

OPTIONS MARKET INTELLIGENCE REPORT: KENYA

Key insights and communications implications for oral PrEP demand creation among men who have sex with men (MSM) in Kenya

JULY 31, 2018

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METHODOLOGY

The following findings are from a formative market intelligence study conducted to inform development of demand creation communications strategies for oral PrEP among men who have sex with men (MSM) (N=101).

Data were 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.

Participants were provided a list of answers to choose from for all “multiple answer” questions. Any answers that were not chosen by at least one respondent are noted in the footer of the page as “0%”.

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.

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 the attitudes, beliefs, and behaviors of MSM regarding HIV prevention, risk perception, cultural biases, stigma, and other factors that would influence the development of communications strategies designed to increase initial interest in 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 MSM 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: MSM

(N=101)

MEAN AGE 26.1

MARITAL STATUS

79% were single

8% were divorced

7% were married

INCOME

67% reported a household income below KES 30,000 (approximately \$300 USD)

CHILDREN

81% reported not having children

Of respondents with children, 53% had only 1 child

LANGUAGE

73% spoke English

89% spoke Swahili

42% spoke 3+ languages

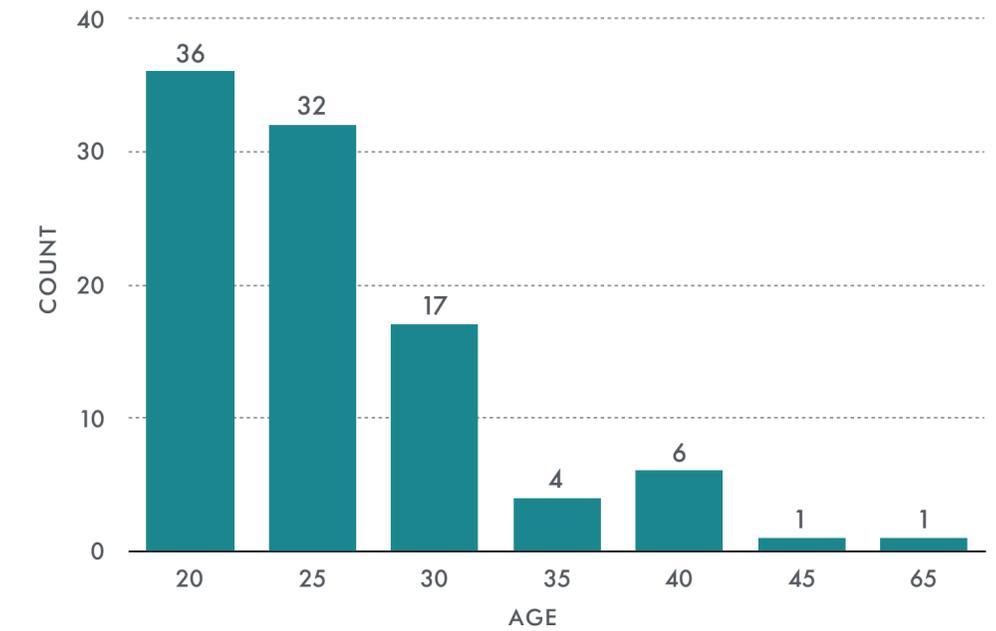
HOME LIFE

46% lived in a flat/apartment and live with an average of 3 people

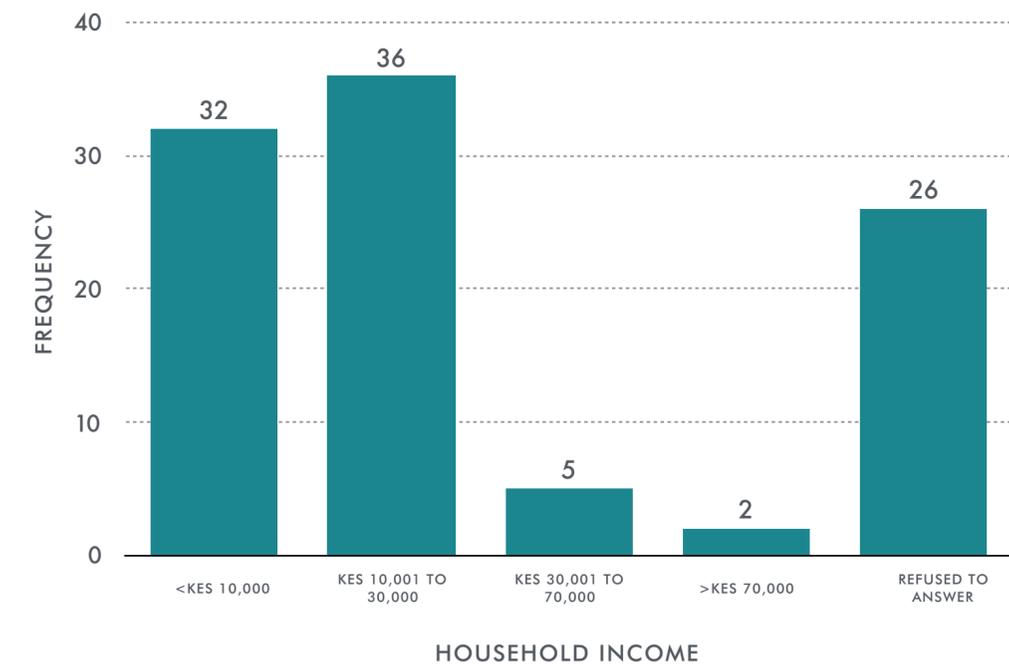
24% lived in a shanty home with an average of 2 people

25% lived in a Manyatta/traditional house with an average of 4 people

DISTRIBUTION OF RESPONDENT AGE: MSM



DISTRIBUTION OF RESPONDENT HOUSEHOLD INCOME: MSM



SURVEY PROFILE: MSM

(N = 101)

EDUCATION

15% were currently in school

Of those not in school, 74% completed at least primary school, 65% completed at least secondary school, and 14% completed a college or university degree

CONNECTIVITY

90% of individuals had access to a cell phone (of these individuals, 96% had their own cell phone)

Of individuals with access to a cell phone, 77% had access to a smartphone

EMPLOYMENT

69% of individuals not in school were employed (full-time, part-time, or self-employed)

55% of employed individuals were self employed and 43% were employed part-time

88% of unemployed individuals not in school were seeking work

68% owned a TV set

81% owned a radio

31% owned a computer



MOTIVATIONS

VALUES

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

HEALTH

- Being in good health (56%)
- Being alive (50%)

FAMILY

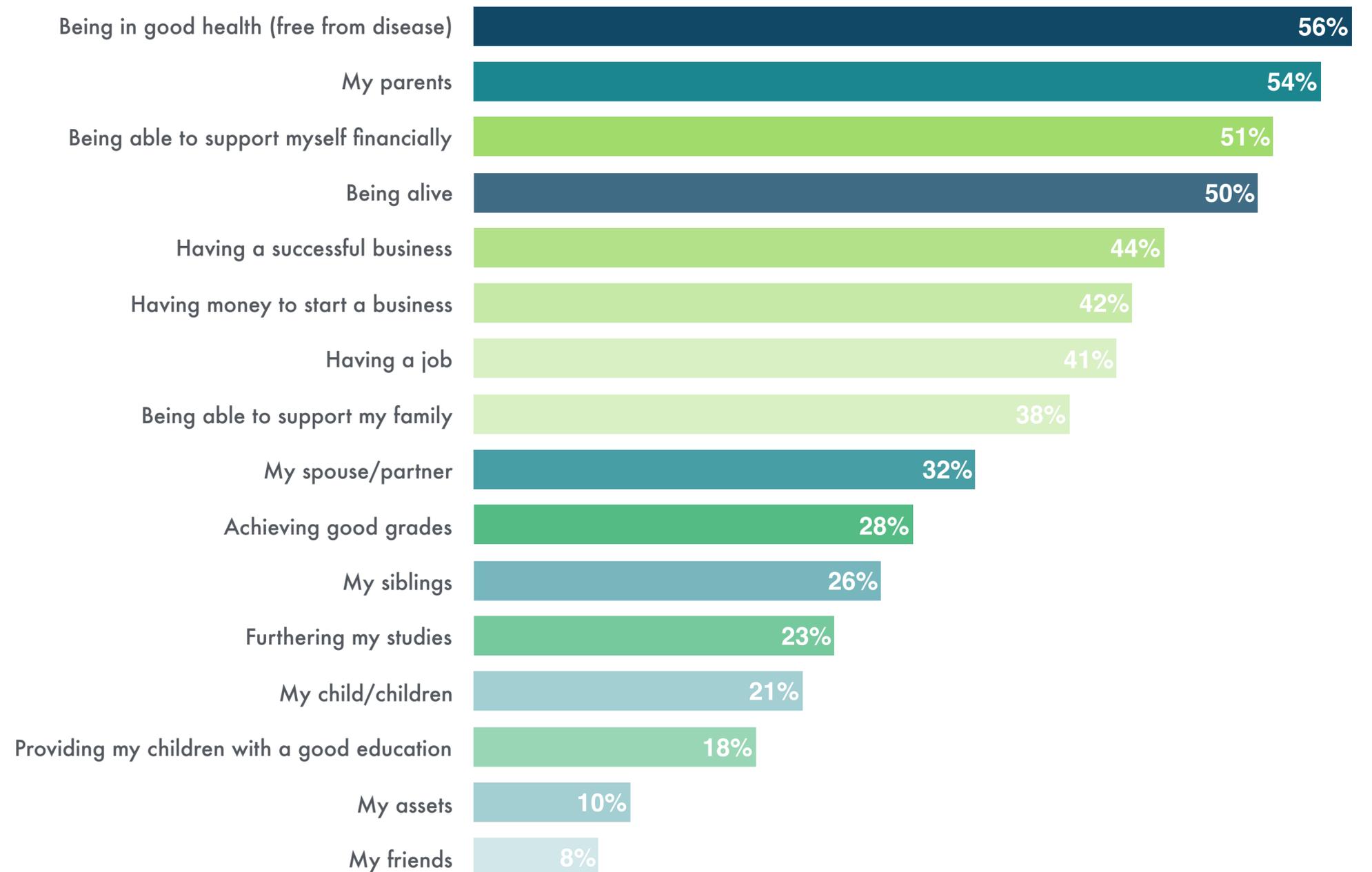
- My parents (54%)
- My spouse/partner (32%)
- My siblings (26%)
- My child/children (21%)
- My assets (10%)
- My friends (8%)

