorrhea* and *Trichomonas vaginalis*

[e] Urine point-of-care tenofovir (POC TFV) assay indicates oral tenofovir PrEP use in the prior 4-5 days. Testing was done on a majority of INSIGHT participants based on availability of test kits

Table 2b: Association of preference for monthly oral PrEP formulation by participant characteristics (ascertained before using the DST)

Participant characteristics/ covariates	Prefer monthly oral PrEP N=881* n (%)	Does not prefer monthly oral PrEP N=1914 n (%)	Crude OR (95% CI)	p value	Adjusted OR (95% CI)	p value
Baseline participant characteristics at enrollment						
Age						
16-20 years	169 (29.1)	411 (70.9)	1 (Ref)	1 (Ref)		
21-25 years	412 (32.9)	840 (67.1)	1.19 (0.96,1.48)	0.11		
>25 years	300 (31.2)	663 (68.8)	1.10 (0.88,1.38)	0.41		
Education level						
Secondary or higher	811 (32.1)	1718 (67.9)	1 (Ref)	1 (Ref)		
Less than secondary	70 (26.3)	196 (73.7)	**0.76 (0.57,1.01)**	**0.06**	0.85 (0.61,1.19)	0.34
Region						
South Africa	702 (33.5)	1391 (66.5)	1 (Ref)	1 (Ref)		
East Africa	108 (39.0)	169 (61.0)	1.27 (0.98,1.64)	0.07	**1.38 (1.01,1.87)**	**0.04**
Southern Africa [a]	71 (16.7)	354 (83.3)	**0.40 (0.30,0.52)**	**<0.0001**	**0.33 (0.24,0.46)**	**<0.0001**
Modified VOICE score (median, IQR) [b]	5 (5,7)	5 (4,7)	1.02 (0.98,1.07)	0.31		
Participant characteristics at month 6						
Contraceptive						
None	149 (29.7)	353 (70.3)	1 (Ref)	1 (Ref)		
Condoms	65 (35.1)	120 64.9)	1.28 (0.90,1.84)	0.17		
Oral contraceptives	77 (35.3)	141 64.7)	1.29 (0.92,1.81)	0.14		
Implant	153 (30.1)	356 (69.9)	1.02 (0.78,1.33)	0.90		
Injectable	420 (32.0)	894 (68.0)	1.11 (0.89,1.39)	0.35		
Other [c]	17 (25.4)	50 (74.6)	0.81 (0.45,1.44)	0.47		
HIV status of primary partner, past 3 months						
HIV negative	574 (30.3)	1323 (69.7)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
HIV status unknown	254 (34.7)	477 (65.3)	**1.23 (1.02,1.47)**	**0.03**	1.16 (0.96,1.41)	0.12
Living with HIV	12 (27.9)	31 (72.1)	0.89 (0.45,1.75)	0.74	0.90 (0.46,1,77)	0.76
Number of sex partners, past 3 months						
None or 1 partner	681 (31.5)	1478 (68.5)	1 (Ref)	1 (Ref)		
2 partners	136 (29.1)	331 (70.9)	0.89 (0.72,1.11)	0.31	0.81 (0.64,1.02)	0.07
3 partners	64 (37.9)	105 (62.1)	**1.32 (0.96,1.83)**	**0.09**	1.06 (0.75,1.50)	0.74
Casual sex partner, past 3 months						

