

# "You get the injection and it's done": Qualitative Findings on the Introduction of Long-acting Cabotegravir for HIV Prevention among Adolescent Girls and Young Women in Zambia

Kirsten Stoebenau<sup>1</sup>, Mwangala Mwale<sup>2</sup>, Godfrey Muchanga<sup>2</sup>, Linah Mwango<sup>3</sup>, Choolwe Maambo<sup>2</sup>, Chipe Geaty<sup>4,5</sup>, Kathryn Macdonald<sup>4,5</sup>, Caitlin Baumhart<sup>4,5</sup>, Obvious N. Chilyabanyama<sup>2</sup>, Natalia Blanco<sup>4,5</sup>, Lloyd Mulenga<sup>6</sup>, Cassidy W. Claassen<sup>2,4,5</sup>, Marie-Claude C Lavoie<sup>4,5,7</sup>

1. University of Maryland College Park, College Park, MD, USA; 2. Maryland Global Initiatives Corporation Zambia, Lusaka, Zambia; 3. Ciheb Zambia, Lusaka, Zambia; 4. Center for International Health, Education, and Biosecurity, Institute of Human Virology, University of Maryland School of Medicine, Baltimore, MD, USA; 5. Institute of Human Virology, University of Maryland School of Medicine, Baltimore, MD, USA; 6. Zambia Ministry of Health, Director of Infectious Diseases, Lusaka, Zambia; 7. Division of Global Health Sciences, Department of Epidemiology and Public Health, University of Maryland School of Medicine, Baltimore, MD, USA

Poster LB-48

## BACKGROUND

Adolescent girls and young women in Zambia remain at heightened risk for HIV despite the availability of oral pre-exposure prophylaxis (PrEP). New PrEP formulations such as long-acting injectable cabotegravir (CAB-LA) offer a discreet, long-acting alternative for HIV prevention. We explored the first real-world implementation of CAB-LA among adolescent girls and young women within a community-based model as part of the Determined, Resilient, Empowered AIDS-Free, Mentored, and Safe (DREAMS) program in Zambia.

## METHODS

- Longitudinal qualitative interviews were conducted between December 2024 and March 2025 with 17 AGYW ages 16-24 recruited from two DREAMS centers.
- Participants were eligible for the study if they initiated CAB-LA in the last four weeks from the first interview.
- Semi-structured interview guides were informed by the Andersen Healthcare Utilization Model and the Practical, Robust Implementation and Sustainability Model (PRISM).
- The interview guide included questions on how participants learned about CAB-LA, their decision to use it, and their early user experience.
- Data were transcribed, translated, and analyzed using Atlas.ti for thematic analysis using deductive and inductive coding. We used reflexive thematic analysis beginning with open-coding, followed by refined inductive coding.
- We generated and revised a thematic map of relations among codes to name and define themes.
- We identified key themes related to facilitators, and barriers for initiating CAB-LA.

## RESULTS

- The themes we identified were organized according to the Andersen Healthcare Utilization Model which highlights the external environment, predisposing (contextualized experiences/characteristics), enabling (multi-level facilitators and barriers), and need (perceived risk) factors influencing health service use.
- Overall, participants described high levels of satisfaction with CAB-LA and limited side-effects.
- 100% returned on-schedule for their second dose of CAB-LA**

### Theme 1: CAB-LA means freedom

Many participants preferred CAB-LA over daily oral PrEP, citing the burden of daily pill-taking as a key factor in their decision. Having the luxury to forget, participants described as 'freeing.'

“When they inject you, it makes you freer... but the one for tablets you often forget, ... I chose injectable prep because I don't want to be forgetting (AGYW2)”

### Theme 2: Partners can't be trusted to keep you safe

Most participants described a history of coerced, forced or unwanted sexual experiences, and a history of partners who had been unfaithful. Based on these experiences, participants perceived themselves at risk and motivated their interest in taking preventive action.

“What made me worried [about getting HIV] is these guys don't listen, men are not trusted, so I started thinking, ... what do I do, so I started PrEP so that I don't get sick (AGYW4)”

### Theme 3: Discretion and PrEP Stigma

“[My neighbor] says that... PrEP is for prostitutes, because when you receive PrEP you will begin to do whatever you want (AGYW4)”

PrEP was stigmatized in the community (external environment) as for 'prostitutes'. Participants appreciated the injectable form for PrEP, allowed them to be discreet in their use with partners and community members.

### Theme 4: Trusted providers counter misinformation

Participants' trust of DREAMS staff and nurses helped overcome myths and misinformation about CAB-LA in the community, including the belief that CAB-LA was an experiment, and these communities were researchers' "lab rats," as well as that CAB-LA did not prevent HIV, but enabled it. Participants described their trust in mentors and nurses to overcome these myths.

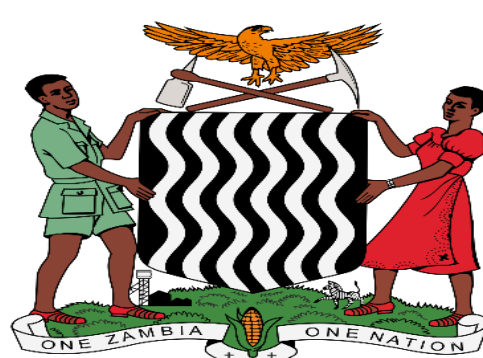
### Theme 5: Significant programmatic and social support enabled uptake

DREAMS group sessions fostered peer support for CAB-LA initiation while mentors provided accessible guidance and encouragement.

“When I had a boyfriend, people were telling that what if he cheats, he is a man. Then I came here, I have a friend, she taught me, and she told me that I have tried it and I am also using so you can use it. So, that is how I got the injection. (AGYW8)”

## CONCLUSIONS

This study explored the first implementation of CAB-LA in a real-world setting for adolescent girls and young women within DREAMS in Zambia. We found that introducing CAB-LA into a trusted HIV prevention program facilitated uptake and early adherence to injection schedule among adolescent girls and young women, who valued its long-acting, discreet nature and minimal side effects.



SCHOOL OF PUBLIC HEALTH