EDUCATION

- Achieving good grades (28%)
- Furthering my studies (23%)
- Providing my children with a good education (18%)

FINANCIAL

- Being able to support myself financially (51%)
- Having a successful business (44%)
- Having money to start a business (42%)
- Having a job (41%)
- Being able to support my family (38%)



Answers not depicted, (<8%) of respondents answered:

None (6%); Respect from the community (2%); The ability to eat healthily (1%); Having my own identity (1%); My religion (1%); My hobbies (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 (47%)
- To avoid drugs (37%)
- To avoid alcohol (17%)

EDUCATION

- Complete my studies (25%)
- Further my studies (22%)

FAMILY

- Build my family a home (31%)
- Start a family (31%)
- Be happily married (28%)
- Expand my family (21%)
- Provide a stable home for my children (19%)

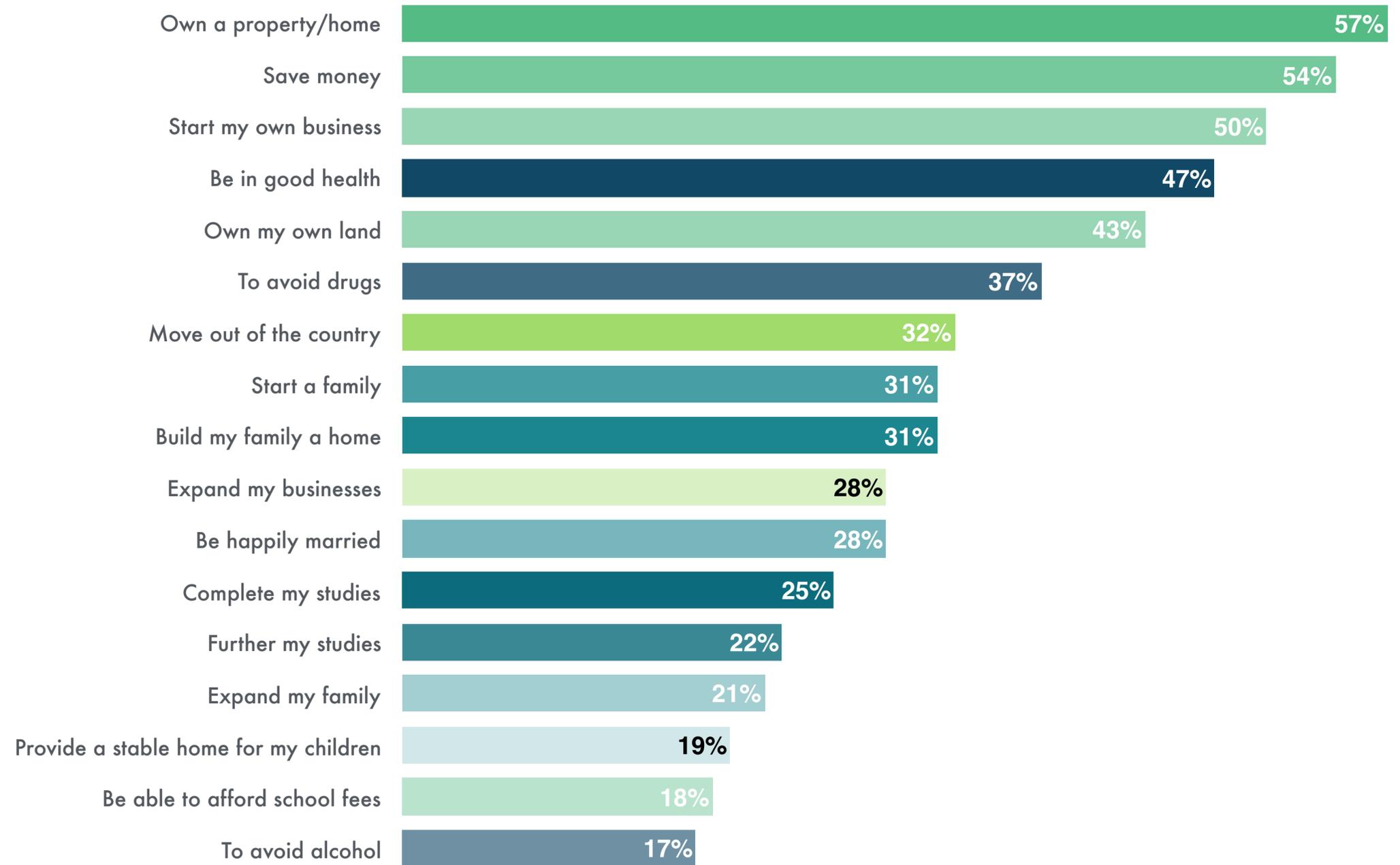
FINANCIAL

- Own a property/home (57%)
- Save money (54%)
- Start my own business (50%)
- Own my own land (43%)
- Expand my business (28%)
- Be able to afford school fees (18%)

OTHER

- Move out of the country (32%)

Answers not depicted, (<17%) of respondents answered:
None (1%)



PROBLEMS

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

SEXUAL RELATIONSHIPS

- Condom bursts (20%)
- Transactional sex (sex in exchange for money, gifts, etc.) (16%)
- My sexual partner refusing to use condoms (15%)
- Not knowing my sexual partner's HIV status (14%)

HEALTH

- Being at risk of contracting HIV (22%)
- Being at risk of contracting STIs and STDs (21%)
- Abusing drugs (18%)
- Losing weight because of stress (14%)
- Abusing alcohol (14%)

FINANCIAL

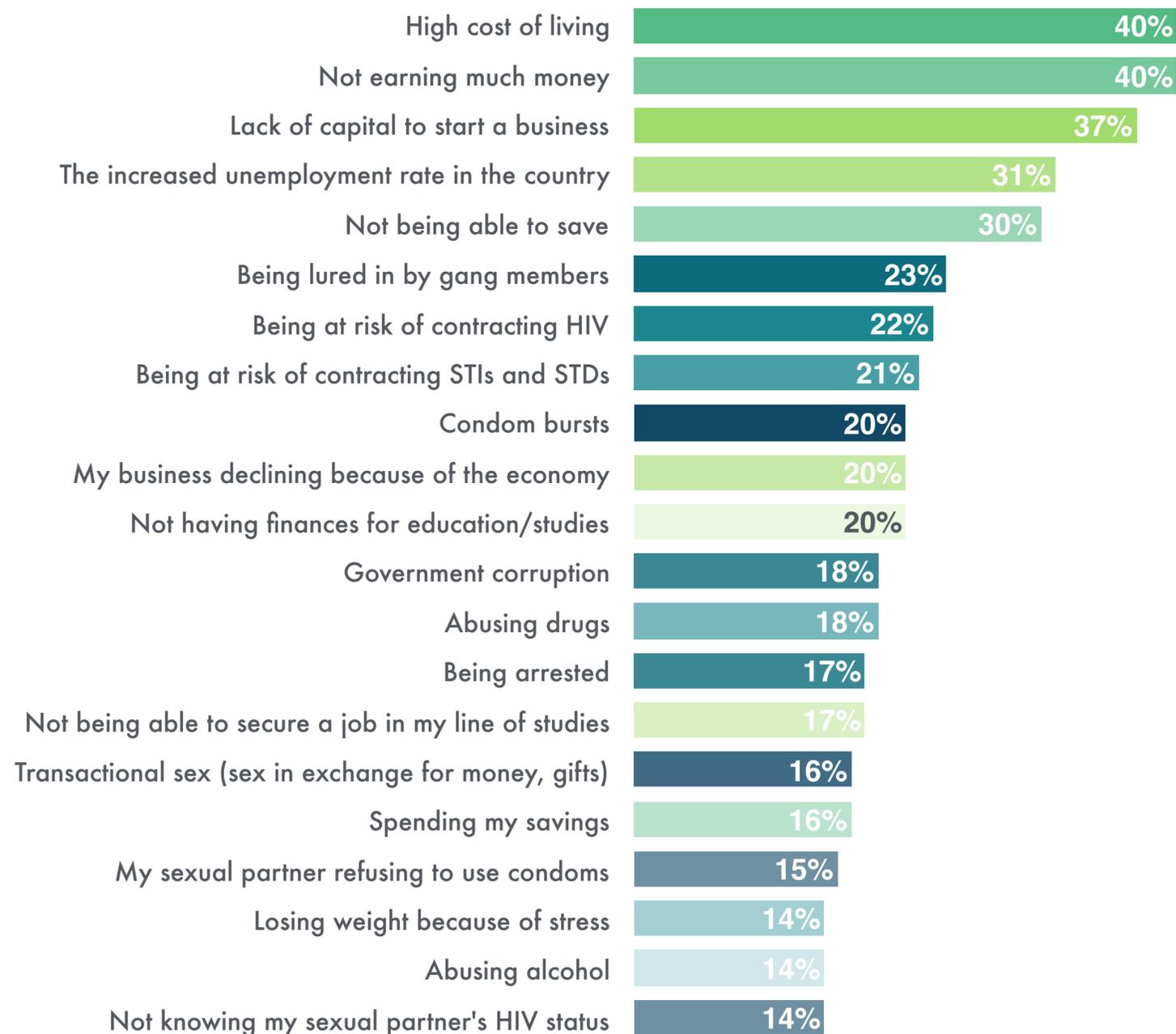
- High cost of living (40%)
- Not earning much money (40%)
- Not being able to save (30%)
- Spending my savings (16%)