No	745 (31.6)	1615 (68.4)	1 (Ref)	1 (Ref)		
Yes	136 (31.3)	299 (68.7)	0.99 (0.79,1.23)	0.90		
Transactional sex, past 3 months						
No	794 (31.3)	1744 (68.7)	1 (Ref)	1 (Ref)		
Yes	87 (33.9)	170 (66.1)	1.12 (0.86,1.48)	0.40		
STI diagnosis at month 6 [d]						
No	699 (31.5)	1517 (68.5)				
Yes	182 (31.4)	397 (68.6)	0.99 (0.82,1.21)	0.10		
PrEP disclosure to partner or family						
No	137 (28.5)	344 (71.5)	1 (Ref)	1 (Ref)		
Yes	744 (32.2)	1570 (67.8)	1.19 (0.96,1.48)	0.12		
Self-reported oral PrEP adherence past 30 days						
Poor	123 (36.8)	211 (63.2)	1 (Ref)	1 (Ref)		
Fair	370 (32.1)	784 (67.9)	0.81 (0.63,1.04)	0.10	**0.70 (0.53,0.92)**	**0.01**
Good	356 (30.6)	807 (69.4)	**0.76 (0.59,0.98)**	**0.03**	**0.61 (0.46,0.81)**	**0.0006**
Any positive urine POC TFV during INSIGHT [e]						
No	227 (32.9)	462 (67.1)	1 (Ref)	1 (Ref)		
Yes	636 (31.8)	1363 (68.2)	0.95 (0.79,1.42)	0.58		
Worry about getting HIV in the next year						
Not worried	442 (33.4)	881 (66.6)	1 (Ref)	1 (Ref)		
Some worry	157 (31.2)	346 (68.8)	0.82 (0.69,0.98)	0.37	0.86 (0.68,1.09)	0.21
A lot of worry	282 (29.2)	685 (70.8)	**0.82 (0.69,0.98)**	**0.03**	**0.81 (0.67,0.99)**	**0.04**
Oral PrEP refill at study exit						
No	67 (24.5)	207 (75.5)	1 (Ref)	1 (Ref)		
Yes	814 (32.4)	1702 (67.6)	**1.48 (1.11,1.97)**	**0.008**	**1.91 (1.25,2.91)**	**0.003**

***** of the 881 participants who selected a preference for monthly oral PrEP, 402 also selected other PrEP formulations.

[a] Southern Africa region: eSwatini, Malawi, Zambia

[b] The modified VOICE risk score includes age<25; not married or living with partner; alcohol use in the past 3 months; partner does not provide financial/material support; and partner has other sex partners with a maximum score of 8

[c] Other contraceptive methods include: intra-uterine device (IUD), patch, emergency contraception, intra-vaginal ring (e.g. NuvaRing), diaphragm/ sponge, other barrier methods, spermicide, natural methods, tubal ligation, hysterectomy or other surgical sterilization.

[d] Nucleic acid amplification testing for *Chlamydia trachomatis*, *Neisseria gonorrhea* and *Trichomonas vaginalis*

[e] Urine point-of-care tenofovir (POC TFV) assay indicates oral tenofovir PrEP use in the prior 4-5 days. Testing was done on a majority of INSIGHT participants based on availability of test kits

Table 2c: Association of preference for daily oral PrEP formulation by participant characteristics (ascertained before using the DST)

