

OPTIONS MARKET INTELLIGENCE REPORT: KENYA

Key insights and communications implications for oral PrEP demand creation among adolescent girls and young women (AGYW) in Kenya

APRIL 20, 2018

TABLE OF CONTENTS



I. METHODOLOGY

II. OBJECTIVE

III. RESULTS

IV. COMMUNICATIONS IMPLICATIONS

METHODOLOGY

The following findings are from a formative market intelligence study conducted to inform development of demand creation communications strategies for oral PrEP among adolescent girls and young women (AGYW) aged 15 to 24 in Kenya (N=101).

Data was collected through a structured, closed-ended questionnaire that evaluated attitudes, beliefs, and behaviors toward HIV prevention, risk perception, cultural biases, and stigma. Development of the questionnaire was informed from preceding qualitative research among the same population.

Aside from dichotomous (yes/no), numerical, and categorical questions, all of the questions offered respondents an “other” option, to provide their own answers.

Note: Market intelligence data was collected to inform insights for demand creation communications. The results are not considered generalizable knowledge.

METHODOLOGY

Quantitative surveys were conducted in ten counties by trained interviewers. A non-research determination was provided for this work from relevant ethics committees.



RESEARCH OBJECTIVE

PRIMARY OBJECTIVE

To uncover AGYW's attitudes, beliefs, and behaviors regarding HIV prevention, risk perception, cultural biases, stigma, and other factors that would influence the development of communications strategies designed to increase initial interest and uptake of PrEP.

COMMUNICATIONS IMPLICATIONS

This presentation includes “communications implications” that recommend how findings from the market intelligence may shape demand creation approaches.

If working with AGYW populations outside of those involved in this research, implications should be validated with subsequent research prior to development and implementation of communications.



SAMPLE DEMOGRAPHICS

SURVEY PROFILE: AGYW

(N=101)

MEAN AGE

21 years old

MARITAL STATUS

84% were single

INCOME

61% reported a household income below KES 30,000 (USD 299)

CHILDREN

75% reported not having children

Of respondents with children, 68% had only 1 child

LANGUAGE

95% spoke English

89% spoke Swahili

78% spoke 3+ languages

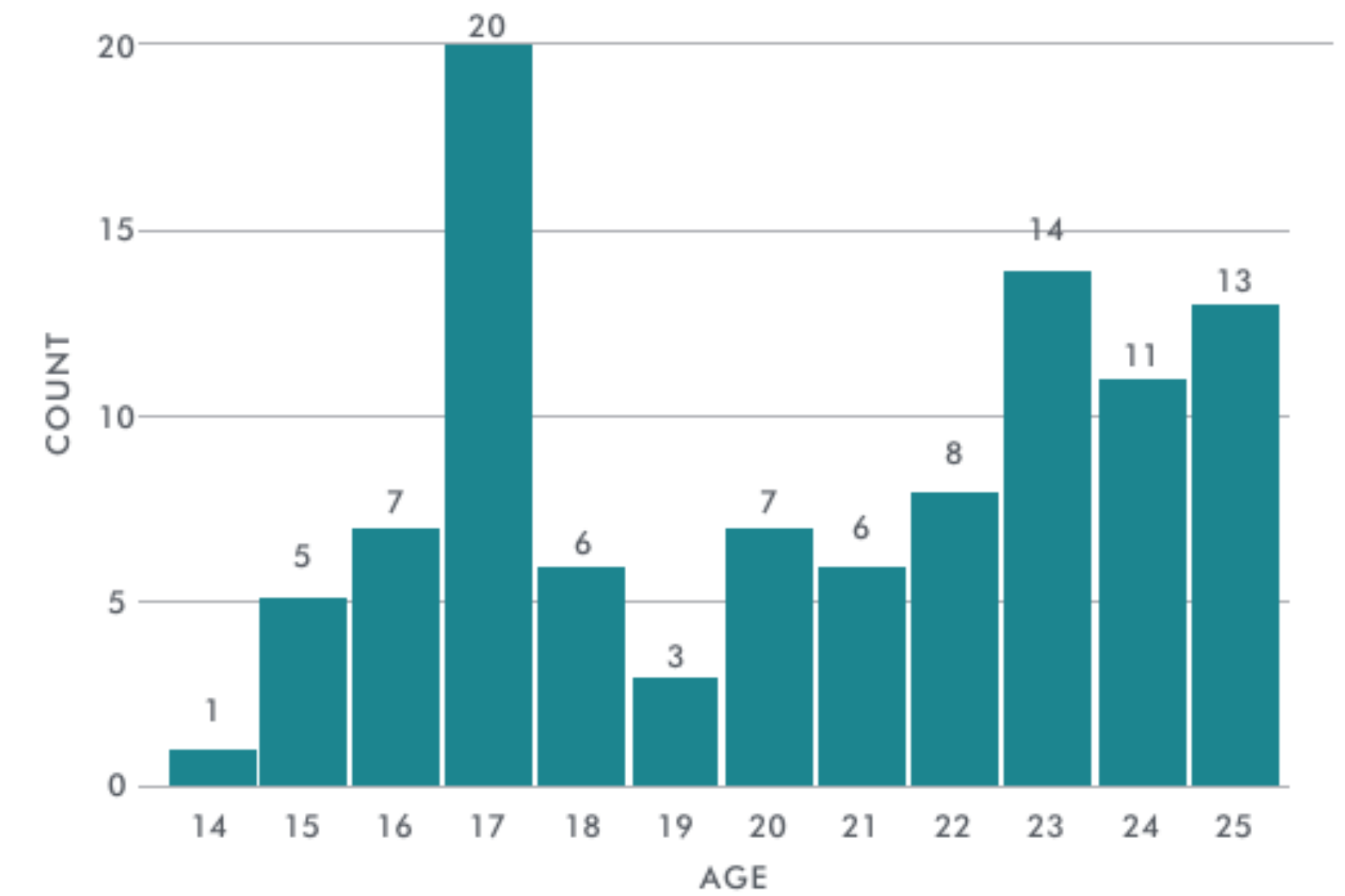
HOME LIFE

73% lived in a flat/apartment

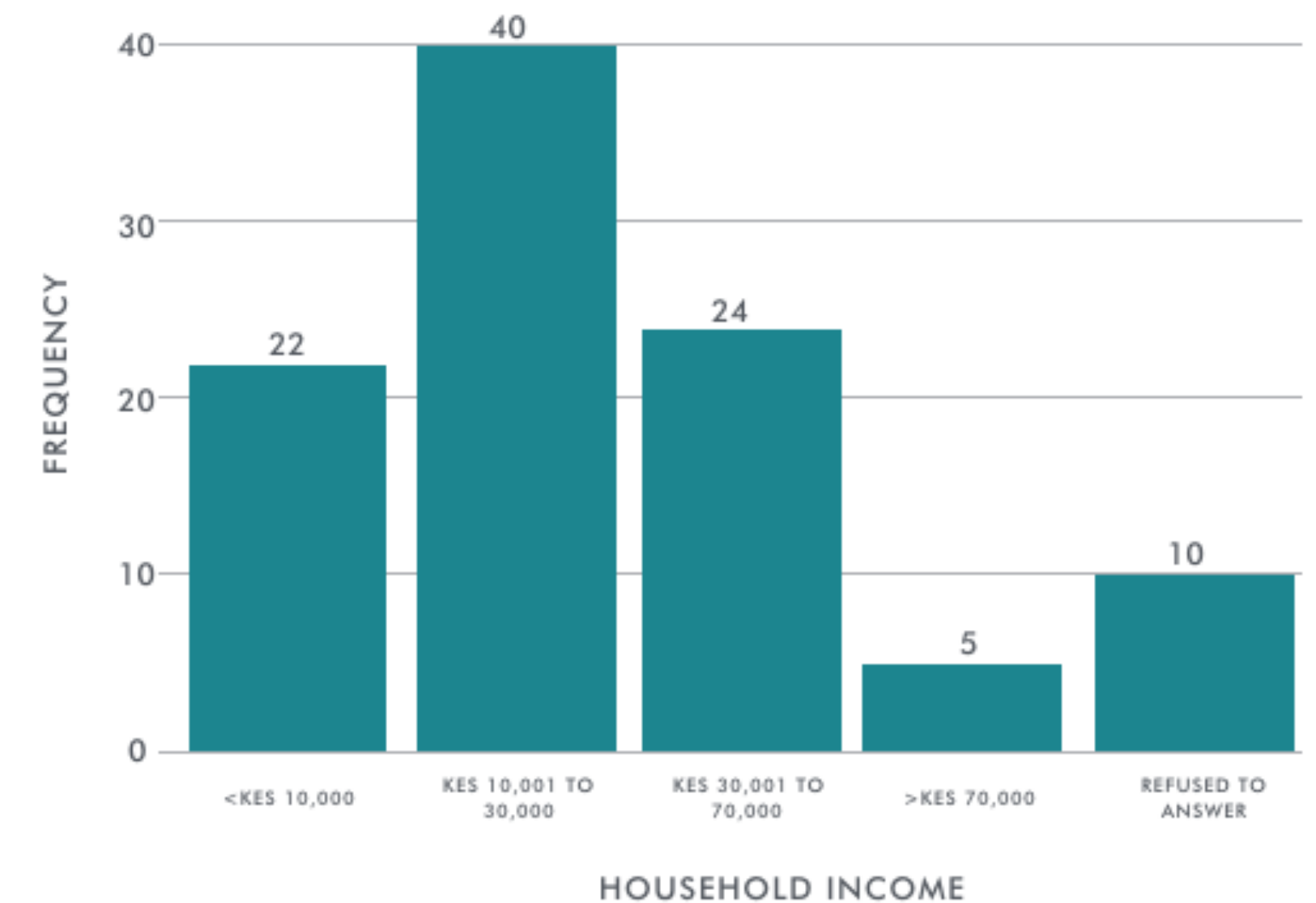
18% lived in a shanty home

Respondents lived with an average of 4 people

DISTRIBUTION OF RESPONDENT AGE: AGYW



DISTRIBUTION OF RESPONDENT HOUSEHOLD INCOME: AGYW



SURVEY PROFILE: AGYW

(N=101)

EDUCATION

50% were currently in school

Of those not in school, **90%** completed at least primary school, **76%** completed at least secondary school, and **39%** completed a college or university degree

Only **1** current student indicated that they were “working (full- or part-time) or looking for work”

CONNECTIVITY

91% of individuals had access to a cell phone (of these individuals, **86%** had their own cell phone)

Of individuals with access to a cell phone, **79%** had access to a smartphone

88% owned a TV set

88% owned a radio

31% owned a computer

24% owned a form of transport (of these individuals, **65%** owned a car)

EMPLOYMENT

54% of individuals not in school were employed (full-time, part-time, or self-employed)

91% of unemployed individuals not in school were seeking work



MOTIVATIONS

INTERESTS

Q4.1 Which activities and interests are you personally very interested in and do you enjoy a lot? (N=101) *[Multiple Answer]*

MUSIC

- Singing (56%)
- Listening to music (45%)
- Dancing (35%)
- Singing gospel music (22%)

ENTERTAINMENT

- Watching TV (52%)
- Watching movies (47%)

RELIGION

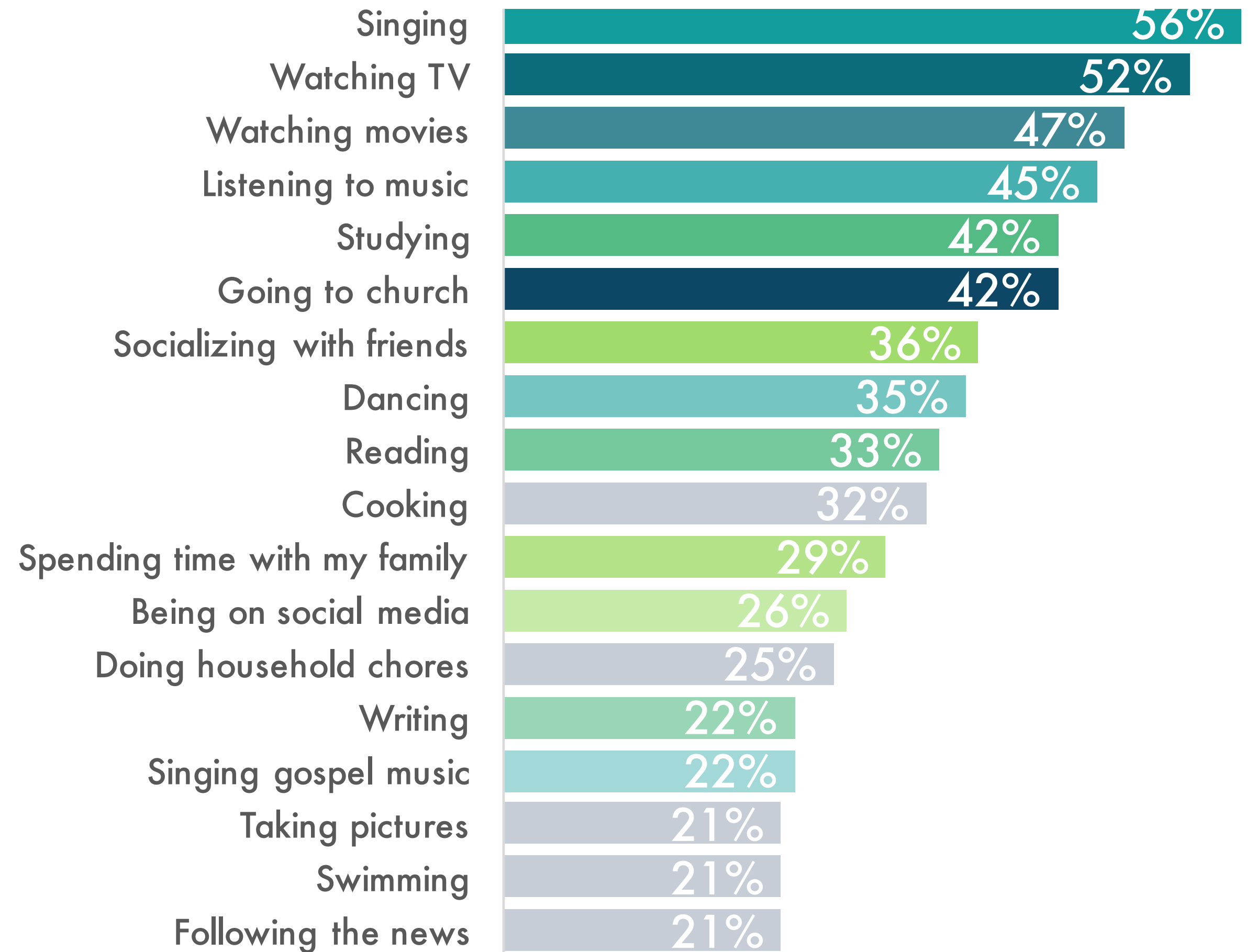
- Going to church (42%)

ACADEMICS

- Studying (42%)
- Reading (33%)
- Writing (22%)

SOCIAL

- Socializing with friends (36%)
- Spending time with my family (29%)
- Being on social media (26%)



Answers not depicted, (<20%) of respondents answered:

Going to clubs (17%); looking at pictures (15%); traveling locally (13%); baking (13%); drinking (12%); relaxing in the park (12%); going to pubs (11%); watching football (10%); spending time with my children (9%); going to the beach (8%); playing football (4%); traveling internationally (4%)

VALUES

Q5.1 What are some of the things you currently value in your life?
(N=101) [Multiple Answer]

HEALTH

- Being alive (59%)
- Being in good health (53%)

FAMILY

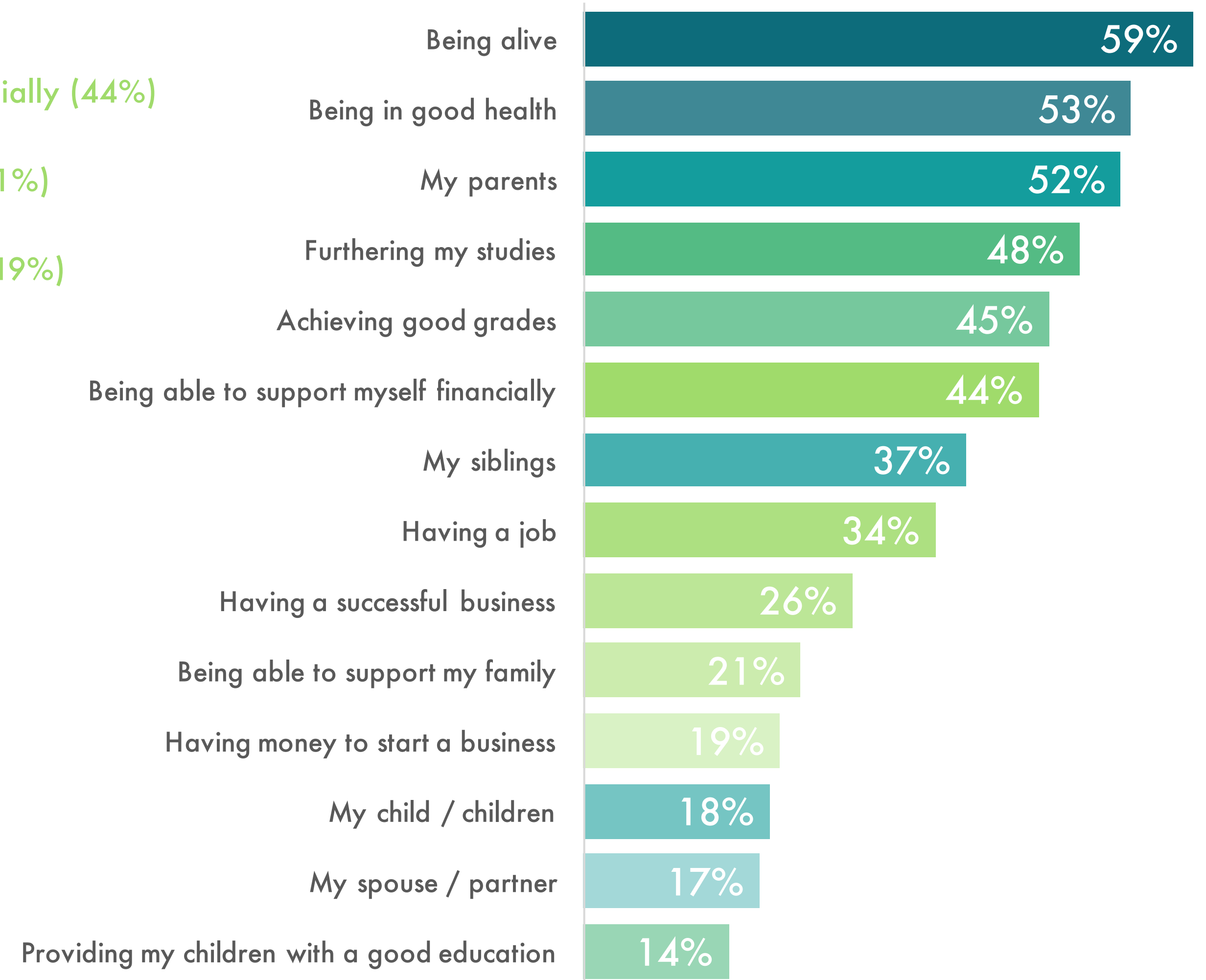
- My parents (52%)
- My siblings (39%)
- My child/children (18%)
- My spouse/partner (17%)

EDUCATION

- Furthering my studies (48%)
- Achieving good grades (45%)
- Providing my children with a good education (14%)

FINANCIAL

- Being able to support myself financially (44%)
- Having a job (34%)
- Being able to support my family (21%)
- Having a successful business (26%)
- Having money to start a business (19%)



Answers not depicted (<2%) of respondents answered:

My religion (2%); none (2%); having my own identity (1%); respect from the community (1%); my friends (1%); my assets (0%); my sobriety (0%)

ASPIRATIONS

Q5.2 Where do you see yourself in the next 3-5 years? What hopes and dreams do you expect for yourself? (N=101) *[Multiple Answer]*

HEALTH

- Be in good health (55%)

EDUCATION

- Complete my studies (51%)
- Further my studies (50%)

FAMILY

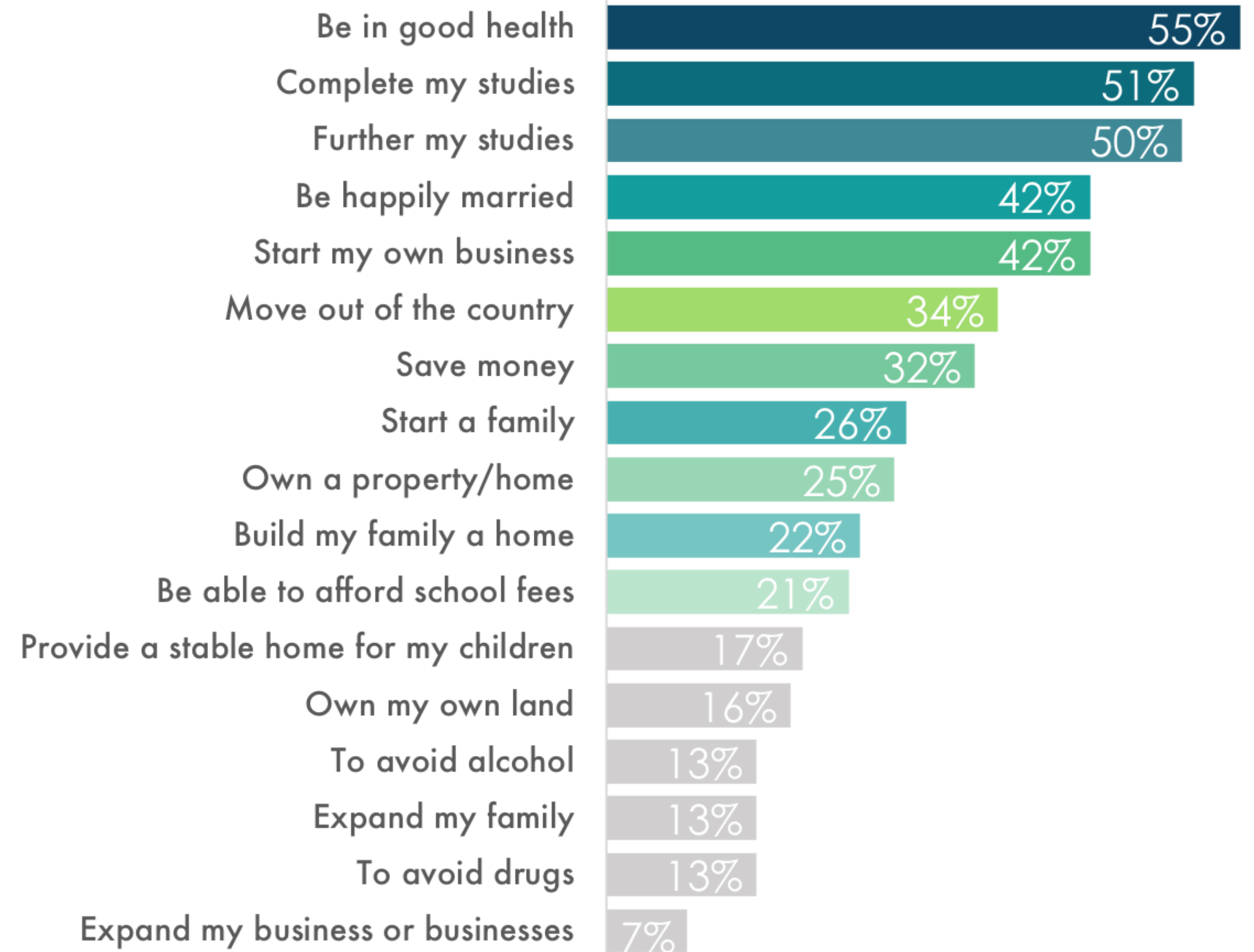
- Be happily married (42%)
- Start a family (26%)
- Build my family a home (25%)

FINANCIAL

- Start my own business (42%)
- Save money (32%)
- Own a property/home (25%)
- Be able to afford school fees (21%)

OTHER

- Move out of the country (34%)



Answers not depicted, (0%) of respondents answered:

To be free of sex work

PROBLEMS

Q5.4 Tell me some of the problems you are currently experiencing in life? (N=101) *[Multiple Answer]*

FINANCIAL

- High cost of living (46%)
- Not earning enough money (36%)
- Not having finances for education (31%)
- Lack of capital to start a business (24%)
- Spending my savings (21%)

EMPLOYMENT

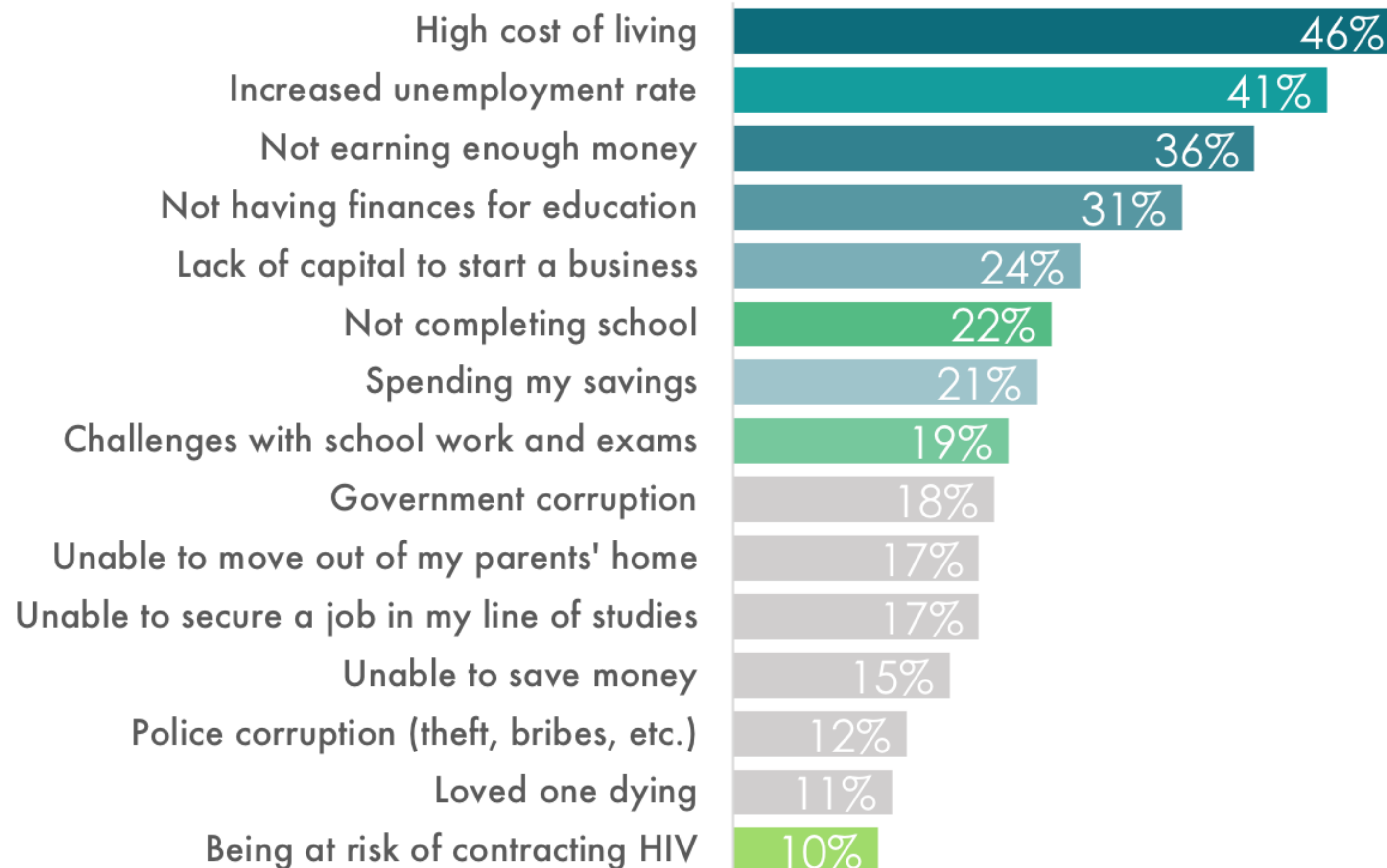
- Increased unemployment rate (41%)

EDUCATION

- Not completing school (22%)
- Challenges with school work and exams (19%)

HEALTH

- Being at risk of contracting HIV (10%)



Answers not depicted, (<10%) of respondents answered:

Unexpected pregnancy (9%); dying (8%); spending money on medication because of outbreaks (8%); not being able to meet my family's needs (8%); being at risk of contracting STIs (8%); not knowing my sexual partner's HIV status (7%); being arrested (7%); condom bursts (7%); being paid my salary late (7%); my sexual partner refusing to use condoms (7%); paying rent for a shop irrespective of how my business is doing (6%); having an ill parent (6%); customers refusing to pay (6%); being a single parent (5%); losing weight because of the economy (5%); stock not being delivered after payment (4%); losing current customers (2%); infecting someone with HIV (2%); police raids (2%); abusing alcohol (1%); transactional sex (1%); spending a lot of time in the cold not fully dressed (1%); abusing drugs (1%)



MOTIVATIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

CREATIVE DEVELOPMENT

AGYW will relate more to communications that feature messages and/or characters depicting good health, higher education, and ambition for a better future.

ROLE MODEL/BRAND CHAMPION

Key influencers that will likely have the most appeal to AGYW will have strong family values and professional success. Given a preference for music and singing, musicians are likely to resonate with AGYW.

COMMUNICATIONS IMPLICATIONS

MESSAGE DEVELOPMENT

Few participants report “being at risk of contracting HIV” as a current problem. Instead, problems related to personal finance, employment, and education are more top of mind for AGYW. Communications about PrEP should therefore tap into the audience’s high regard for good health and familial relationships, as well as their ambitions for higher education and professional careers.