BUSINESS

- Lack of capital to start a business (37%)
- The increased unemployment rate in the country (31%)
- My business declining because of the economy (20%)
- Not having finances for education/studies (20%)
- Not being able to secure a job in my line of studies (17%)

OTHER

- Being lured in by gang members (23%)
- Government corruption (18%)
- Being arrested (17%)



Answers not depicted, (<14%) of respondents answered:

Fear of the unknown (10%); Not being able to move out of my parents' home (12%); Customers refusing to pay (12%); Not being able to meet my family's needs (12%); Not completing school (12%); Losing current customers (13%); Being paid my salary late (13%); Stigmatisation and discrimination (9%); Having debt from loans (8%); Loved one dying (8%); Unable to make ends meet (7%); Stock not being delivered after payment (7%); Family finding out my sexuality (6%); Spending a lot of time in the cold, not fully dressed (6%); Infecting someone with HIV (6%); Paying rent for a shop irrespective of how my business is doing (6%); Spending money on medication because of outbreaks (cholera, malaria, etc.) (5%); Physical abuse from customers (3%); Dying (3%); Having an ill parent (3%); Poor time management (2%); Going through a divorce (2%); Being a single parent (2%); Self acceptance (1%); Political instability (1%); Peer pressure (1%); Not fulfilling my dreams (1%); No good schools (1%)



MOTIVATIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

MESSAGES OF PROSPERITY

Given that MSM are concerned about the high cost of living, not earning enough money, and aspiring to owning property, a message of how PrEP can help protect their health, thus protecting their families and their future, may resonate with this audience.



HEALTH AND PREVENTION

PERCEPTION OF HIV RISK

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

97% ARE AWARE OF THEIR HIV STATUS

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

79% GOT TESTED WITHIN THE LAST 1-3 MONTHS

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

91% GET TESTED AT LEAST ONCE EVERY 6 MONTHS

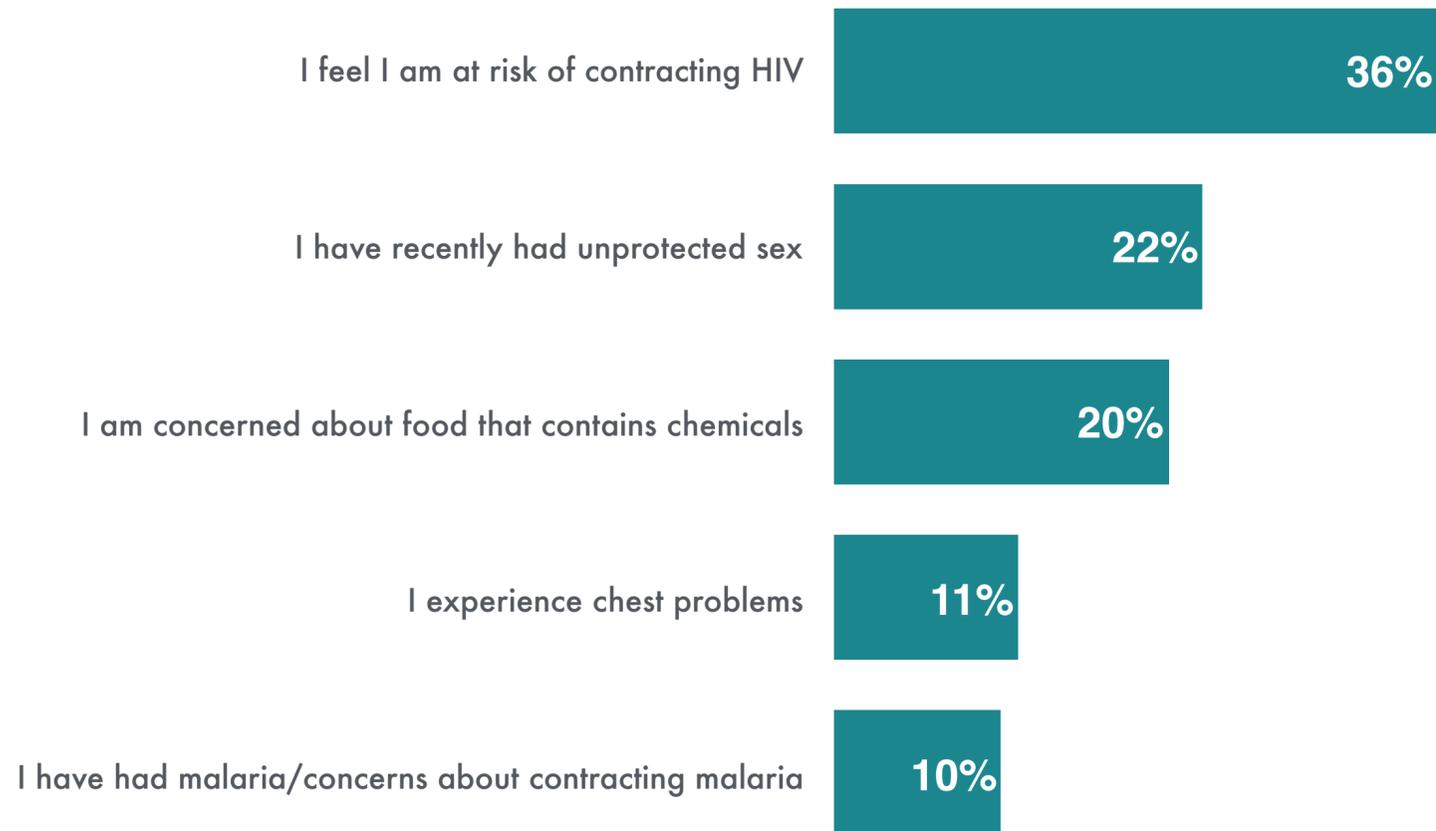
Answers not depicted:
4-6 months ago (10%); 7-12 months ago (7%); More than 12 months ago (4%); never (0%)

Answers not depicted:
Irregular tests are done (5%); every 7-12 months (2%); about once a year (2%); every couple of years (0%)

HEALTH CONCERNS: PERSONAL

Q6.2 Why do you say that you are concerned about your health right now? (n=64)*
[Multiple Answer]

**Asked only if respondents stated that they were concerned about their health (64% of respondents).*

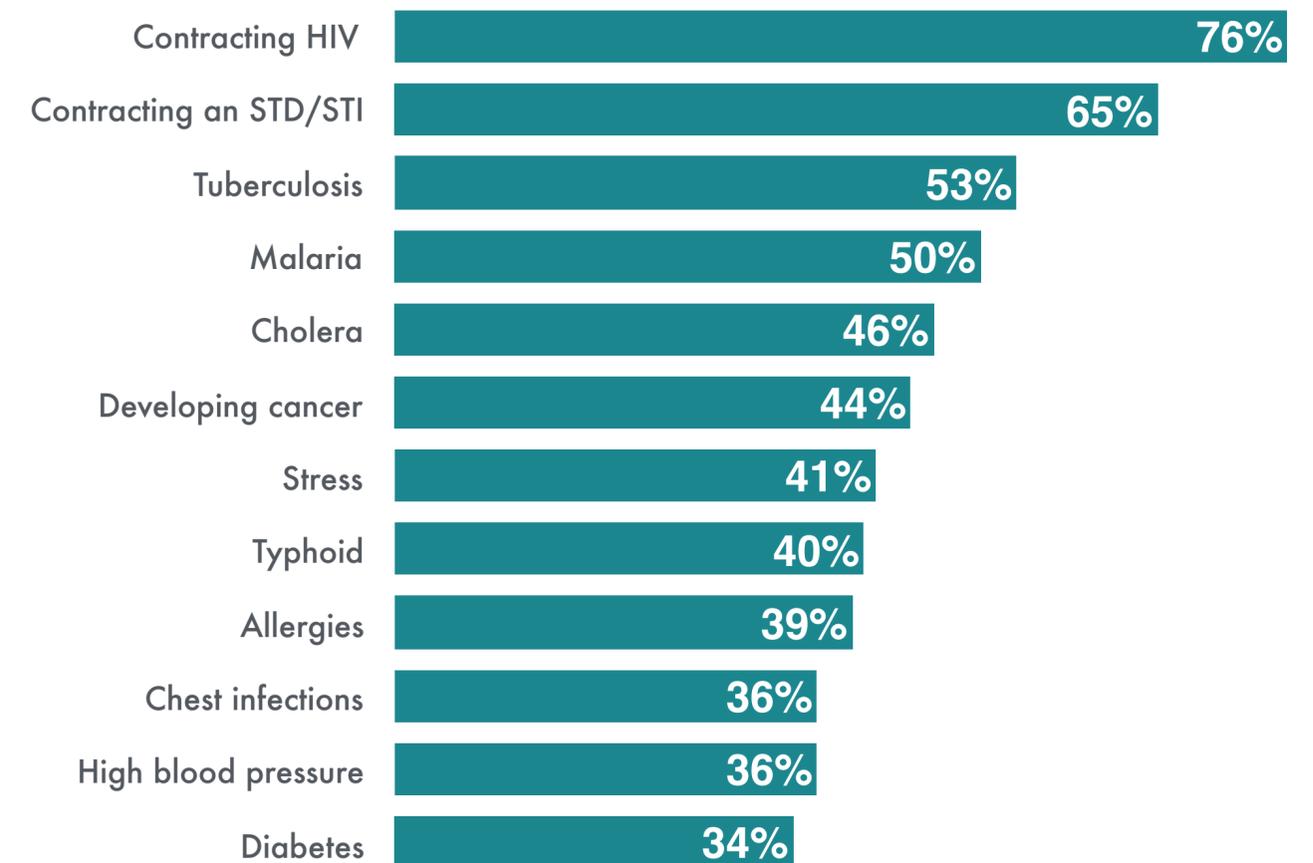


Answers not depicted, (<10%) of respondents answered:

I have had cholera/concerned about contracting cholera (7%); I experience headaches (7%); I have had food poisoning (4%); I get sick often (1%)

HEALTH CONCERNS: PEERS

Q6.5 What health concerns do you hear from people you associate with on a daily basis? (N=101)
[Multiple Answer]

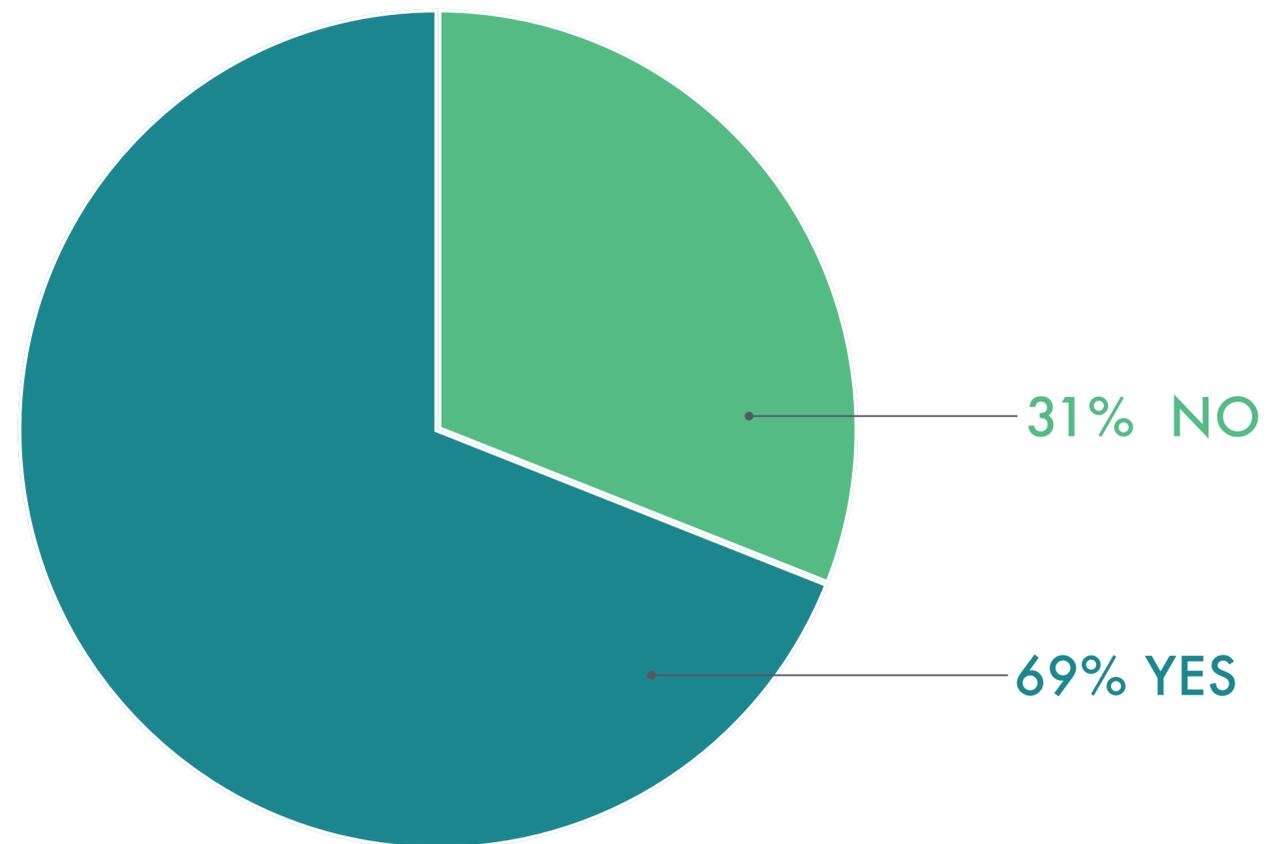


ANSWERS NOT DEPICTED, (<34%) OF RESPONDENTS ANSWERED:

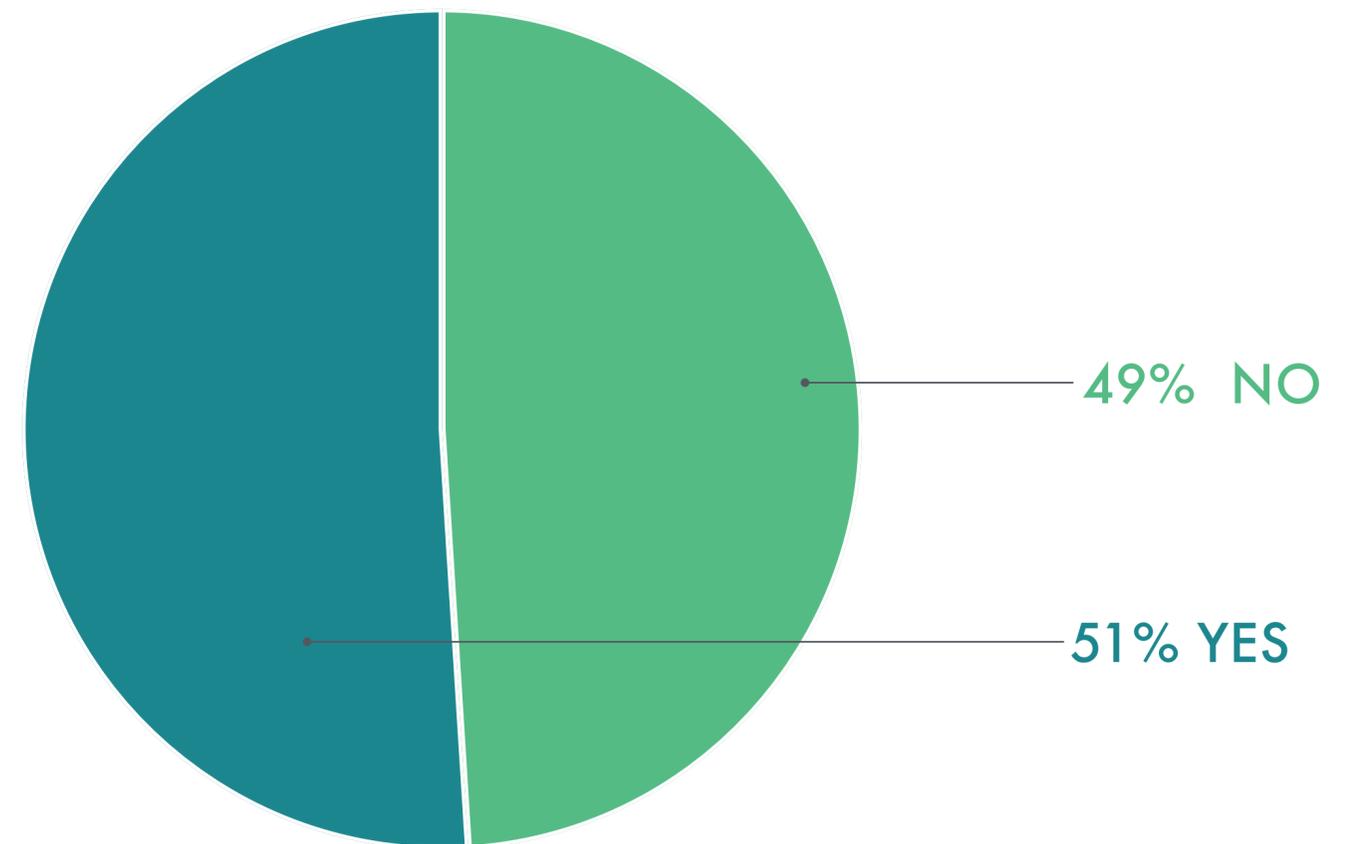
Weight gain (19%); Ebola (15%); Cysts (11%); Hepatitis (8%); None (6%); Headaches & Migraines (3%); Asthma (2%); Stomach cramps (2%); Nausea (1%); Diarrhea (1%); Ulcers (1%); Skin infections (1%); Weight loss (0%); Meningitis (0%); Joint pain (0%); Fevers (0%); Elephantiasis (0%); Depression (0%); Kidney failure (0%)