Participant characteristics/ covariates	Prefer daily oral PrEP N=713 * n (%)	Do not prefer daily oral PrEP N= 2082, n (%)	Crude OR (95% CI)	p value	Adjusted OR (95% CI)	p value
Baseline participant characteristics at enrollment						
Age						
16-20 years	147 (25.3)	433 (74.7)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
21-25 years	301 (24.0)	951 (76.0)	0.93 (0.74,1.17)	0.55		
>25 years	265 (27.5)	698 (72.5)	1.12 (0.88,1.41)	0.35		
Education level						
Secondary or higher	632 (25.0)	1897 (75.0)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Less than secondary	10 (5.1)	185 (94.9)	**1.31 (1.00,1.73)**	**0.05**	0.97 (0.67,1.39)	0.85
Region						
South Africa	504 (24.1)	1589 (75.9)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
East Africa	91 (32.9)	186 (67.1)	**1.54 (1.18,2.02)**	**0.002**	1.24 (0.86,1.77)	0.25
Southern Africa [a]	118 (27.8)	307 (72.2)	1.21 (0.96,1.53)	0.11	1.13 (0.84,1.53)	0.42
Modified VOICE score (median, IQR) [b]	5 (4,7)	5 (4,7)	**0.91 (1.00,1.79)**	**0.07**	**0.94 (0.89,0.99)**	**0.03**
Participant characteristics at month 6						
Current contraceptive method						
None	113 (22.5)	389 (77.5)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Condoms	61 (33.0)	124 (67.0)	**1.69 (1.17,2.46)**	**0.006**	1.46 (0.95, 2.27)	0.09
Oral contraceptives	56 (25.7)	162 (74.3)	1.19 (0.82,1.72)	0.36	1.08 (0.72,1.62)	0.71
Implant	136 (26.7)	373 (73.3)	1.26 (0.94,1.67)	0.12	0.93 (0.67,1.29)	0.66
Injectable	336 (25.6)	978 (74.4)	1.18 (0.93,1.51)	0.18	1.06 (0.79,1.41)	0.71
Other [c]	11 (16.4)	56 (83.6)	0.68 (0.34,1.34)	0.26	0.58 (0.29,1.16)	0.12
HIV status of primary partner						
HIV negative	438 (23.1)	1459 (76.9)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
HIV status unknown	236 (32.3)	495/1986 (67.7)	**1.59 (1.32,1.92)**	**<0.001**	**1.46 (1.19,1.80)**	**<0.001**
Living with HIV	11 (25.6)	32 (74.4)	1.15 (0.57,2.29)	0.70	0.98 (0.45,2.11)	0.10
Number of sex partners past 3 months						
None/ 1 partner	488 (22.6)	1671 77.4)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
2 partners	151 (32.3)	316 (67.7)	**1.64 (1.31,2.04)**	**<0.0001**	**1.47 (1.08,2.00)**	**0.01**
3 or more partners	74 (43.8)	95 (56.2)	**2.67 (1.94,3.67)**	**<0.0001**	**1.69 (1.06,2.71)**	**0.03**
Casual sex partner past 3 months						
No	552 (23.4)	1808 (76.6)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)

Yes	161 (37.0)	274 (63.0)	**1.92 (1.55,2.39)**	**<0.001**	1.33 (0.95,1.87)	0.10
Transactional sex past 3 months						
No	615 (24.2)	1923 (75.8)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Yes	98 (38.1)	159 (61.9)	**1.93 (1.47,2.52)**	**<0.001**	0.92 (0.62,1.37)	0.69
STI diagnosis at month 6 [d]						
No	555 (25.0)	1661 (75.0)	1 (Ref)	1 (Ref)		
Yes	158 (27.3)	421 (72.7)	1.12 (0.91,1.38)	0.27		
PrEP disclosure to partner or family						
No	110 (22.9)	371 (77.1)	1 (Ref)	1 (Ref)		
Yes	603 (26.1)	1711 (73.9)	1.18 (0.94,1.50)	0.14		
Self-reported oral PrEP adherence, past 30 days						
Poor	51 (15.3)	283 (84.7)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Fair	289 (25.0)	865 (75.0)	**1.85 (1.34,2.57)**	**0.0002**	**1.68 (1.17,2.41)**	**0.005**
Good	361 (31.0)	802 (69.0)	**2.50 (1.81,3.45)**	**<0.0001**	**2.22 (1.54,3.20)**	**<0.0001**
Any positive urine POC TFV during INSIGHT [e]						
No	149 (21.6)	540 (78.4)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Yes	520 (26.0)	1479 (74.0)	**1.27 (1.04,1.57)**	**0.02**	0.99 (0.78,1.26)	0.94
Worry about getting HIV in the next year						
Not worried	393 (29.7)	930 (70.3)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Some worry	105 (20.9)	398 (79.1)	**0.62 (0.49,0.80)**	**<0.001**	**0.60 (0.46,0.78)**	**<0.001**
A lot of worry	214 (22.1)	753 (77.9)	**0.67 (0.55,0.82)**	**<0.001**	**0.75 (0.61,0.93)**	**0.009**
Oral PrEP refill at study exit						
No	28 10.2)	246 (89.8)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Yes	685 (27.2)	1831 (72.8)	**3.29 (2.20,4.91)**	**<0.001**	**1.79 (1.04,3.06)**	**0.03**

* of the 713 participants who selected a preference for daily oral PrEP, 178 also selected other PrEP formulations.