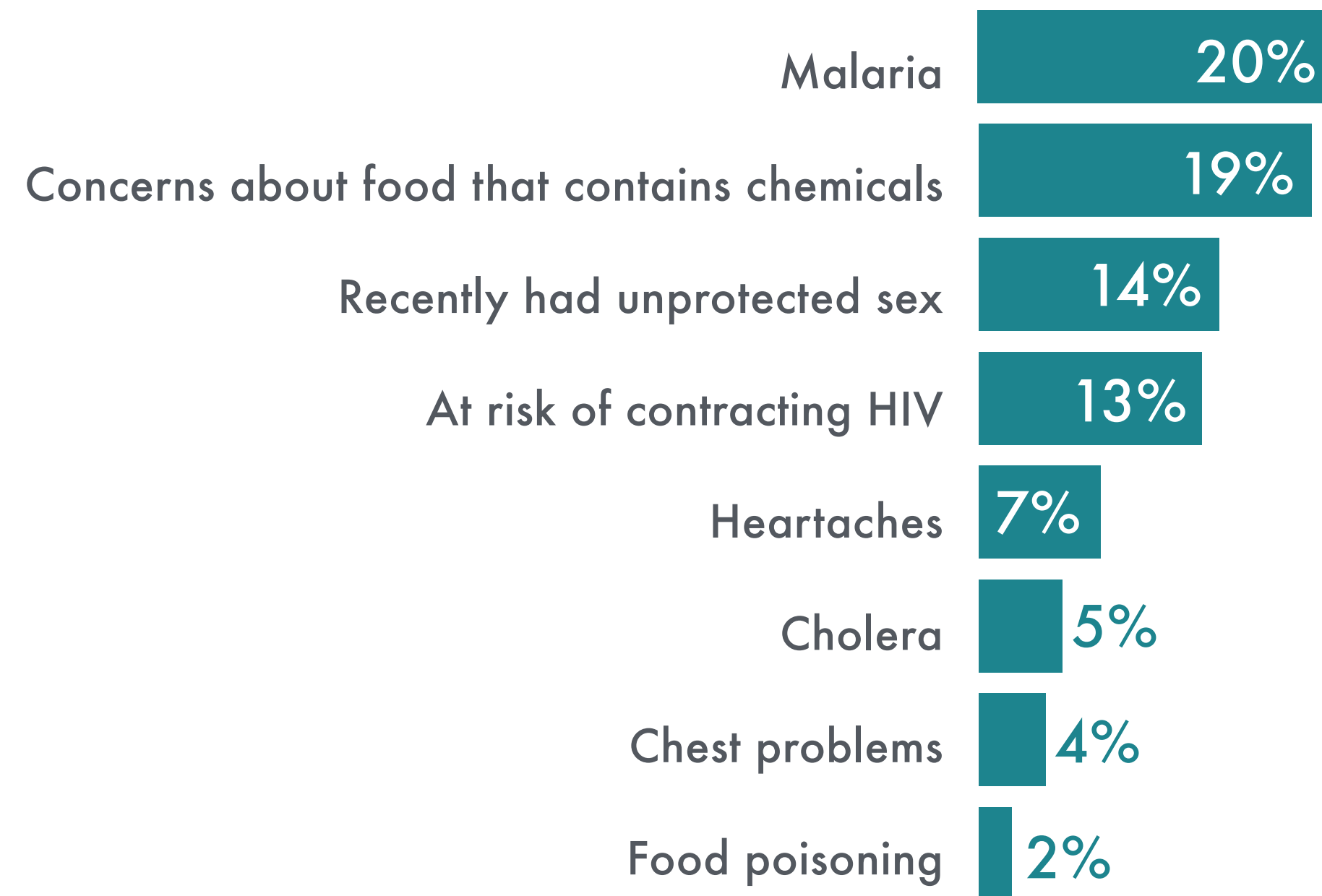


HEALTH AND PREVENTION

HEALTH CONCERNS: PERSONAL

Q6.2 Why do you say that you are concerned about your health right now? (n=44)*
[Multiple Answer]

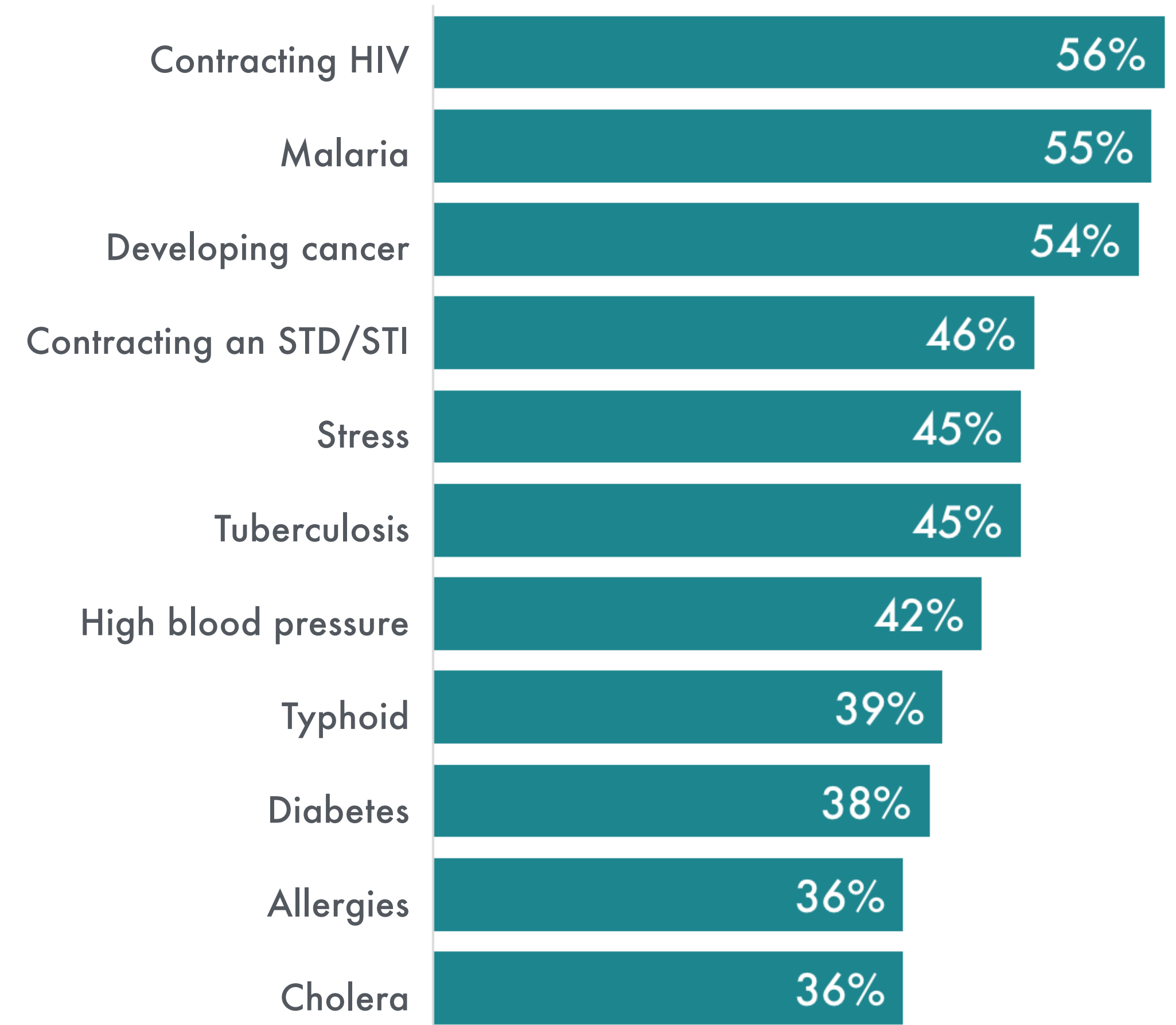
**Asked only if respondent stated that she was concerned about her health (44% of respondents).*



Answers not depicted:
 Partner has HIV (0%)

HEALTH CONCERNS: PEERS

Q5.1 What health concerns do you hear from people you associate with on a daily basis? (N=101)
[Multiple Answer]



Answers not depicted, (<30%) of respondents answered:
 Chest infection (27%); Ebola (17%); weight gain (13%); cysts (6%); none (3%); stomach cramps (2%); hepatitis (0%)

PERCEPTION OF HIV RISK

Q10.6 Do you personally feel at risk of contracting HIV? (N=101)

16%

FEEL PERSONALLY AT RISK
OF CONTRACTING HIV

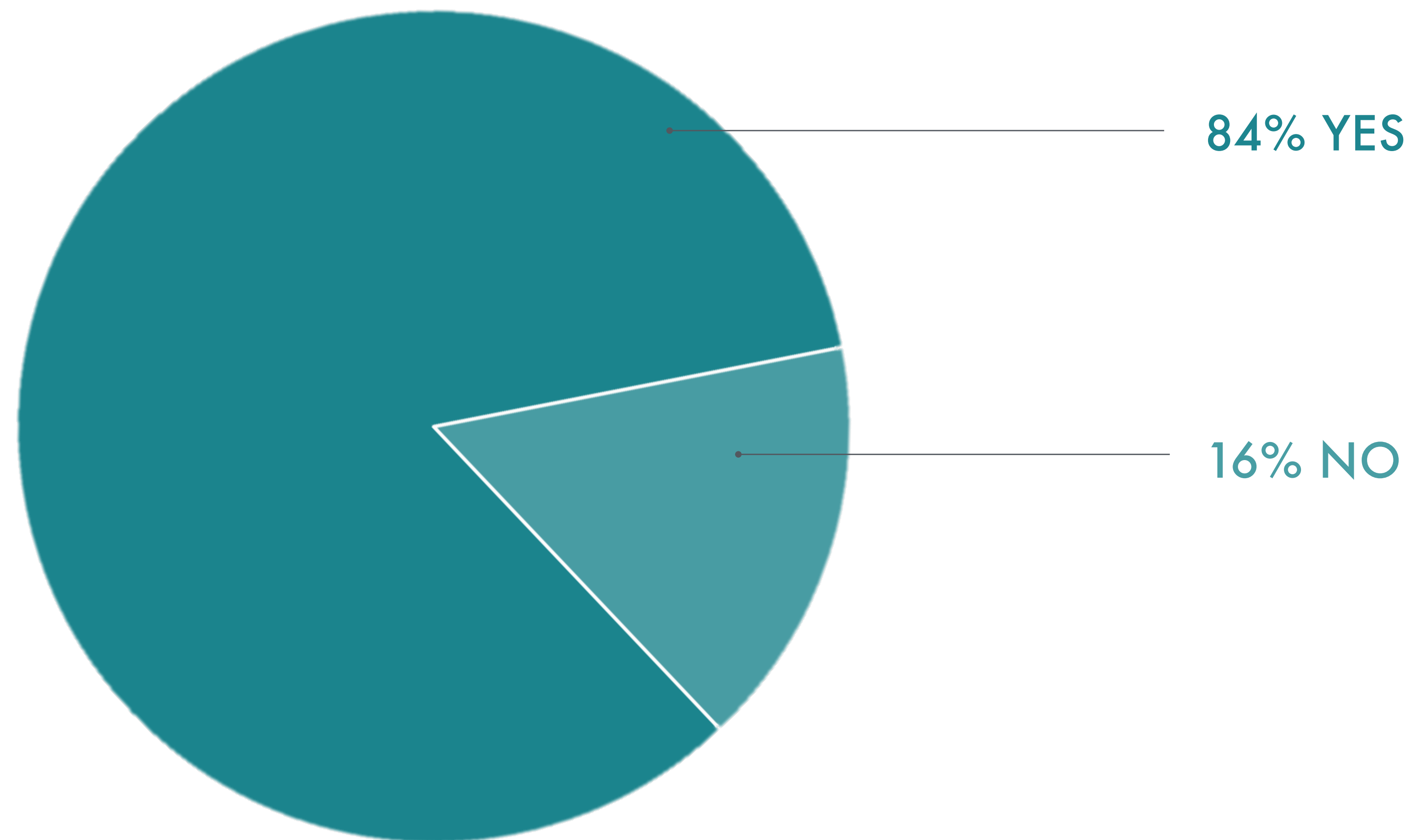
Q10.4 Do you feel the people you engage with daily are at risk of contracting HIV? (N=101)

50%

FEEL THE PEOPLE THEY ENGAGE
WITH ARE AT RISK OF
CONTRACTING HIV

SOCIAL ACCEPTABILITY OF DISCUSSING HIV

Q10.2 Do you and your friends ever talk about the risk of contracting HIV? (N=101)



PERCEPTION OF HIV RISK

Q10.8 Do you know your HIV status? (N=101)

83% ARE AWARE OF THEIR HIV STATUS

Q10.9 When was the last time you went for an HIV test? (N=101)

34% GOT TESTED WITHIN THE LAST 1-3 MONTHS

54% GOT TESTED WITHIN THE LAST 4-12 MONTHS

Answers not depicted:
More than 12 months ago (12%); never (11%)

Q10.10 How often are you typically tested for HIV? (N=101)

52% GET TESTED AT LEAST ONCE EVERY 6 MONTHS

Answers not depicted:
Irregular tests are done (17%); every 7-12 months (14%); about once a year (14%); every couple of years (2%)

REASONS FOR NOT BEING "AT RISK": SELF

SEXUAL RISK FACTORS

- Always use condoms when having sex with my partner (35%)
- Only have one sexual partner (32%)
- Know my partner's HIV status (31%)

NOT SEXUALLY ACTIVE

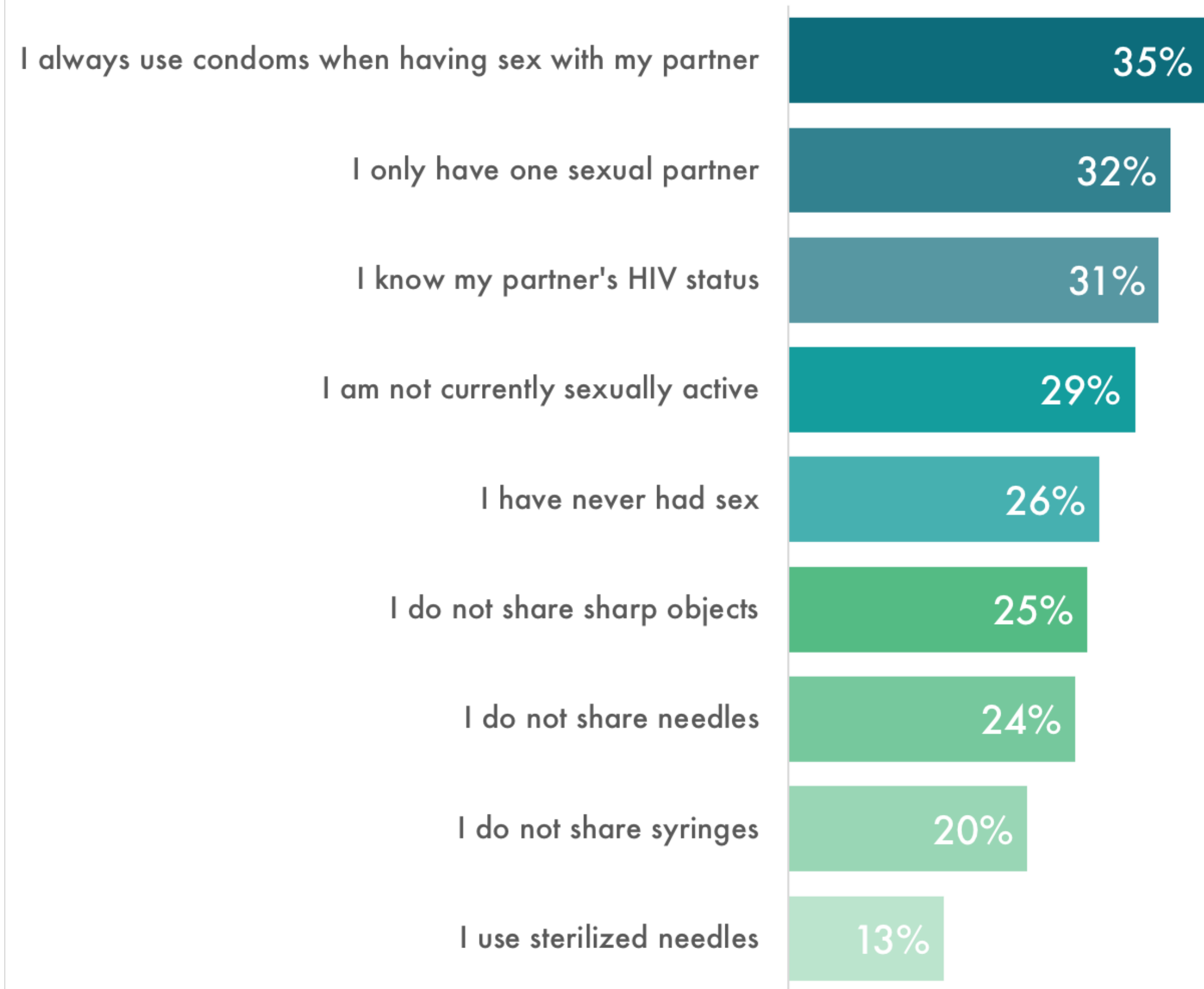
- Not currently sexually active (29%)
- Never had sex (26%)

SHARPS

- Don't share sharp objects (25%)
- Don't share needles (24%)
- Don't share syringes (20%)
- Use sterilized needles (13%)

Q10.7 Why do you say that you are not at risk of contracting HIV? (n=85) [Multiple Answer]*

* Asked only if respondent stated that she did not feel at risk in response to Q10.6 "Do you personally feel at risk of contracting HIV?"