PERCEIVED RISK

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

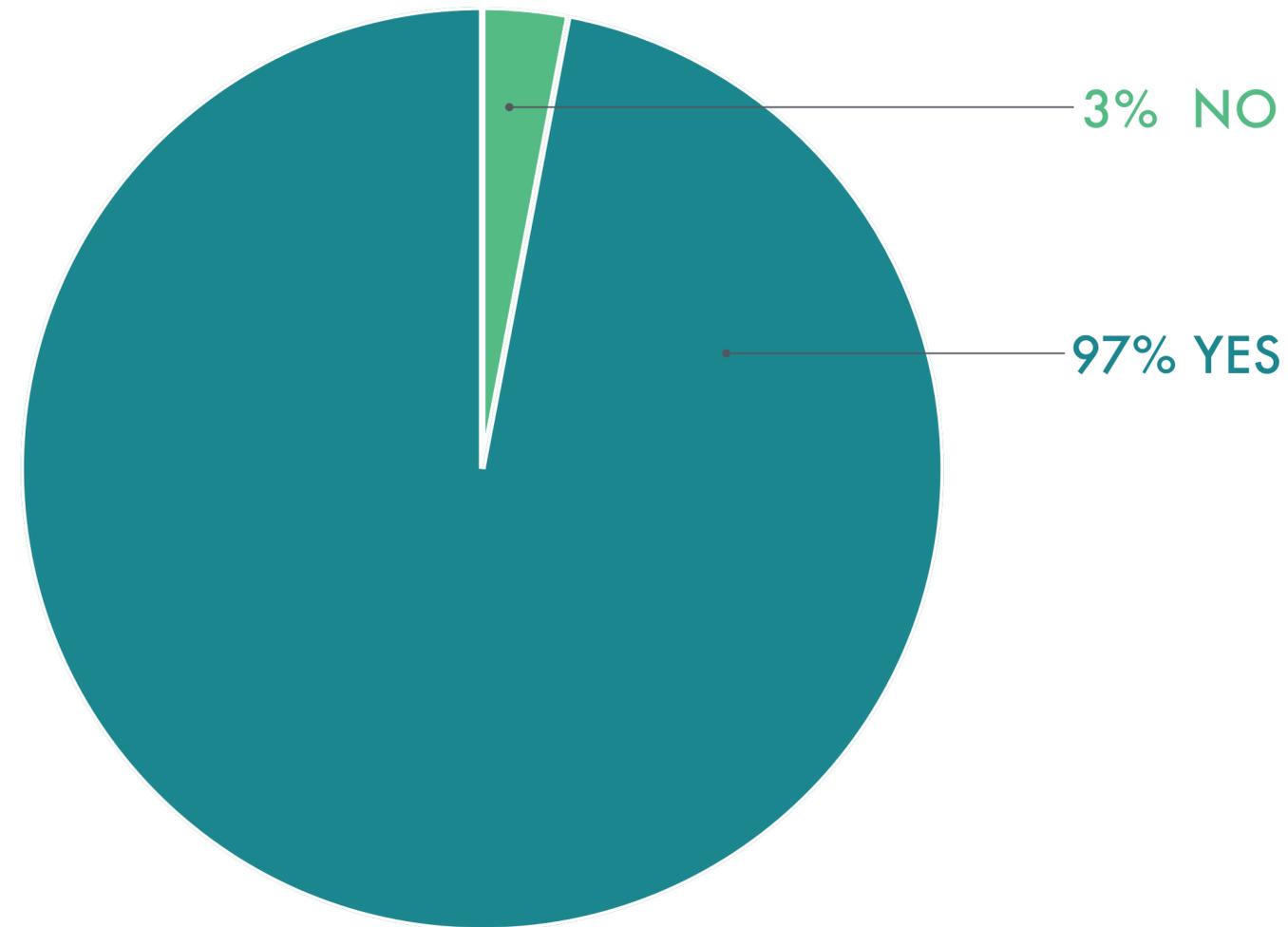


Q10.6 Do you personally feel at risk of contracting HIV? (N=101)



SOCIAL ACCEPTABILITY OF DISCUSSING HIV

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



REASONS FOR NOT BEING "AT RISK": SELF

SEXUAL RISK FACTORS

- I always use condoms when having sex with my partner (74%)
- I know my partner's HIV status (38%)
- I only have one sexual partner (28%)

SHARPS

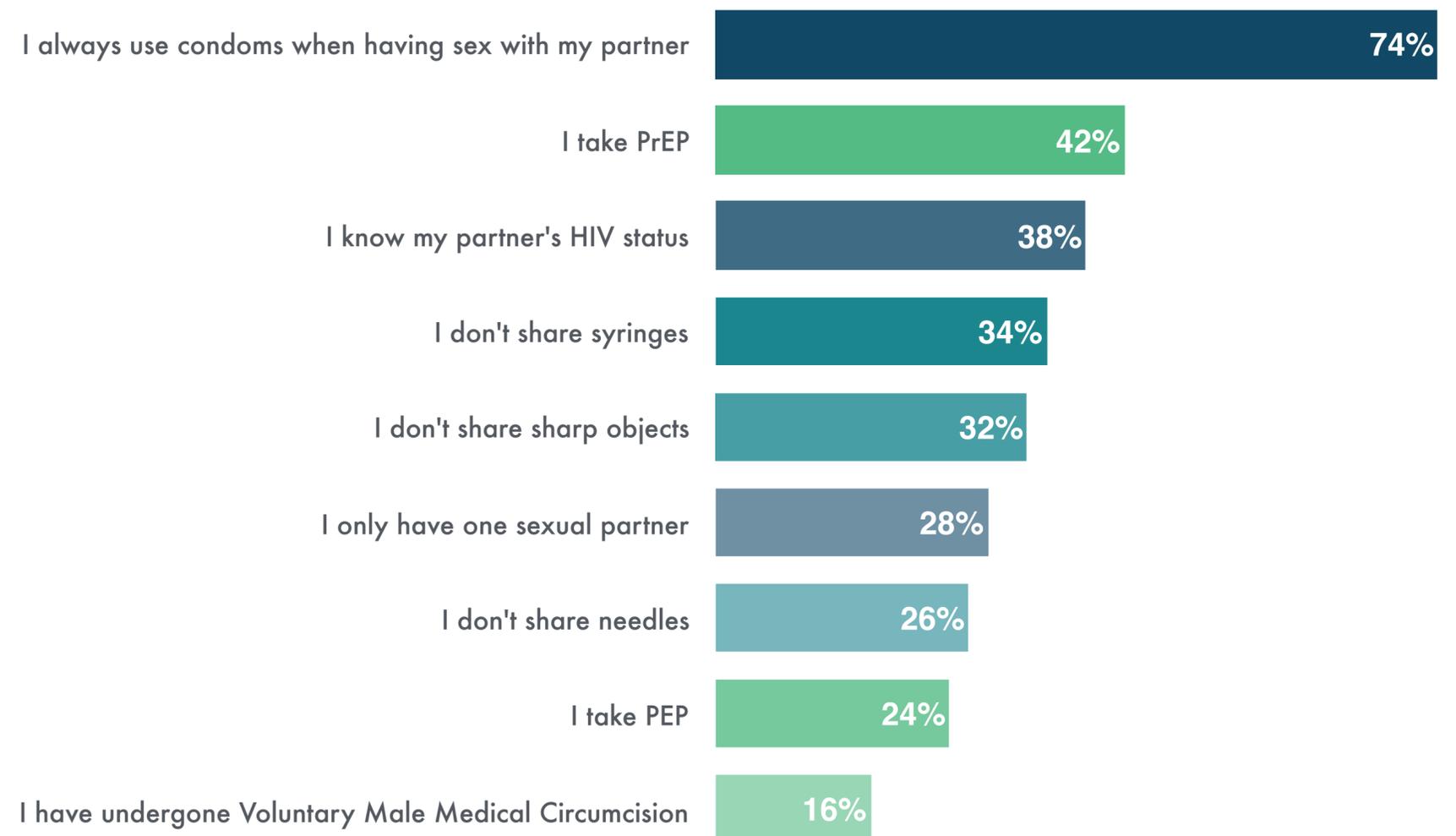
- I don't share syringes (34%)
- I don't share sharp objects (32%)
- I don't share needles (26%)

HEALTH PRECAUTIONS

- I take PrEP (42%)
- I take PEP (24%)
- I have undergone Voluntary Male Medical Circumcision (16%)

Q10.7 Why do you say that you are not at risk of contracting HIV? (n=47) [Multiple Answer]*

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



Answers not depicted, (<16%) of respondents answered:

I use sterilized needles (6%); I refuse to have sex with customers who do not want to use condoms (4%); I do not always use condoms (2%); I share syringes with people (2%); I share sharp objects with people (2%); I have sex with someone other than my partner (2%); I share needles with people (2%); I use lubricants (0%); I always go for checkups (0%); I do not go for regular HIV testing (0%); I do not know my customers' HIV status (0%); I am offered more money to have sex without condoms (0%); I experience condom bursts (0%); My partner is unfaithful to me (0%); I sometimes do not use condoms when I am under the influence of alcohol (0%); I am already infected with HIV (0%); I have never had sex (0%); I am not currently sexually active (0%)

REASONS FOR BEING "AT RISK": PEERS

CONDOM USAGE

- They do not use condoms (61%)
- They are having sex without condoms for (more) money (43%)

SEXUAL RELATIONSHIPS

- They have multiple sexual partners (68%)
- They share the same sexual partners (55%)
- They are not abstaining from sex (36%)

KNOWLEDGE OF STATUS

- They have sex with someone whose status they do not know (48%)
- They do not get tested prior to sexual intercourse (43%)