[a] Southern Africa region: eSwatini, Malawi, Zambia

[b] The modified VOICE risk score includes age<25; not married or living with partner; alcohol use in the past 3 months; partner does not provide financial/material support; and partner has other sex partners with a maximum score of 8

[c] Other contraceptive methods include: intra-uterine device (IUD), patch, emergency contraception, intra-vaginal ring (e.g. NuvaRing), diaphragm/ sponge, other barrier methods, spermicide, natural methods, tubal ligation, hysterectomy or other surgical sterilization.

[d] Nucleic acid amplification testing for *Chlamydia trachomatis*, *Neisseria gonorrhea* and *Trichomonas vaginalis*

[e] Urine point-of-care tenofovir (POC TFV) assay indicates oral tenofovir PrEP use in the prior 4-5 days. Testing was done on a majority of INSIGHT participants based on availability of test kits

Table 2d: Association of preference for monthly dapivirine ring (DVR) by participant characteristics (ascertained before using the DST)

Participant characteristics/ covariates	Prefer DVR N=151* n (%)	Do not prefer DVR N= 2644, n (%)	Crude OR (95% CI)	p value	Adjusted OR (95% CI)	p value
Baseline participant characteristics at enrollment						
Age						
16-20 years	20 (3.4)	560 (96.6)	1 (Ref)			
21-25 years	67 (5.4)	1185 (94.6)	**1.58 (0.95,2.64)**	**0.08**	**2.05 (1.15,3.66)**	**0.01**
>25 years	64 (6.6)	899 (93.4)	**1.99 (1.19,3.33)**	**0.008**	**2.27 (1.19,4.32)**	**0.01**
Education level						
Secondary or higher	125 (4.9)	2404 (95.1)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Less than secondary	26 (9.8)	240 (90.2)	**2.08 (1.34,3.25)**	**0.001**	0.98 (0.54,1.76)	0.94
Region						
South Africa	81 (3.9)	2012 (96.1)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
East Africa	46 (16.6)	231 (83.4)	**4.95 (3.36,7.28)**	**<0.0001**	**5.33 (3.12,9.10)**	**<0.0001**
Southern Africa [a]	24(5.6)	401 (94.4)	**1.49 (0.93,2.37)**	**0.10**	1.64 (0.93,2.87)	0.09
Modified VOICE score (median, IQR)	5 (4,6)	5 (4,7)	**0.89 (0.82,0.97)**	**0.01**	0.98 (0.86,1.11)	0.7
Participant characteristics at month 6						
Contraceptive						
None	30 (6.0)	472 (94.0)	1 (Ref)			
Condoms	6 (3.2)	179 (96.8)	0.53 (0.22,1.29)	0.16		
Oral contraceptives	16 (7.3)	202 (92.7)	1.25 (0.66,2.34)	0.49		
Implant	30 (5.9)	479 (94.1)	0.99 (0.58,1.66)	0.96		
Injectable	63 (4.8)	1251 (95.2)	0.79 (0.51,1.24)	0.31		
Other [b]	6 (6.2)	61 (93.8)	1.55 (0.62,3.87)	0.35		
HIV status of primary partner, past 3 months						
HIV negative	89 (4.7)	1808 (95.3)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Don't know	50 (6.8)	681 (93.2)	**1.49 (1.04,2.13)**	**0.03**	**1.46 (1.00,2.12)**	**0.05**
Living with HIV	5 11.6)	38 (88.4)	**2.67 (1.03,6.96)**	**0.04**	1.29 (0.41,4.09)	0.66
Number of sex partners, past 3 months						
None/ 1 partner	105 (4.9)	2054 (95.1)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
2 partners	26 (5.6)	441 (94.4)	1.15 (0.74,1.79)	0.5	1.05 (0.62,1.76)	0.86
3 or more	20 (11.8)	149 (88.2)	**2.63 (1.58,4.36)**	**0.0002**	1.49 (0.74,3.03)	0.27
Casual sex partner, past 3 months						
No	126 (5.3)	2234 (94.7)	1 (Ref)			