Answers not depicted, (<5%) of respondents answered:

I take PEP (2%); I take PrEP (1%); I/my partner has undergone VMMC (1%); I am already infected with HIV (0%)

REASONS FOR BEING "AT RISK": PEERS

CONDOM USAGE

- They do not use condoms (57%)
- They are having sex without condoms for (more) money (37%)

SEXUAL RELATIONSHIPS

- They are not abstaining from sex (53%)
- They have multiple sexual partners (49%)
- They share the same sexual partners (41%)
- They are falling pregnant at a young age (39%)

KNOWLEDGE OF STATUS

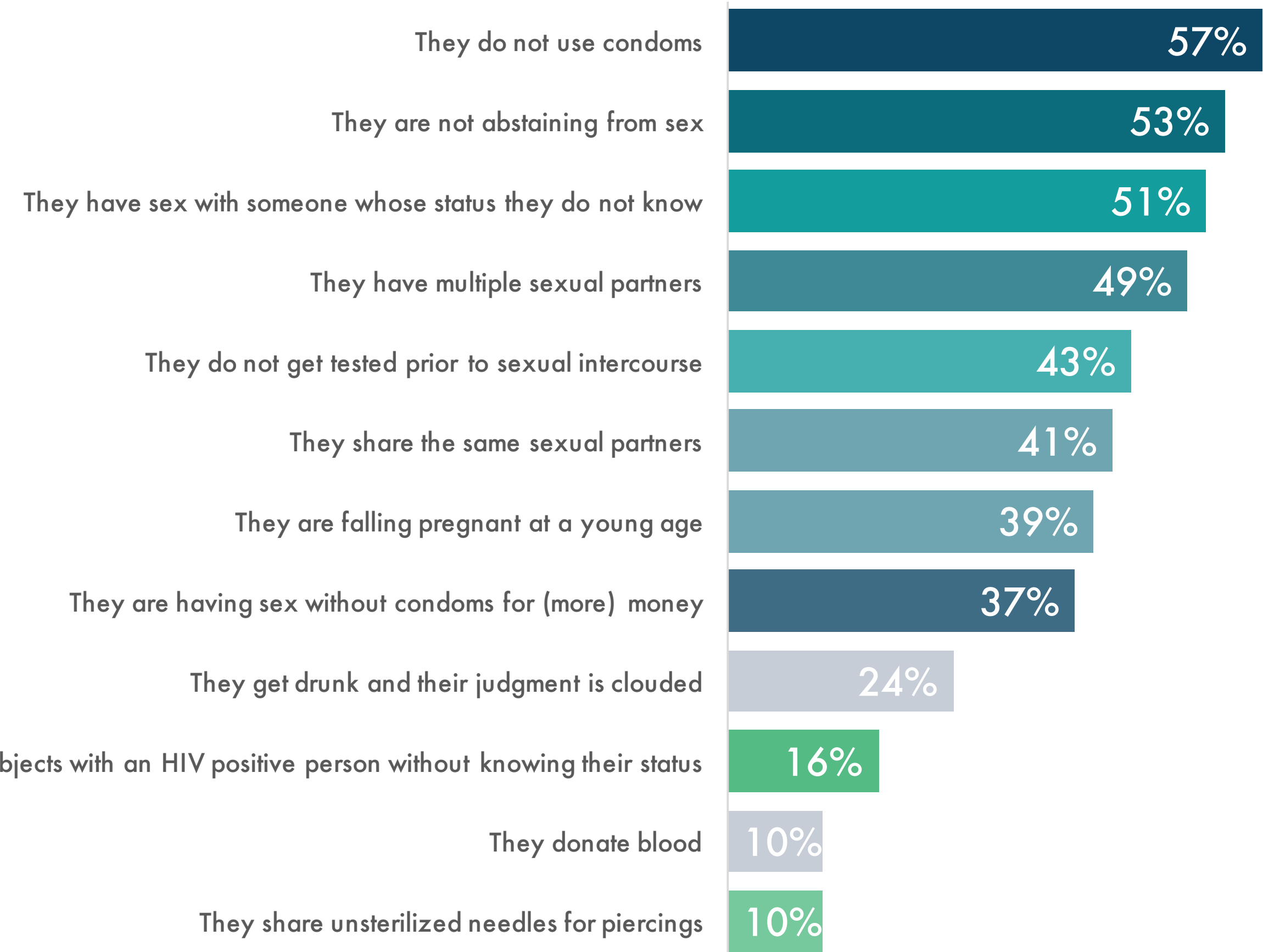
- They have sex with someone whose status they do not know (51%)
- They do not get tested prior to sexual intercourse (43%)

SHARPS

- They share sharp objects with an HIV positive person without knowing their status (16%)
- They share unsterilized needles for piercings (10%)

Q10.5 Why do you feel that the people you engage with daily are at risk of contracting HIV? (n=51) [Multiple Answer]

** Asked only if participant responded yes to Q10.4 "Do you feel the people you engage with daily are at risk of contracting HIV?"*

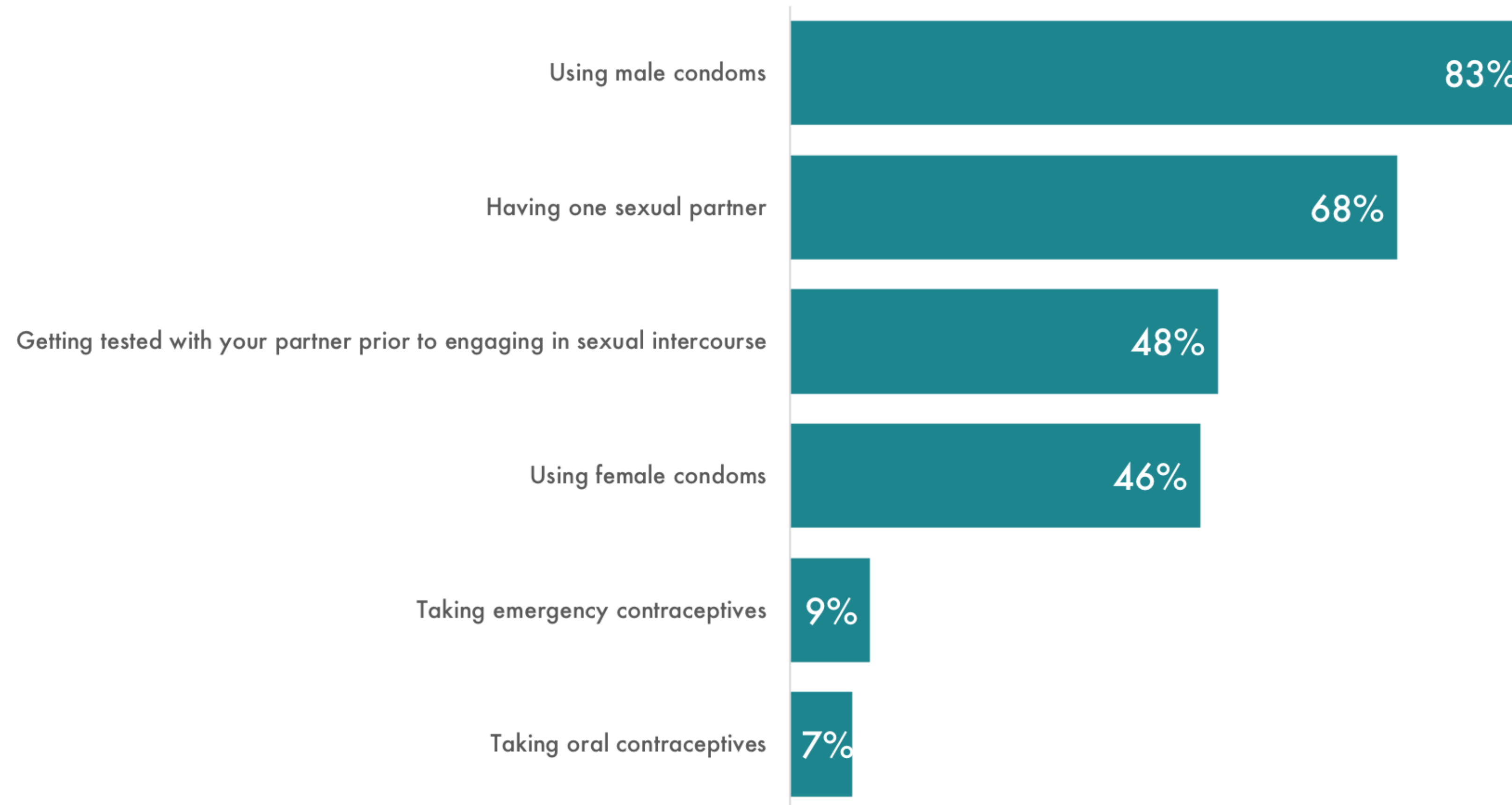


Answers not depicted, (<10%) of respondents answered:

They get into fights which may expose them to infected blood (8%); lack of knowledge of preventative measures (2%); develop bonds with their customers and forgo using condoms (0%); believe in myths (0%); share needles when injecting drugs (0%); judgment is clouded when injecting drugs (0%); don't use preventative measures (0%); do not use PrEP (0%)

DEFINITION OF SAFE SEX

Q10.12 What does safe sex mean to you?
(N=101) [Multiple Answer]



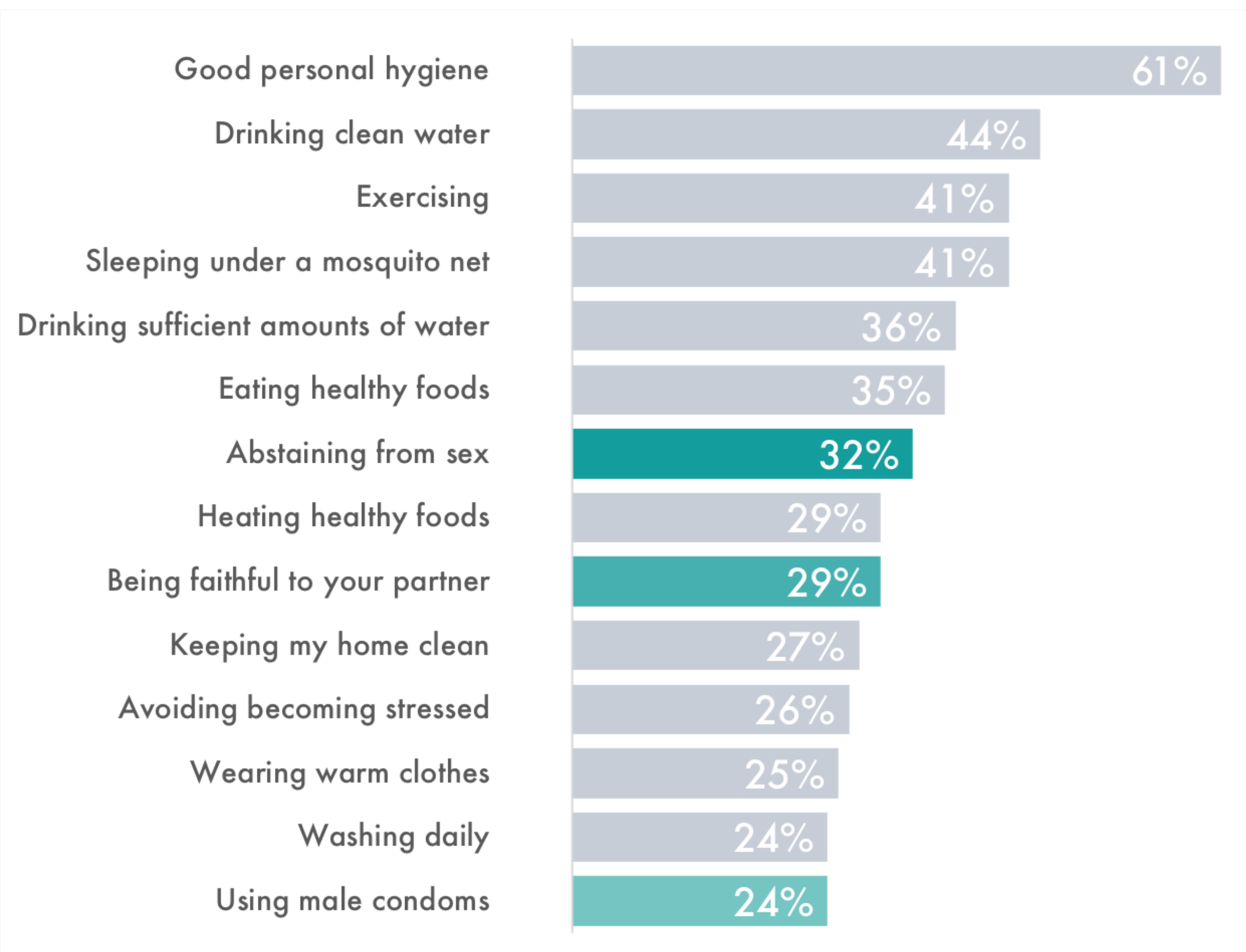
Answers not depicted, (0%) of respondents answered:
Withdrawal; taking PEP or PrEP

PREVENTATIVE BEHAVIORS

Q6.4 Which of these do you practice in your life as preventative measures? (N=101) [Multiple Answer]