SHARPS

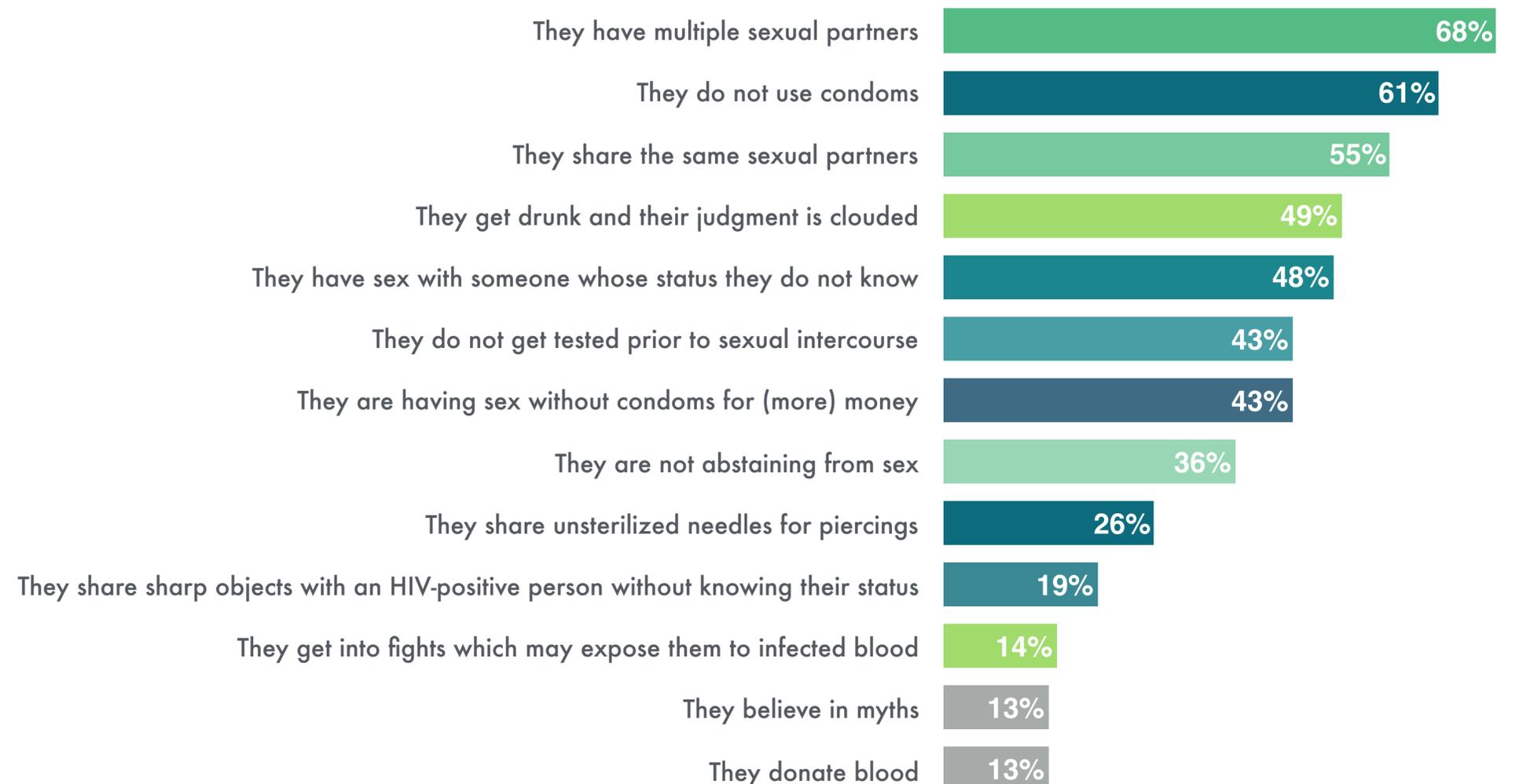
- They share unsterilized needles for piercings (26%)
- They share sharp objects with an HIV-positive person without knowing their status (19%)

SOCIAL

- They get drunk and their judgement is clouded (49%)
- They get into fights which may expose them to infected blood (14%)

Q10.5 Why do you feel that the people you engage with daily are at risk of contracting HIV? (N=69) [Multiple Answer]

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

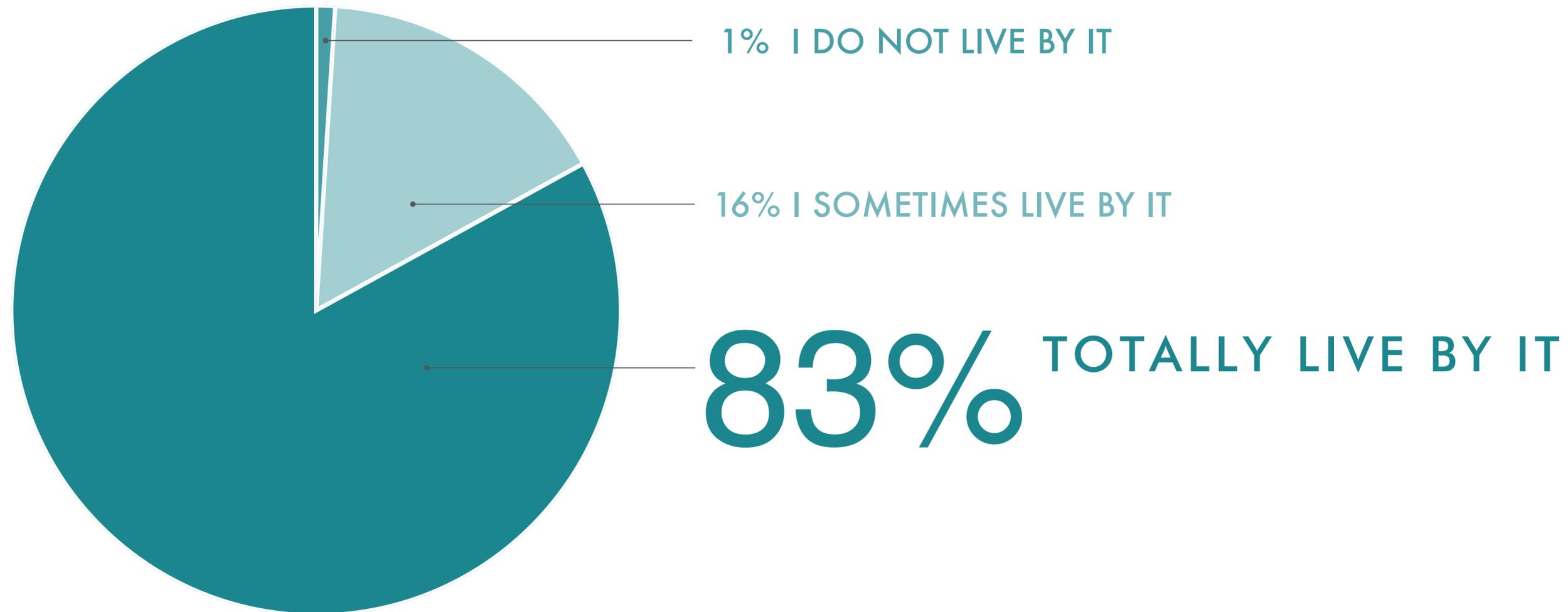


Answers not depicted, (<13%) of respondents answered:

They are falling pregnant at a young age (7%); Lack of knowledge on preventative measures (6%); They do not use preventative measures (4%); Their judgement is clouded when they inject drugs (4%); They do not use PrEP (3%); They share needles when injecting drugs (3%); They experience condom bursts (1%); They are influenced by their environment (0%)

CONCEPT OF PREVENTION

Q6.3 How strongly do you live by the concept of prevention is better than cure i.e. you take preventative measures to avoid certain scenarios?