Yes	25 (5.7)	410 (94.3)	1.08 (0.69,1.68)	0.73		
Transactional sex, past 3 months						
No	124 (4.9)	2414 (95.1)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Yes	27 (10.5)	230 (89.5)	**2.29 (1.47,3.54)**	**<0.001**	1.06 (0.54,2.10)	0.86
STI diagnosis at month 6 [c]						
No	114 (5.1)	2102 94.9)	1 (Ref)			
Yes	37 (6.4)	542 (93.6)	1.26 (0.86,1.85)	0.24		
PrEP disclosure to partner or family						
No	38 (7.9)	443 (92.1)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Yes	113 (4.9)	2201 (95.1)	**0.60 (0.41,0.88)**	**0.008**	1.11 (0.68,1.80)	0.69
Self-reported oral PrEP adherence last 30 days						
Poor	21 (6.3)	313 (93.7)	1 (Ref)	1 (Ref)	1 (Ref)	1 (Ref)
Fair	45 (3.9)	1109 (96.1)	**0.60 (0.35,1.03)**	**0.06**	**0.49 (0.28,0.87)**	**0.01**
Good	77 6.6)	1086 (93.4)	1.06 (0.64,1.74)	0.83	0.82 (0.48,1.41)	0.47
Any positive urine POC TFV during INSIGHT [d]						
No	38 (5.5)	651(94.5)	1 (Ref)			
Yes	111 (5.6)	1888 (94.4)	1.01 (0.69,1.47)	0.97		
Worry about getting HIV in next year						
Not worried	79 (6.0)	1244 (94.0)	1 (Ref)			
Some worry	27 (5.4)	476 (94.6)	0.89 (0.57,1.40)	0.62		
A lot of worry	45 (4.7)	922 (95.3)	0.77 (0.53,1.12)	0.17		
Oral PrEP refill at study exit						
No	15 6.5)	259 (94.5)	1 (Ref)			
Yes	136 (5.4)	2380 (94.6)	0.99 (0.57,1.71)	0.96		

***** of the 151 participants who selected a preference for vaginal ring PrEP, 92 also selected other PrEP formulations.

[a] Southern Africa region: eSwatini, Malawi, Zambia

[b] The modified VOICE risk score includes age<25; not married or living with partner; alcohol use in the past 3 months; partner does not provide financial/material support; and partner has other sex partners with a maximum score of 8

[c] Other contraceptive methods include: intra-uterine device (IUD), patch, emergency contraception, intra-vaginal ring (e.g. NuvaRing), diaphragm/ sponge, other barrier methods, spermicide, natural methods, tubal ligation, hysterectomy or other surgical sterilization.

[d] Nucleic acid amplification testing for *Chlamydia trachomatis*, *Neisseria gonorrhea* and *Trichomonas vaginalis*

[e] Urine point-of-care tenofovir (POC TFV) assay indicates oral tenofovir PrEP use in the prior 4-5 days. Testing was done on a majority of INSIGHT participants based on availability of test kits