SEXUAL HEALTH

- Abstaining from sex (32%)
- Being faithful to your partner (29%)
- Using male condoms (24%)



Answers not depicted (<20%) of respondents answered:

Taking PrEP to avoid HIV (4%); being more selective with your sexual partners (17%); washing my hands frequently (18%); using female condoms (8%); eating foods with little or no chemicals (12%); throwing away rubbish (19%); religious practices (17%); staying away from unventilated areas (0%); flushing the toilet (7%); wearing safety gear (4%); going for regular check-ups (0%); using protection in general (1%); avoid sharing syringes (0%); planting more trees (0%); only have one sexual partner (0%); do not engage in risky sexual behavior (0%); traditional/cultural practices (1%)

HIV PREVENTION KNOWLEDGE

Q10.3 What are some of the ways you know of to prevent the transmission of HIV?
(N=101) [Multiple Answer]

CONDOM USAGE

- Using condoms when you have sex (77%)
- Ensuring that a condom is fitted correctly (32%)
- Using female condoms (18%)

SEXUAL RELATIONSHIPS

- Abstaining from sex (65%)
- Being faithful to your partner (58%)
- Only having one sexual partner (50%)

KNOWLEDGE OF STATUS

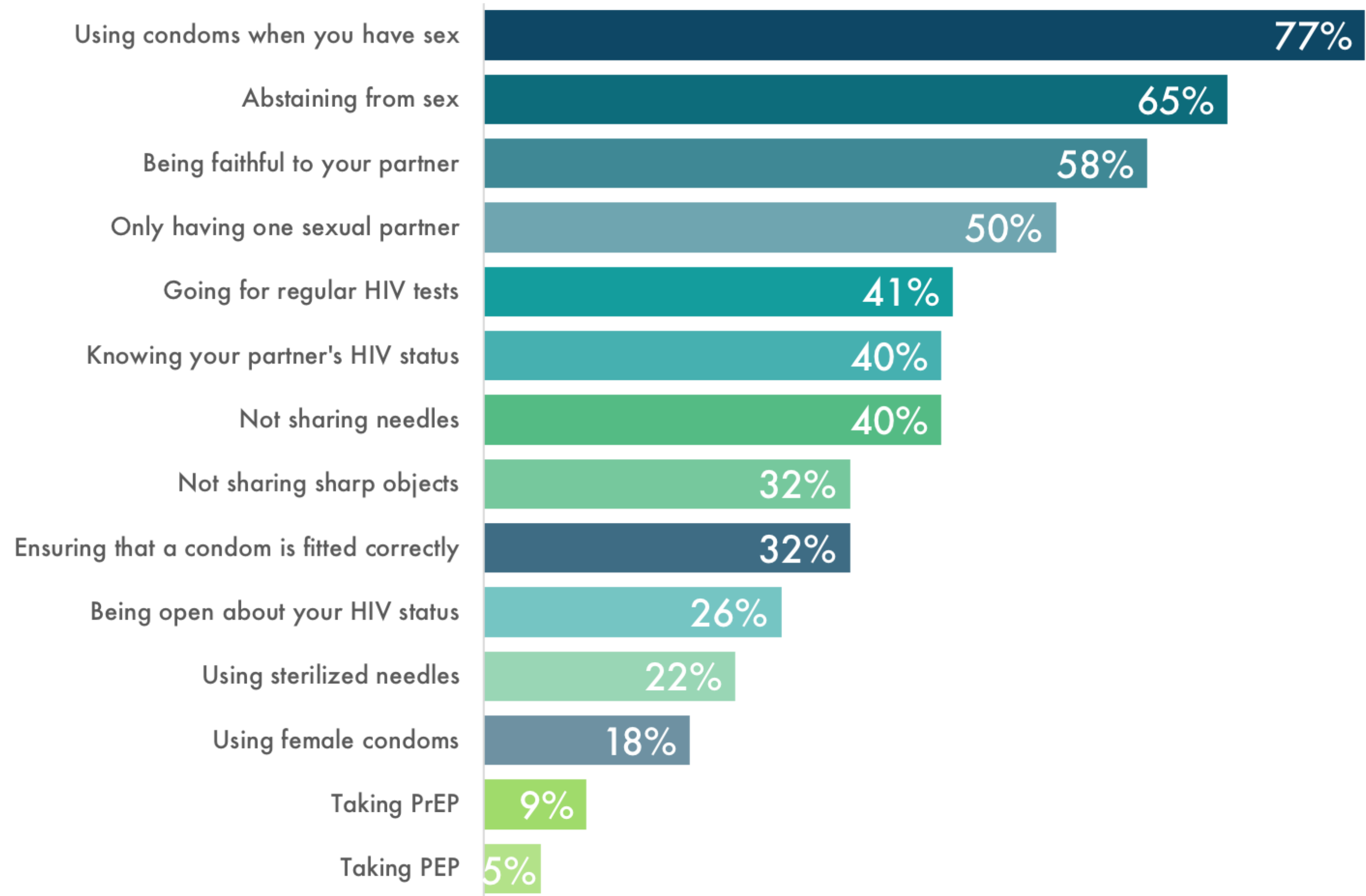
- Going for regular HIV tests (41%)
- Knowing your partner's HIV status (40%)
- Being open about your HIV status (26%)

SHARPS

- Not sharing needles (40%)
- Not sharing sharp objects (32%)
- Using sterilized needles (22%)

MEDICATION

- Taking PrEP (9%)
- Taking PEP (5%)

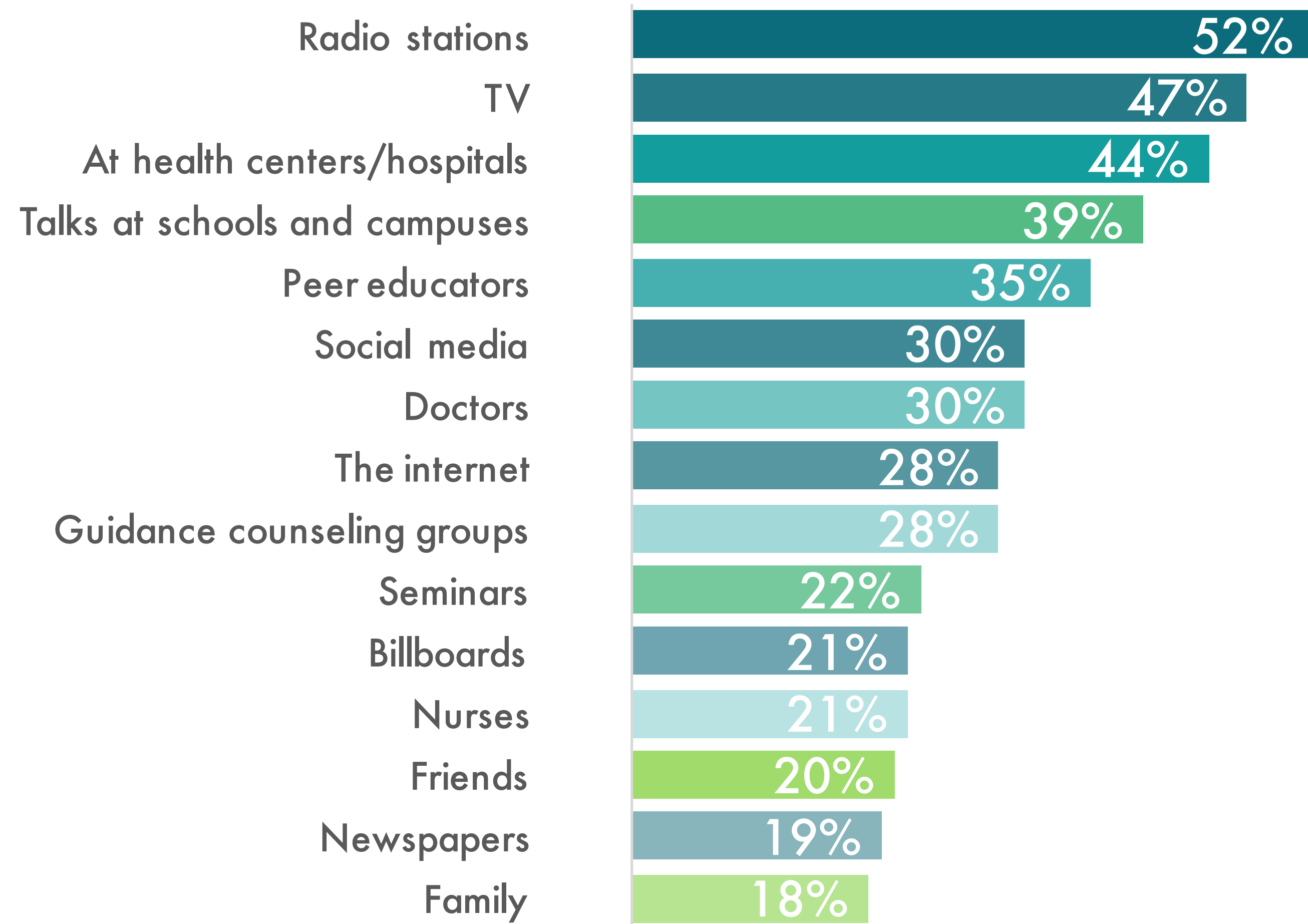
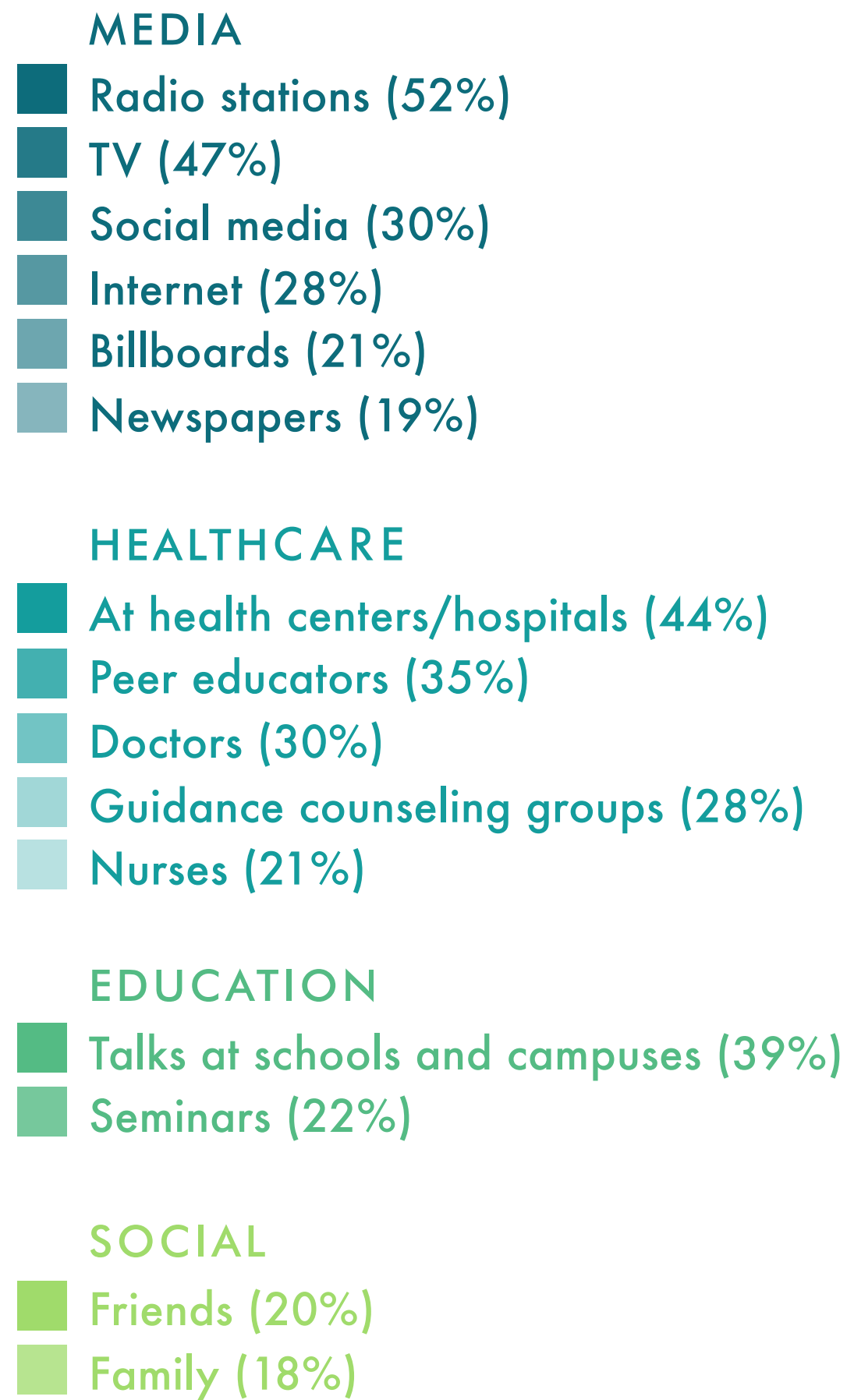


Answers not depicted, (<4%) of respondents answered:

Religious practices (3%); traditional/cultural practices (1%); communicating customers' HIV status (0%); use lubrication (0%); none (0%)

SOURCES OF SEXUAL HEALTH INFORMATION

Q10.1 Where do you and the people you engage with daily get information about healthy sexual practices and the prevention of HIV transmission? (N=101) *[Multiple Answer]*



Answers not depicted, (<15%) of respondents answered:

Social gatherings with the youth (14%); posters (11%); churches (11%); women's groups (11%); roadshows (11%); pharmacy/pharmacists (10%); spouse/partner (8%); leaflets (8%); religious leaders (7%); community business organizations (7%); mobile doctors (5%); door-to-door campaigns (5%); instant messenger apps (5%); community talks (2%); private meetings (2%); crusade meetings (2%); chama groups (1%)



HEALTH AND PREVENTION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

KEY TOUCHPOINT

A majority of AGYW report that they regularly get tested for HIV, and most of them receive testing at a government hospital or dispensary (54%, n=90). Disseminating communications materials at healthcare settings will be an effective way to reach AGYW with relevant information about HIV prevention.

CHANNEL SELECTION

Community engagement activities at schools and interpersonal communications tactics at clinics and hospitals should also be leverages because AGYW are accustomed to receiving health information from such channels. That said, word-of-mouth communications can also be important, given the insight that AGYW discuss HIV transmission with their friends.

COMMUNICATIONS IMPLICATIONS

STRATEGIC DEVELOPMENT

While AGYW think that their friends are both concerned and at risk of contracting HIV, a majority do not think that they are personally at risk. A majority also think discussing HIV risk with friends is socially acceptable. Communications can leverage social norms-based approaches and drive demand by motivating AGYW to talk to their friends about PrEP. For example, “talking to a friend about PrEP” can be socially legitimized through forms of education entertainment or mass media that illustrate the behavior.