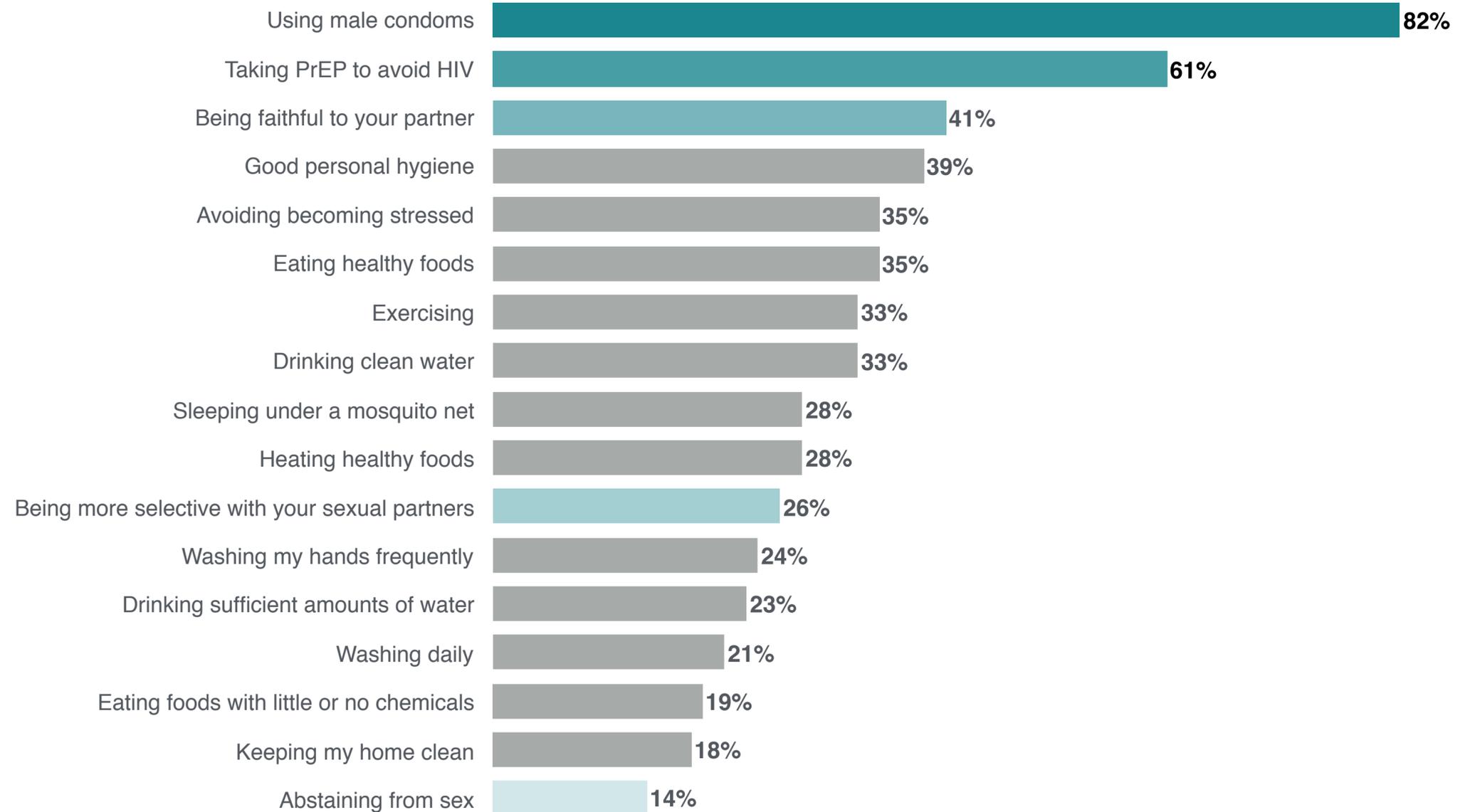


PREVENTATIVE BEHAVIORS

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

SEXUAL HEALTH

- Using male condoms (82%)
- Taking PrEP to avoid HIV (61%)
- Being faithful to your partner (41%)
- Being more selective with your sexual partners (26%)
- Abstaining from sex (14%)

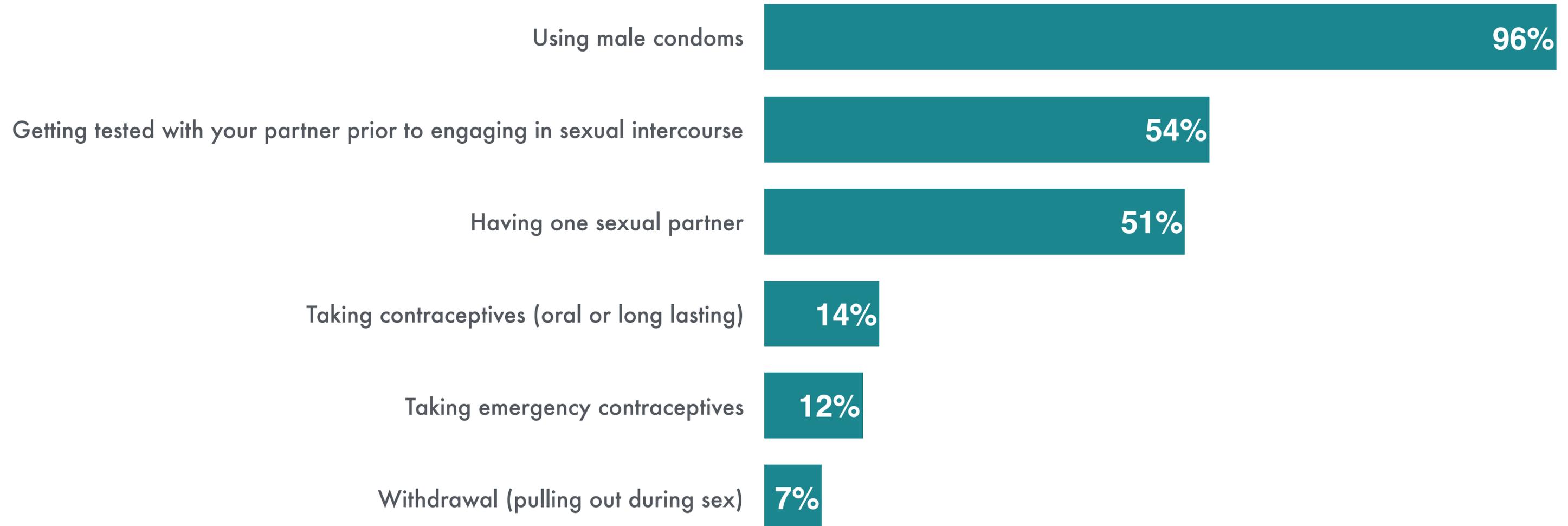


Answers not depicted (<14%) of respondents answered:

Wearing warm clothes (13%); Going for regular checkups (12%); Throwing away rubbish (12%); Flushing the toilet (11%); Using protection in general (9%); Staying away from unventilated areas (8%); Religious practices (8%); Avoid sharing syringes (7%); Wearing safety gear (7%); Only have one sexual partner (6%); Knowing my partner's HIV status (5%); Planting more trees (5%); Traditional/cultural practices (3%); Do not engage in risky sexual behavior (3%); Use lubrication (2%); Taking medication on time (2%); Avoid bad company (2%); Live responsibly (1%); Avoid consuming alcohol (1%); Taking PEP to avoid HIV (0%); Getting vaccinated (0%); Taking ARV's on time (0%); Avoid drugs (0%); None (0%); Using female condoms (0%)

DEFINITION OF SAFE SEX

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



Answers not depicted, (<7%) of respondents answered:

Using lubrication (1%); Taking PEP and PrEP (1%); Abstaining (0%); Using female condoms (0%)

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 (88%)
- Ensuring that a condom is fitted correctly (37%)

SEXUAL RELATIONSHIPS

- Abstaining from sex (52%)
- Being faithful to your partner (46%)
- Only having one sexual partner (39%)

KNOWLEDGE OF STATUS

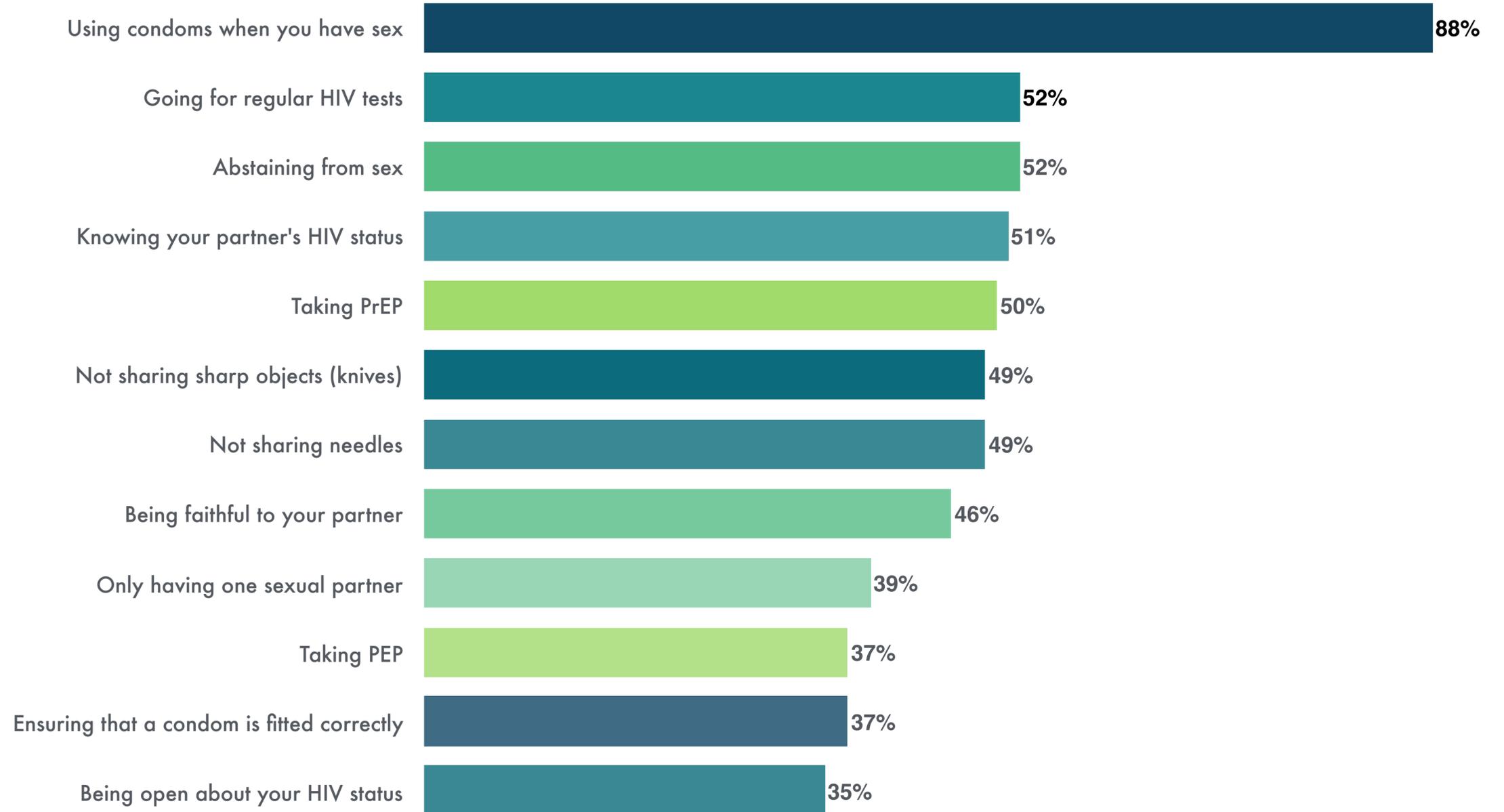
- Going for regular HIV tests (52%)
- Knowing your partner's HIV status (51%)
- Being open about your HIV status (35%)