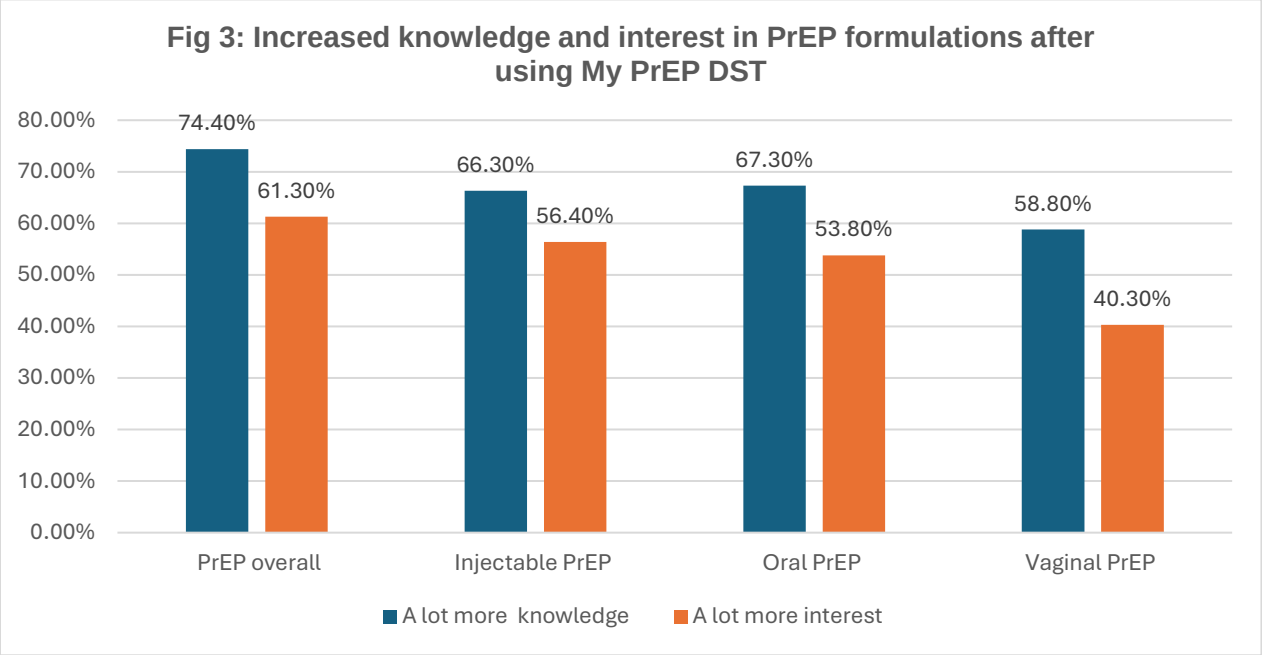


Figure 3: Proportion of participants who reported “a lot more” knowledge and interest in various PrEP formulations after using the DST at month 6.