EXPLORING THE MEANING OF PREVENTION

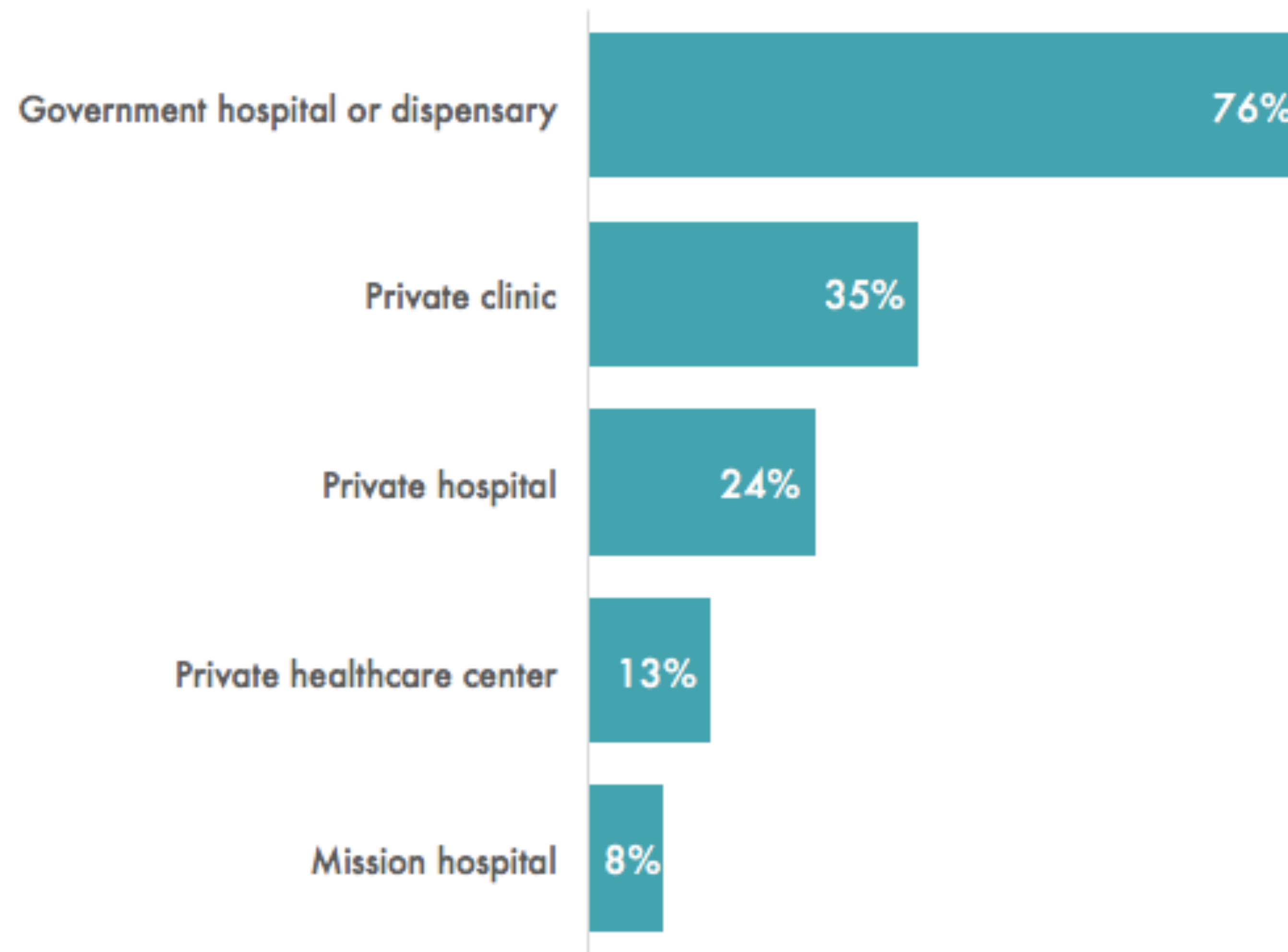
Top preventative health practices fall within the categories of personal hygiene and wellness, including behaviors like exercising and drinking clean water. Linking PrEP with good hygiene, wellness, and a healthy lifestyle may help to position PrEP as a lifestyle behavior rather than a sexual health behavior.



HEALTHCARE

SOURCES OF HEALTHCARE

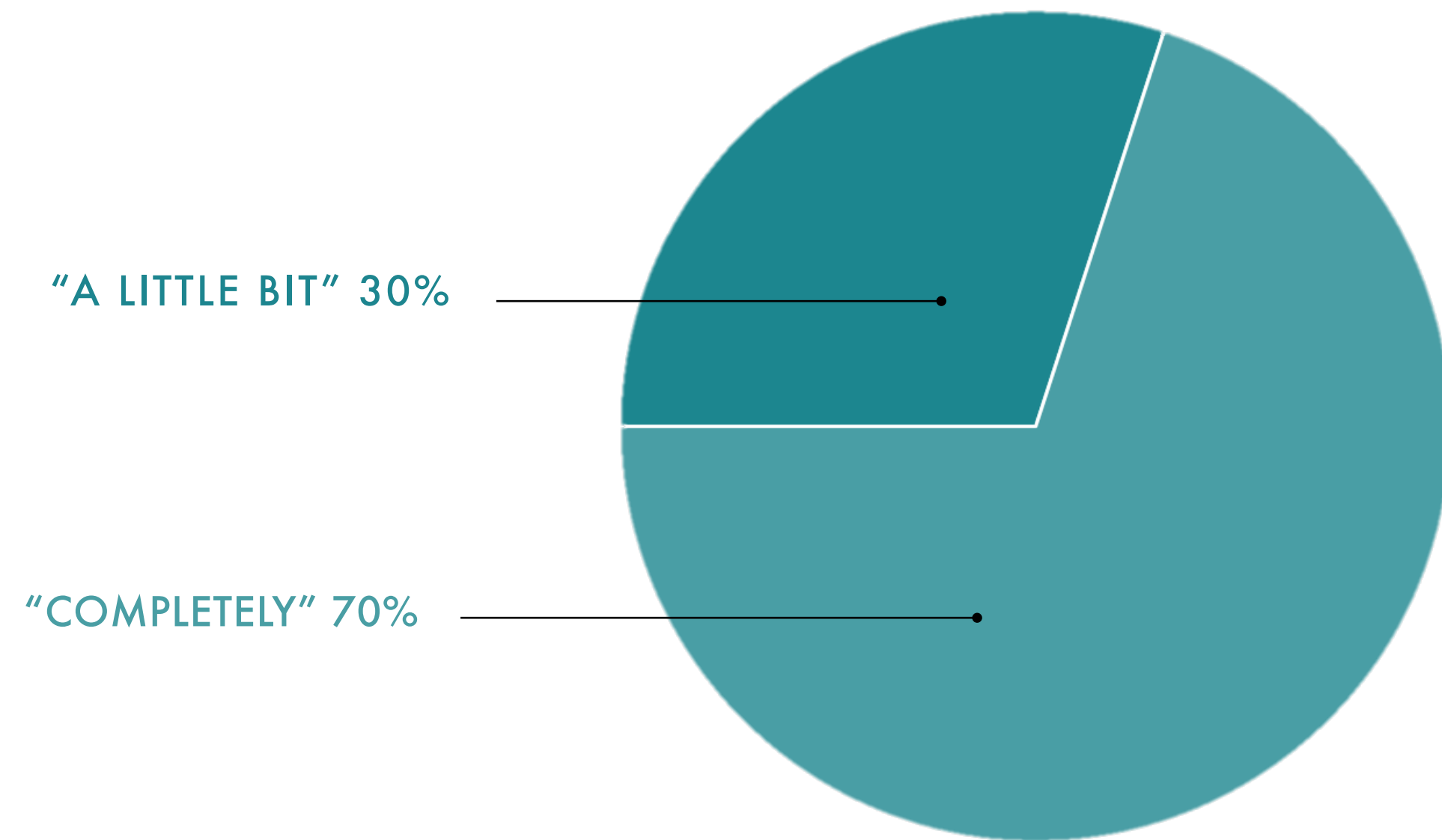
Q7.1 Where do you usually go for healthcare services? (N=101) [Multiple Answer]



Answers not depicted, (<1%) of respondents answered:
Drop-in center or shelter (1%); mobile clinic (1%); NGO hospital (0%)

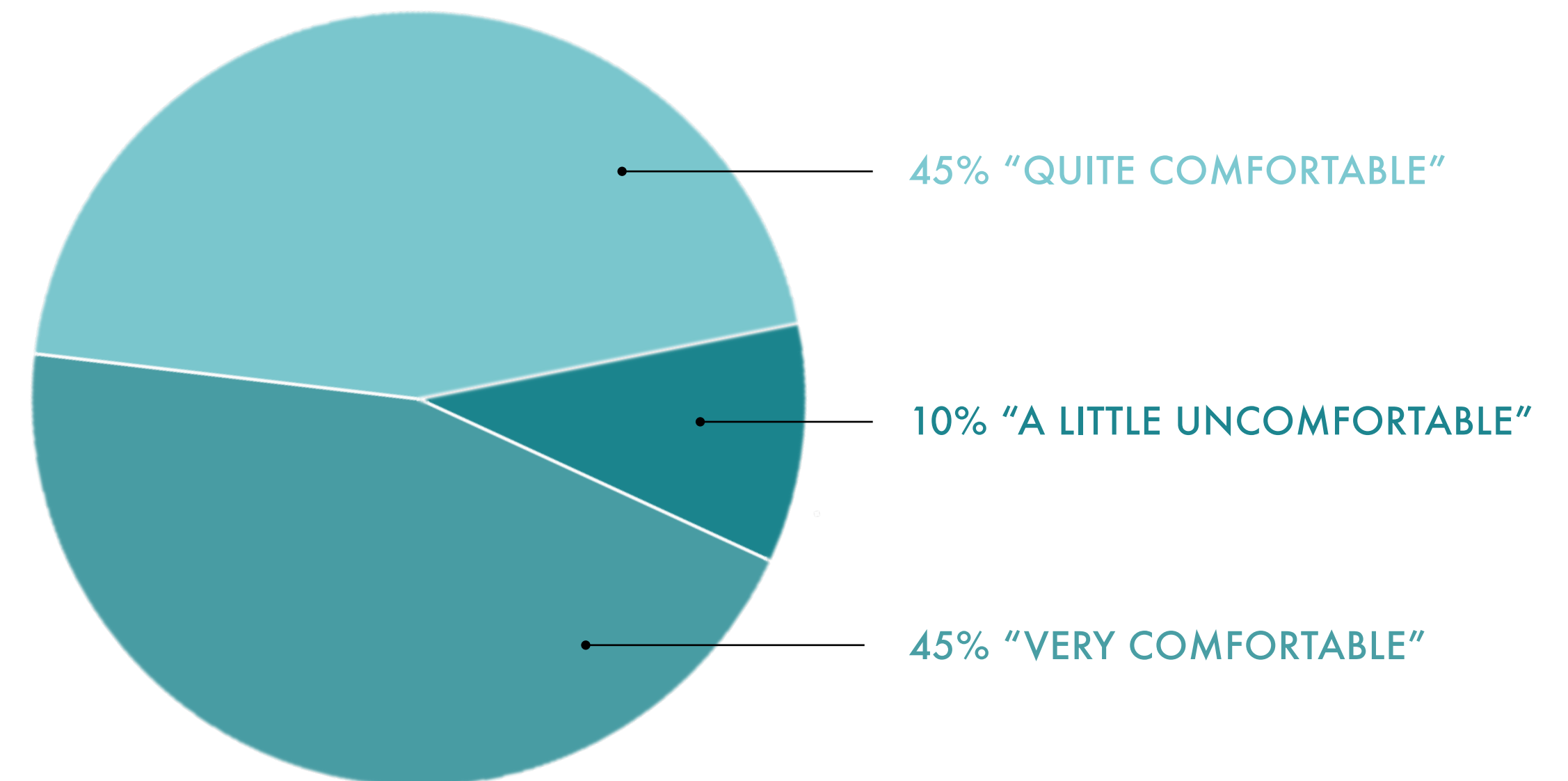
PERCEPTIONS OF HEALTHCARE SOURCES

Q7.15 Do you trust the health services at the healthcare center you visit to give you safe and quality care? (n=98)



Answers not depicted, (0%) of respondents answered:
Not at all; not really

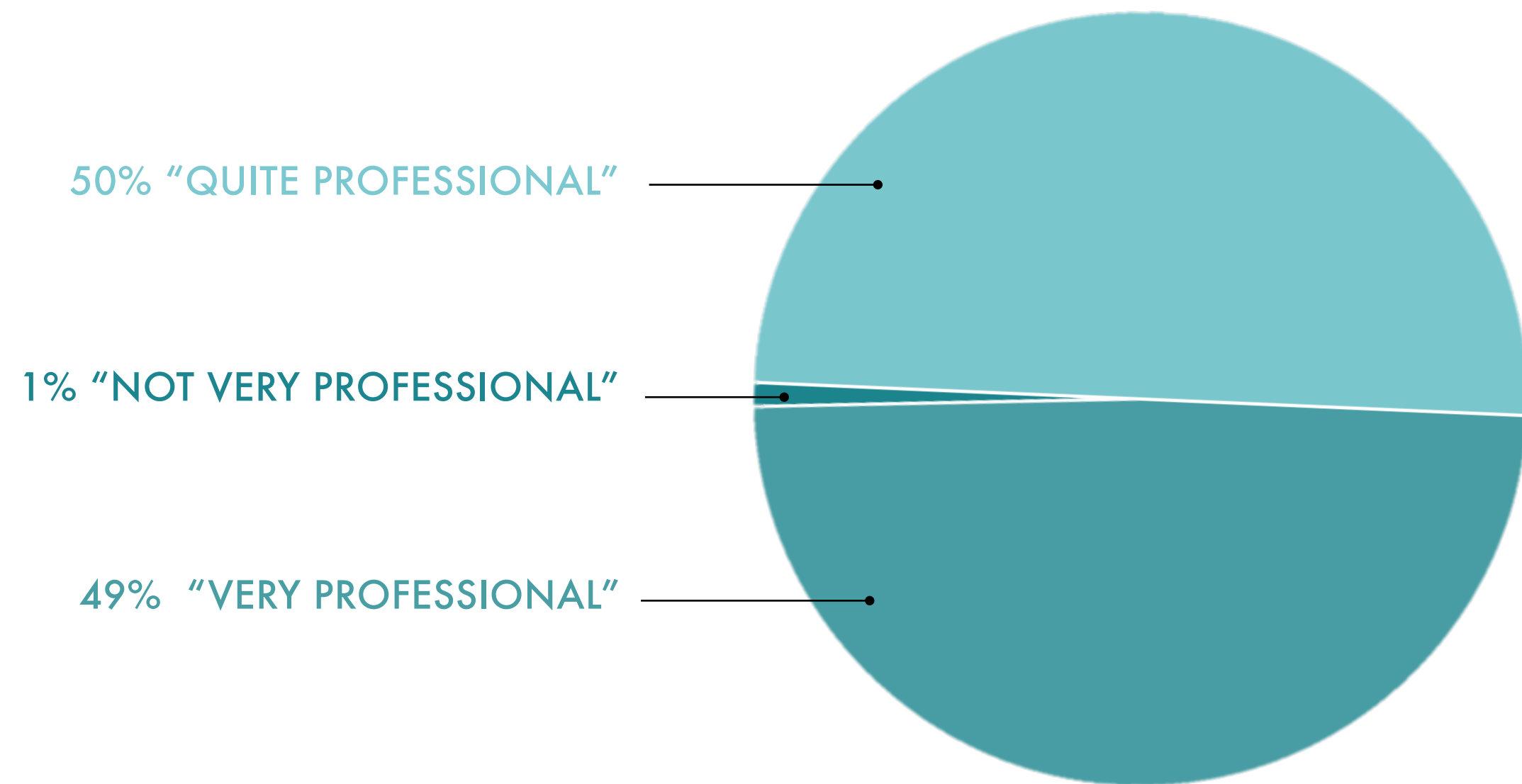
Q7.7 How comfortable (at ease) do you feel visiting the healthcare center? (n=98)



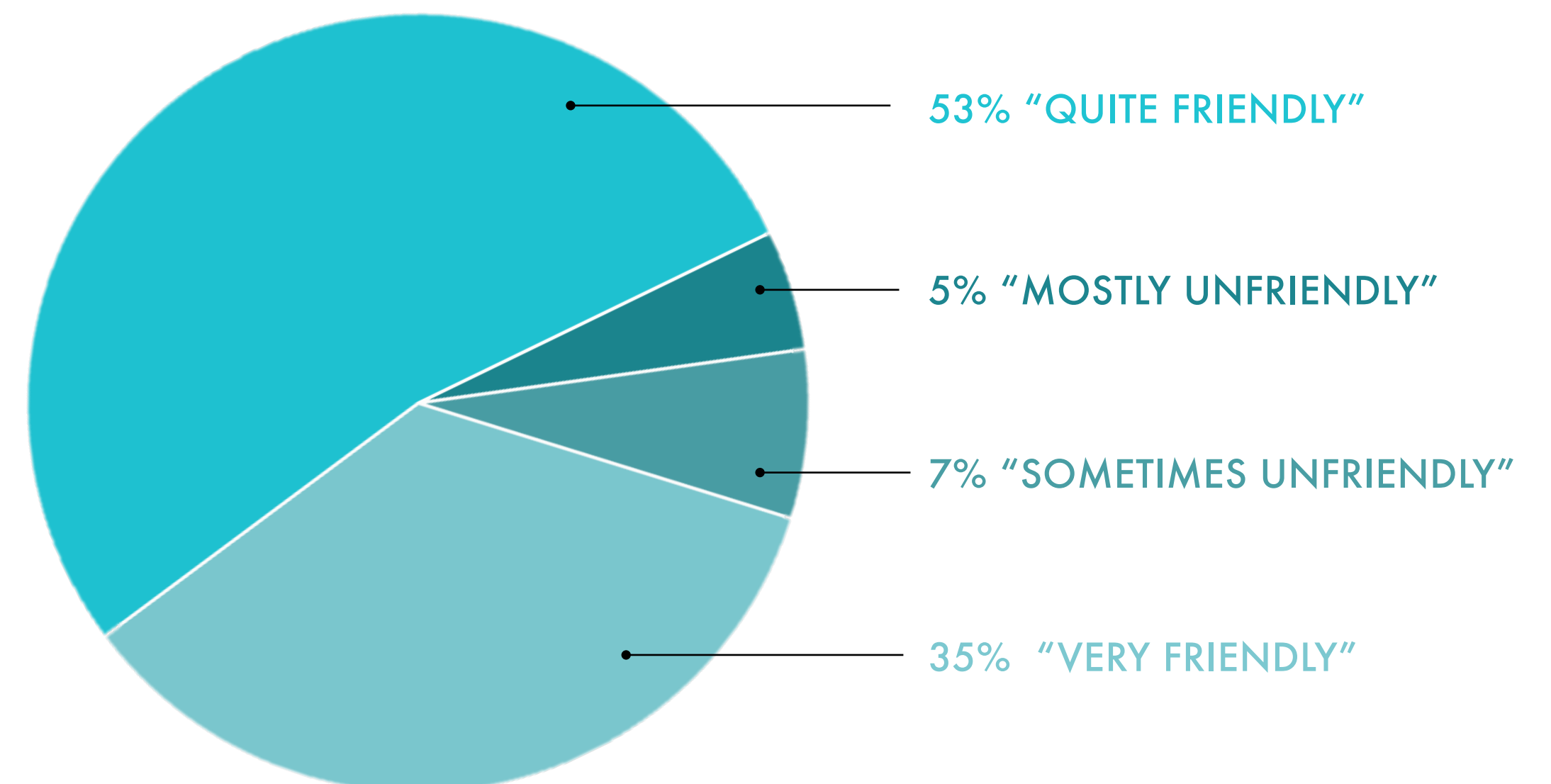
Answers not depicted, (0%) of respondents answered:
Not at all comfortable

PERCEPTIONS OF HEALTHCARE PROVIDERS

Q7.14 Would you describe the doctors and nurses and other staff at the healthcare center that you go to as being...? (n=98)



Q7.13 Would you describe the doctors and nurses and other staff at the healthcare center that you go to as being...? (n=98)



Answers not depicted, (0%) of respondents answered:
Not at all professional



HEALTHCARE

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

INTERPERSONAL COMMUNICATION TACTICS

AGYW report that they are comfortable in healthcare environments and perceive healthcare professionals as trustworthy, friendly, and professional. Given these positive attitudes toward providers, healthcare professionals may be an important source of information about PrEP.

Healthcare professionals, particularly at government hospitals and dispensaries, should be trained to constructively communicate about the benefits of PrEP and to defuse individual concerns among AGYW. The necessary tools and material must be provided to healthcare professionals to enable them to do this.



STIGMA AND VICTIMIZATION

STIGMA AND VICTIMIZATION

Q9.3 Do you personally experience victimization or stigmatization by people in your own circle? (N=101)

82%

DO NOT PERSONALLY
EXPERIENCE STIGMATIZATION
OR VICTIMIZATION

Q9.1 Are any of the people you engage with daily victimized or stigmatized in any way? (N=101)

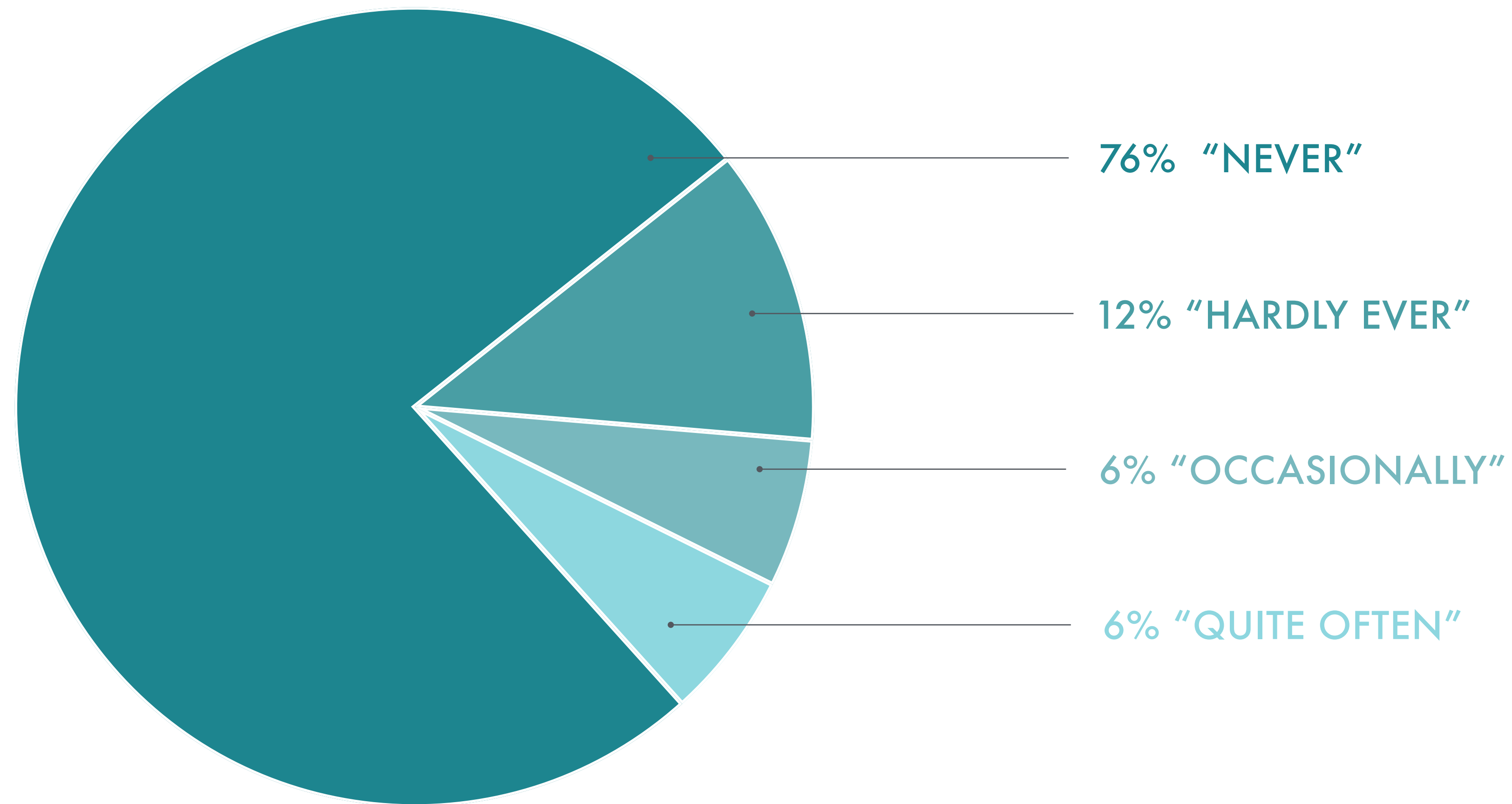
79%

DO NOT PERCEIVE THAT THEIR PEERS
EXPERIENCE STIGMATIZATION OR
VICTIMIZATION

SEXUAL PRESSURE

Q9.5 Do you ever feel pressure to have sexual intercourse against your will? (N = 101)

[Note: 26% (n=85) of AGYW reported never having had sex.]



STIGMA AND VICTIMIZATION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

STRATEGIC DEVELOPMENT

A majority of AGYW do not feel pressured to have sex against their will, indicating a sense of control over their own sexual behaviors. Communications can tap into this sense of control by positioning PrEP as a lifestyle choice that offers AGYW increased control over their sexual health.



PrEP PERCEPTIONS

PrEP QUESTION SEQUENCE

Before answering questions regarding PrEP, participants were shown the following:

Pre-Exposure Prophylaxis (PrEP) Information Sheet

What is PrEP?

PrEP is a **daily pill** that helps HIV negative people **stay HIV negative**. PrEP reduces your chances of HIV infection by over 90%. If taken correctly as prescribed, PrEP keeps you safe and protected from HIV infection. PrEP is not a vaccine.

Is PrEP for you?

If you are at risk for HIV infection, PrEP is a good option for staying protected. Taking PrEP is a good choice for you if:

- Your **partner is HIV** positive or their HIV status is unknown
- You have **multiple sexual partners**
- You get **STIs often**
- You experience frequent **condom bursts**
- You frequently use **post-exposure prophylaxis**
- You **use alcohol and drugs**, and **have unprotected sex**
- You **inconsistently use condoms** or are unable to negotiate condom use during intercourse with persons of unknown HIV status
- You **inject drugs and share needles** and syringes
- You are in a **sero-discordant relationship** and trying to conceive

How does PrEP work?

If an HIV negative person is exposed to any sexual fluids from an HIV-positive person, PrEP can help to keep the virus from causing a lasting infection by preventing it from establishing itself in your body. It is more effective when used with condoms, safer sex practices, and other HIV prevention methods. There are a few things to know:

- As long as there is a risk of HIV infection PrEP should be taken daily.
- PrEP greatly reduces your risk of HIV infection, but does not eliminate the risk nor prevent STIs or unintended pregnancies.
- Condoms can give you additional protection against HIV and other sexually transmitted infections (STIs), even while you take PrEP.

What are the side effects?

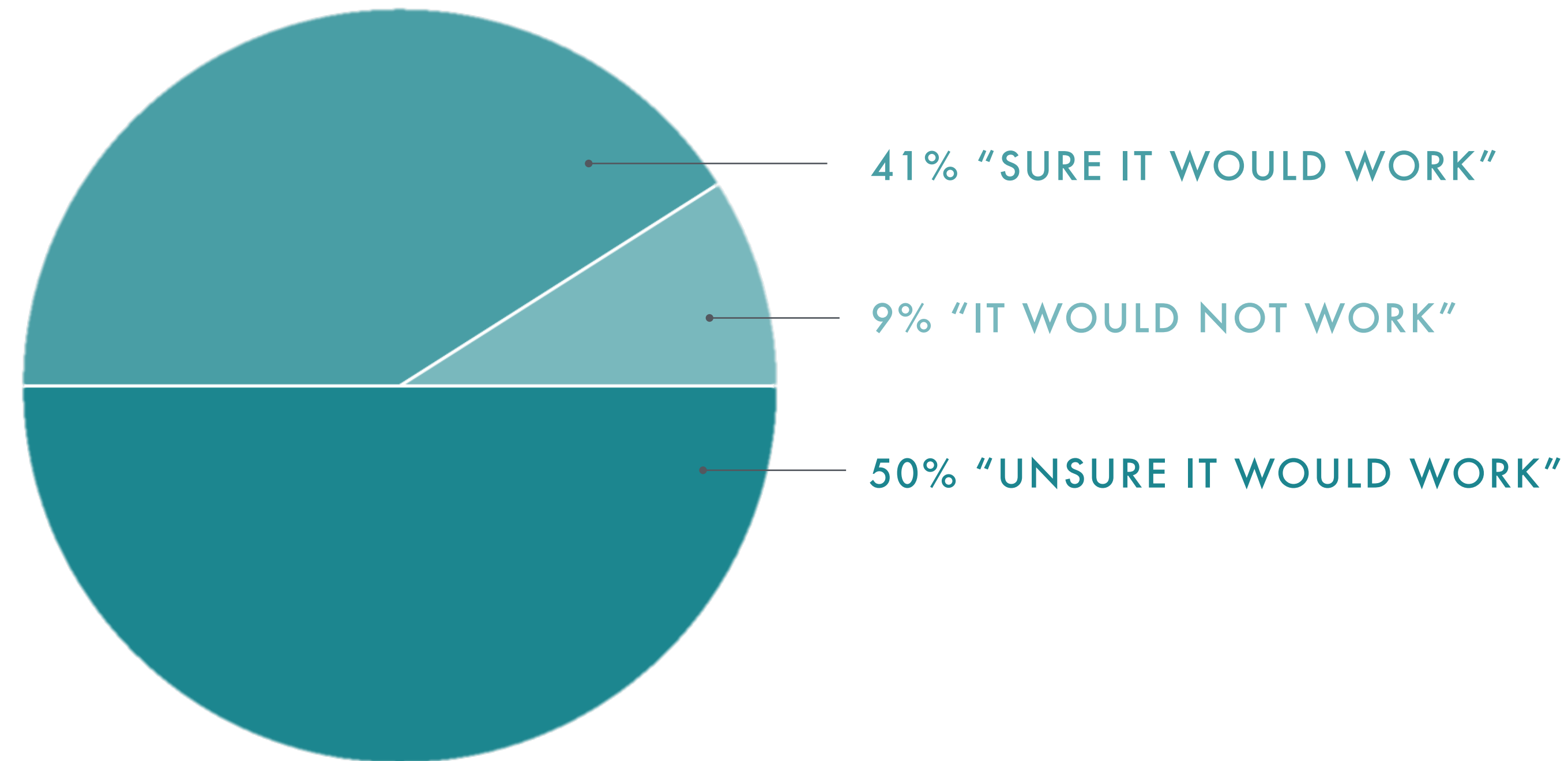
Most people taking PrEP do not have any serious side effects. Some people get headaches, nausea, vomiting, rash, abdominal discomfort and loss of appetite, but they go away after a few weeks.