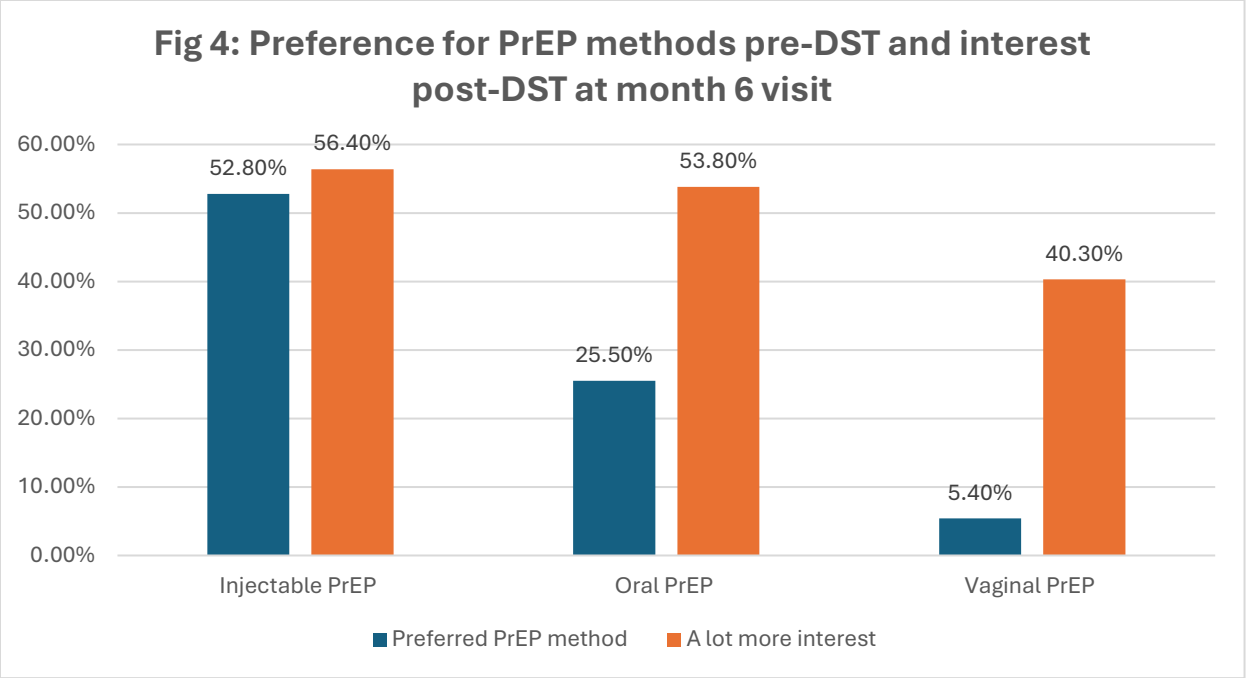


Figure 4: Proportion of AGYW who reported preferred PrEP methods before using the DST and their interest in the methods after using the DST (n=2795).

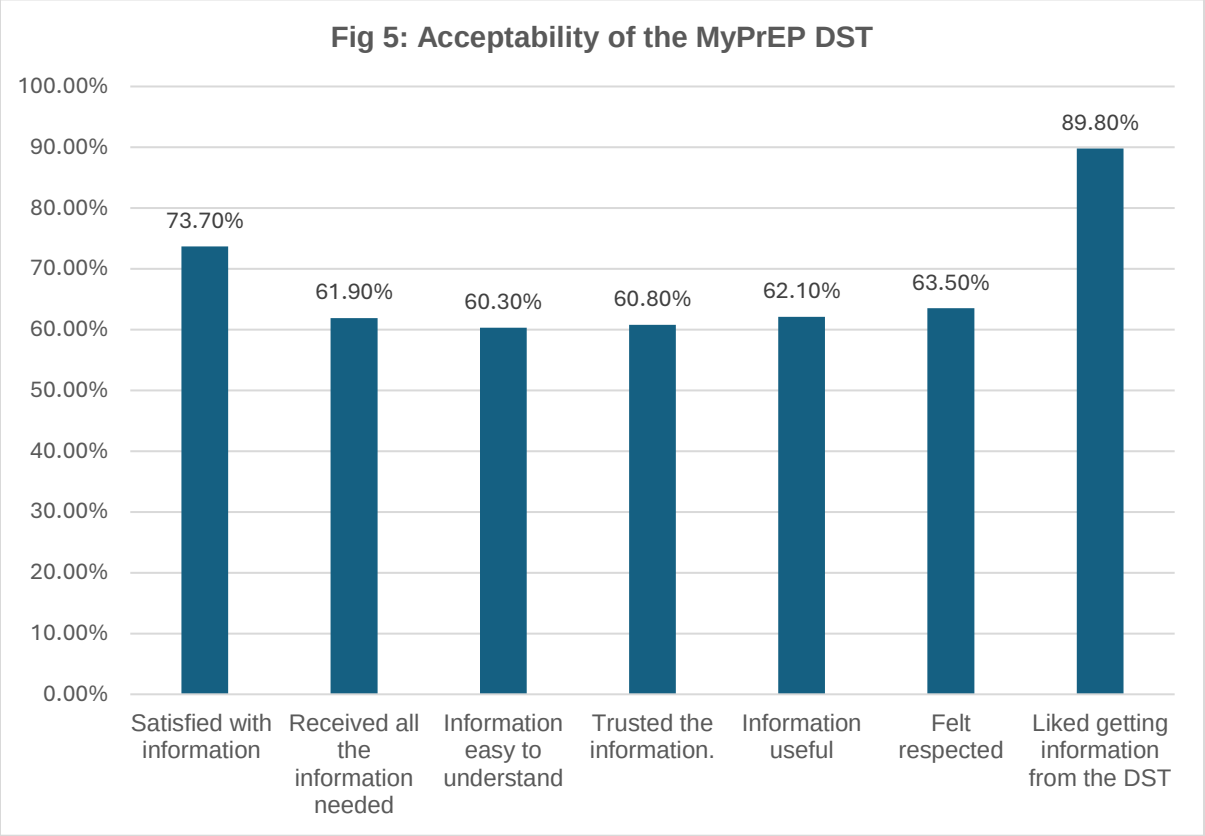


Figure 5: Proportion of participants who “strongly agree” with different statements on acceptability of My PrEP DST after using it at month 6 (n=2795).