*Call **1190** for free from a Safaricom line or WhatsApp 0700121121 for further information about PrEP, sexual reproductive health and HIV*

PERCEPTIONS OF PrEP EFFICACY

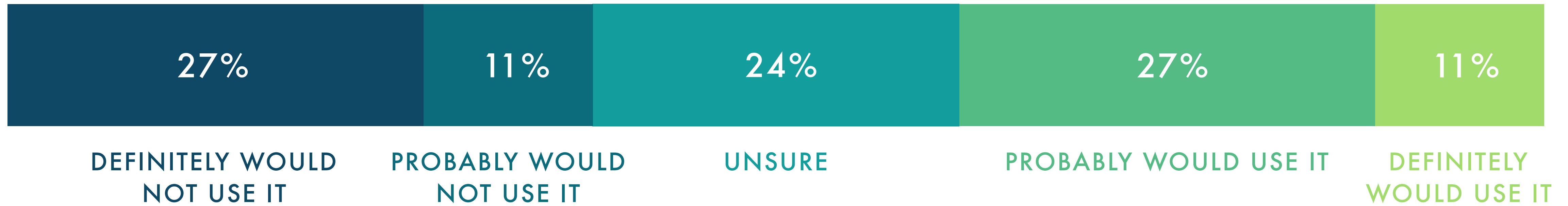
Q11.4

How well do you believe PrEP would work in preventing HIV transmission? (N=101)



INTENTION TO TAKE PrEP

Q11.10 How likely would you be to use PrEP for yourself? (N=101)



CONCERNS ABOUT PrEP

Q11.7 What are your fears or worries about PrEP? (N=101) [Multiple Answer]

UNPROTECTED SEX

- It will increase the rate of unwanted pregnancies (51%)
- It will increase the rate of STIs and STDs (38%)
- People using it and having unprotected sex (37%)

COMMERCIAL SEX WORK

- Will increase "prostitution" (48%)

ADHERENCE

- Side effects are concerning (45%)
- People will forget to take it (31%)
- Having to use it for the rest of your life (24%)

EFFICACY

- There is still a 10% chance of contracting HIV (37%)
- There is no proof that it works (33%)

STIGMA

- Might be mistaken for a contraceptive (30%)
- Might be mistaken for ARVs (30%)

It will increase the rate of unwanted pregnancies

51%

Will increase prostitution

48%

The side effects are concerning

45%

It will increase the rate of STIs and STDs

38%

People using it and having unprotected sex

37%

There is still a 10% chance of contracting HIV

37%

There is no proof that it works

33%

People will forget to take it

31%

It might be mistaken for a contraceptive

30%

It might be mistaken for ARVs

30%

Having to use it for the rest of your life

24%

Answers not depicted (<24%) of respondents answered:

Health complications from prolonged usage (12%); using PrEP with a condom is concerning (11%); lack of support from family members (11%); it may affect your chances of becoming pregnant (9%); PrEP is rumored to cause kidney failure (6%); PrEP is rumored to cause cancer (3%); fear of inter-partner violence (2%); none (1%); it might not be easily accessible (0%); it might be expensive (0%)

PERCEPTIONS OF PrEP ADHERENCE

AWARENESS

- Forgetting to take it (49%)
- Not being aware of it (42%)
- Not knowing how it works (39%)
- Too drunk to remember to take it (22%)

STIGMA

- Youth may not purchase & fear parents (32%)
- Mistaken for ARVs (32%)

NOT NECESSARY

- HIV-negative people will not think it's important (32%)
- Not being sexually active (17%)

LOGISTICS

- Difficult to walk around with medication daily (30%)
- Not used to taking medication daily (28%)

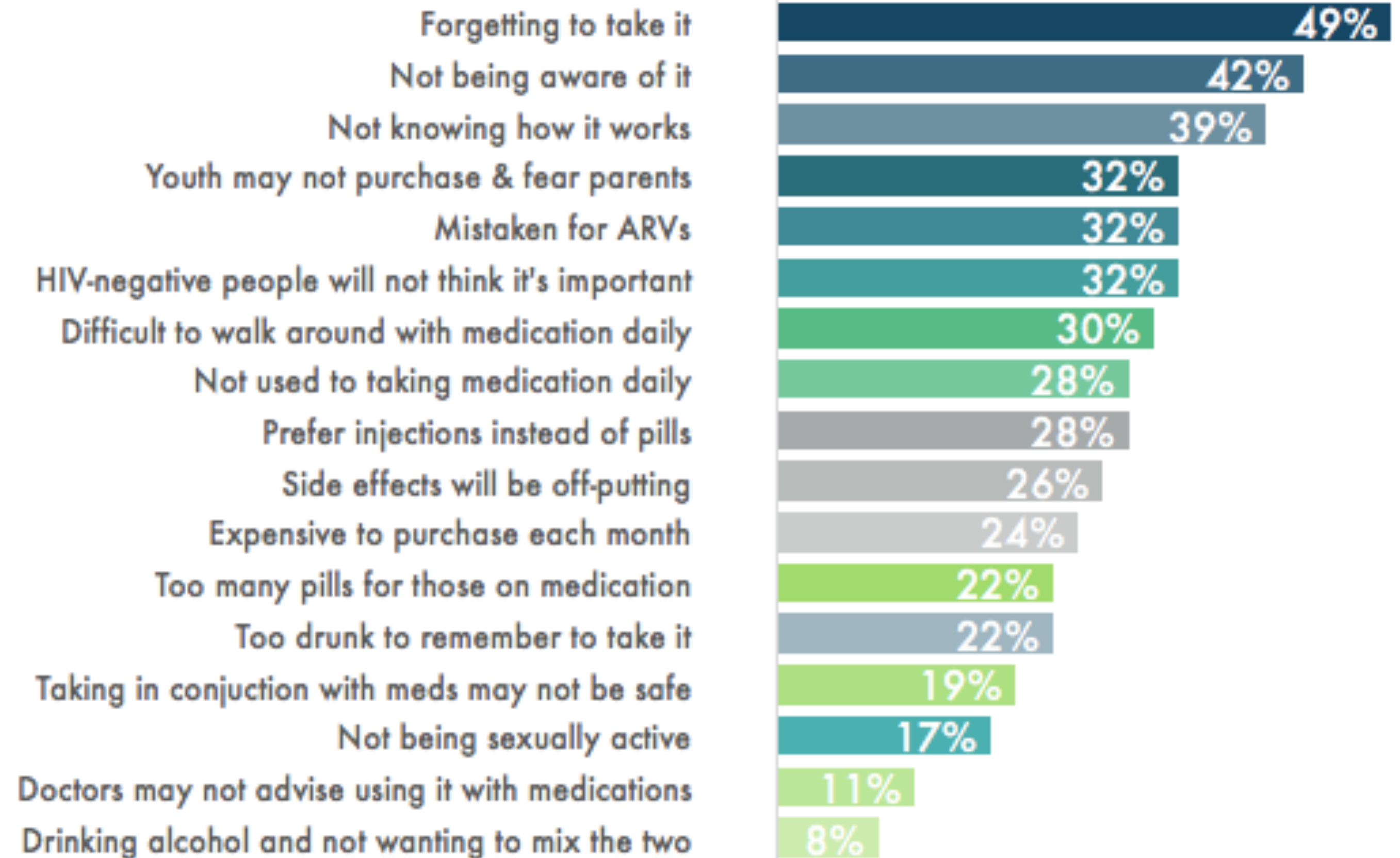
COMBINING

- Too many pills for those on medication (22%)
- Taking in conjunction with meds may not be safe (19%)
- Doctors may not advise using it with medications (11%)
- Drinking alcohol and not wanting to mix the two (8%)

OTHER

- Prefer injections instead of pills (28%)
- Side effects will be off-putting (26%)
- Expensive to purchase each month (24%)

Q11.8 What are some of the reasons that may cause someone not to take PrEP every day?
(N=101) [Multiple Answer]



Answers not depicted, (<1%) of respondents answered:

None (1%); due to drug abuse (0%); because of stigmas attached to it (0%); ignorance (0%)

PROBLEMS PrEP CAN SOLVE

Q11.6 What problems do you think PrEP would solve in the lives of people you engage with daily? (N=101) *[Multiple Answer]*

POPULATION BENEFIT

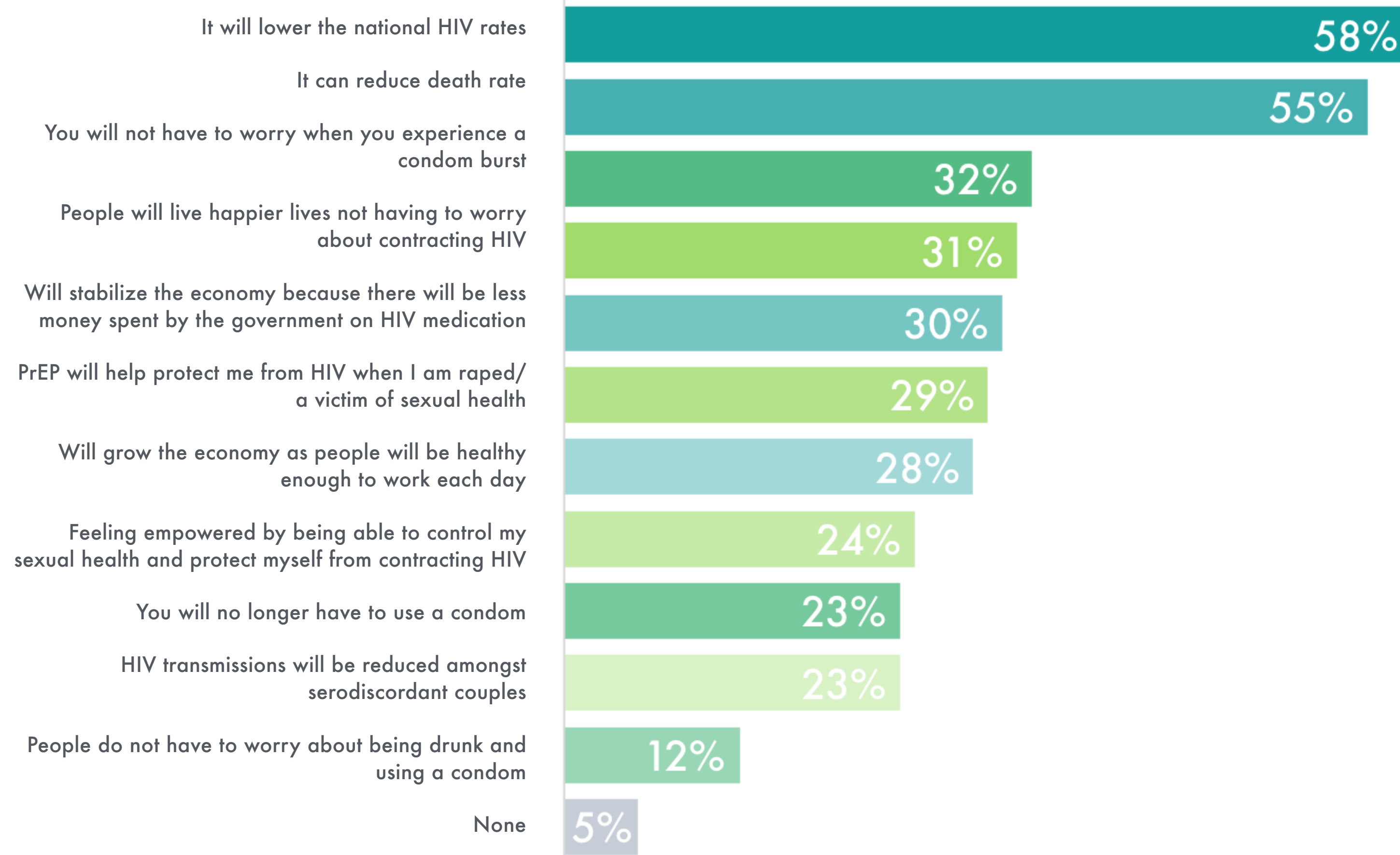
- Lower national HIV rates (58%)
- Reduce death rate (55%)
- Will stabilize the economy because there will be less money spent by the government on HIV medication (30%)
- Will grow economy as people will be healthy enough to work each day (28%)

NO NEED FOR CONDOM

- Will not have to worry when you experience condom burst (32%)
- No longer have to use a condom (23%)
- Don't have to worry about being drunk and not using a condom (12%)

PROTECT FROM HIV

- Will live happier lives not having to worry about contracting HIV (31%)
- Will help protect from HIV when raped/victim of sexual health (29%)
- Empowered by being able to control sexual health and protect from contracting HIV (24%)
- Reduced HIV transmission among serodiscordant couples (23%)



Answers not depicted, (0%) of respondents answered:

PrEP will help me make more money because I can see more customers without a fear of contracting HIV; my partner and I can live normally again; we can demonstrate our shared commitment to our health, which will strengthen our relationship



PrEP PERCEPTIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

INTERPERSONAL COMMUNICATION TACTICS

AGYW concerns and uncertainties regarding PrEP can be used to prepare interpersonal communicators (such as healthcare professionals) for the types of discussions they may have with AGYW who are hesitant about adopting PrEP.

Particular concerns include:

- Fear of pregnancy while using PrEP
- Concern regarding side effects
- Fear of stigmatization, due to affiliation with ARVs or contraceptives
- Fear of parental disapproval
- Uncertainty of PrEP's efficacy in general
- Concern regarding adherence
- Concern about use in combination with other medications and alcohol

COMMUNICATIONS IMPLICATIONS

MESSAGING CONSIDERATION

A concerning number, almost 1 in 4, of AGYW report “no longer having to use a condom” as a benefit of PrEP. Communications, both mass and interpersonal, should stress the need to use a condom, even when on PrEP, to prevent STIs and pregnancy.

AUDIENCE SEGMENTATION

A majority of AGYW report that they are either likely to use PrEP or are unsure. Willing and undecided segments are different populations, and therefore need different messages. Communications should first seek to drive demand among these willing and undecided audience segments to establish PrEP as a socially acceptable HIV prevention option. Resistant segments may be more likely to try once a significant number of their peers have already done so.

COMMUNICATIONS IMPLICATIONS

MASS MEDIA COMMUNICATION TACTIC

A significant number of AGYW perceive that PrEP could lower national HIV rates, reduce death rates, and have a positive impact on the economy. Mass media tactics should build upon these perceived societal benefits and develop messages that focus on collective population impacts of PrEP — similar to the approach used in the *We Are the Generation* campaign implemented in South Africa. We Are the Generation leveraged national pride for fighting HIV and positioned PrEP as an essential element of a community approach to tackling the epidemic.

These findings were developed using data collection led by the OPTIONS consortium. This market research is not intended to be generalizable. For information about PrEP demand creation activities, please visit PrEPWatch.org



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