SHARPS

- Not sharing needles (49%)
- Not sharing sharp objects (49%)

MEDICATION

- Taking PrEP (50%)
- Taking PEP (37%)

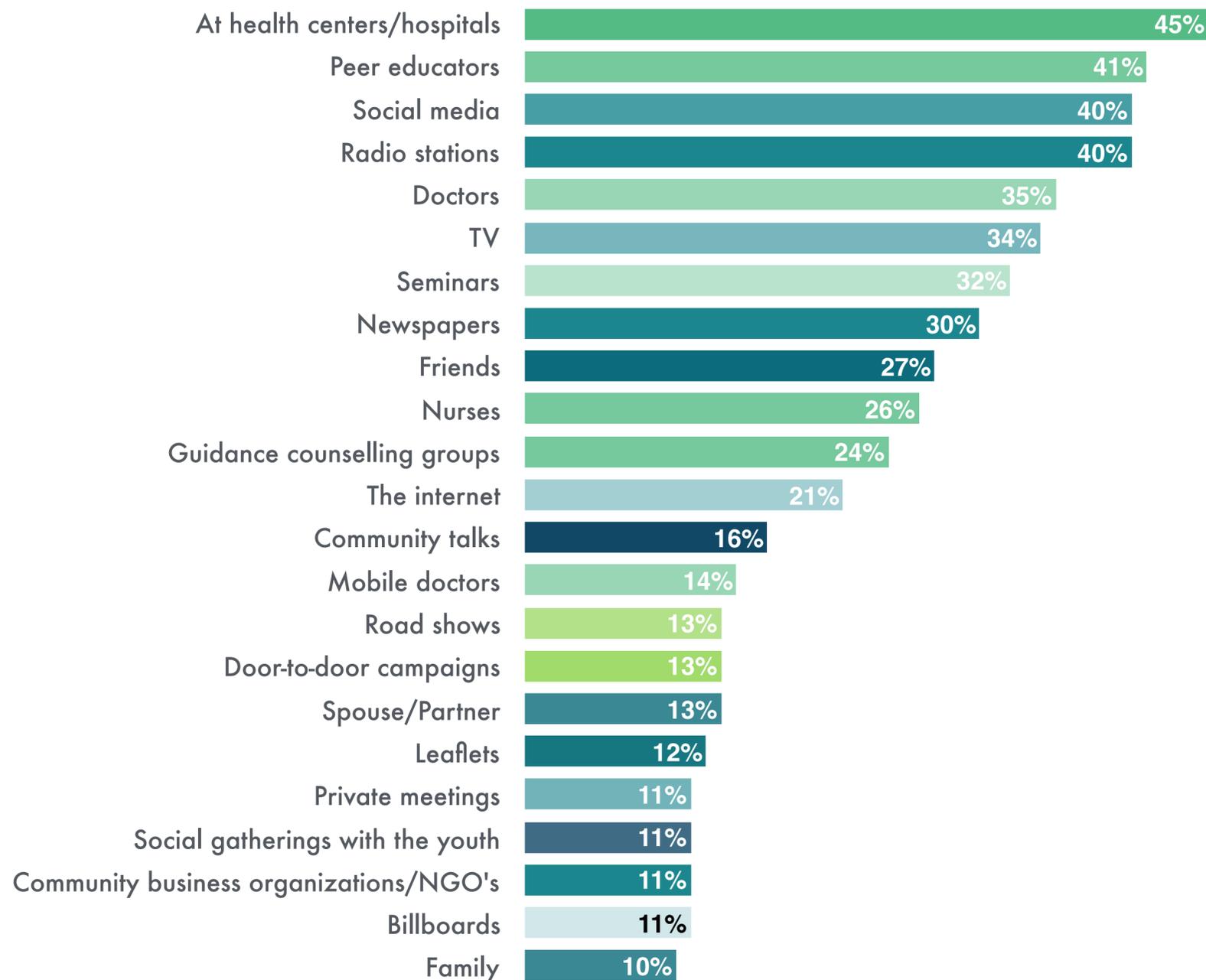
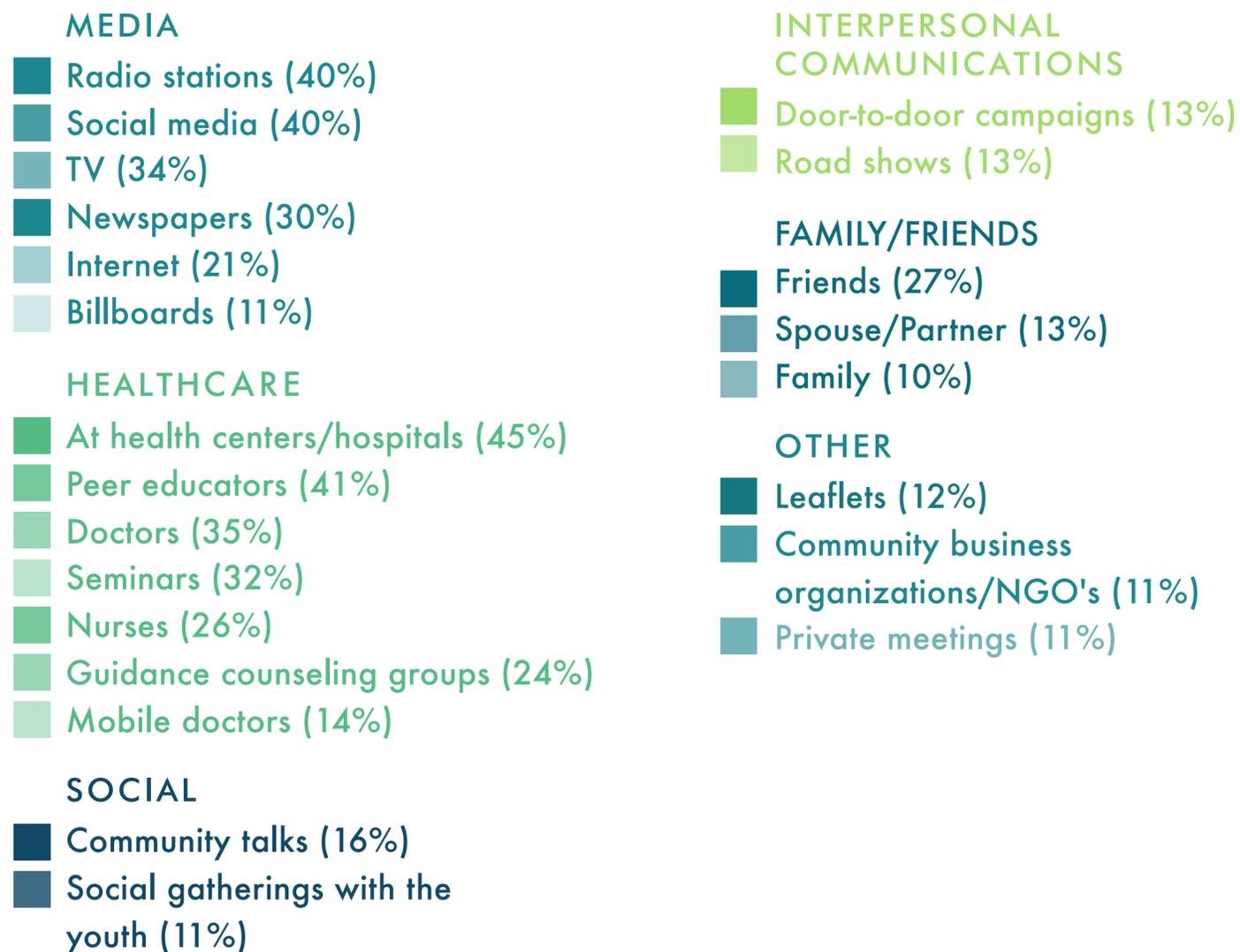


Answers not depicted, (<35%) of respondents answered:

Using sterilized needles (26%); Using female condoms (12%); Religious practices (8%); Traditional/cultural practices (6%); Use lubrication (5%); Avoid consuming drugs (2%); None (2%); Infected mothers should not breastfeed (1%); Avoid having a blood transfusion (1%); Not touching someone's open wound (0%); Ensure baby is delivered safely during labour (0%); Not sharing toothbrushes (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, (<10%) of respondents answered:

Instant messenger apps (WhatsApp) (9%); Talks at schools and campuses (8%); Religious leaders (7%); Women groups (Women Fighting AIDS in Kenya - WOFAK) (6%); Churches (6%); Posters (in bars, hotels, guest houses, etc.) (6%); Chama groups (money saving groups) (5%); At crusade meetings (3%); Pharmacy/Pharmacists (2%); Support groups (1%)



HEALTH AND PREVENTION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

PREP SHOULD BE PART OF THE HIV CONVERSATION

With 97% of MSM surveyed actively speaking about HIV with their peers and getting tested on a regular basis, PrEP should have an established position in the conversation, clearly explaining the benefits, evidence and facts of PrEP, clarifying any misconceptions that may exist. The goal here would be to assure them that PrEP is effective and that it can relieve their worry of contracting HIV.

PREP: A HIGHER STANDARD OF PROTECTION

Condoms (82%) and PrEP (61%) were the top two methods of prevention with being faithful to your partner (42%) ranked third, signifying a good baseline level of awareness. Effective messages can emphasize that using condoms and PrEP together can increase protection.

COMMUNICATIONS IMPLICATIONS

REDEFINING SAFE SEX

With PrEP ranking as the second most common form of HIV prevention within this population, there is an opportunity to broaden the definition of “safe sex” to include PrEP. This will enable PrEP to be top of mind when discussing standard prevention methods as it relates to HIV.

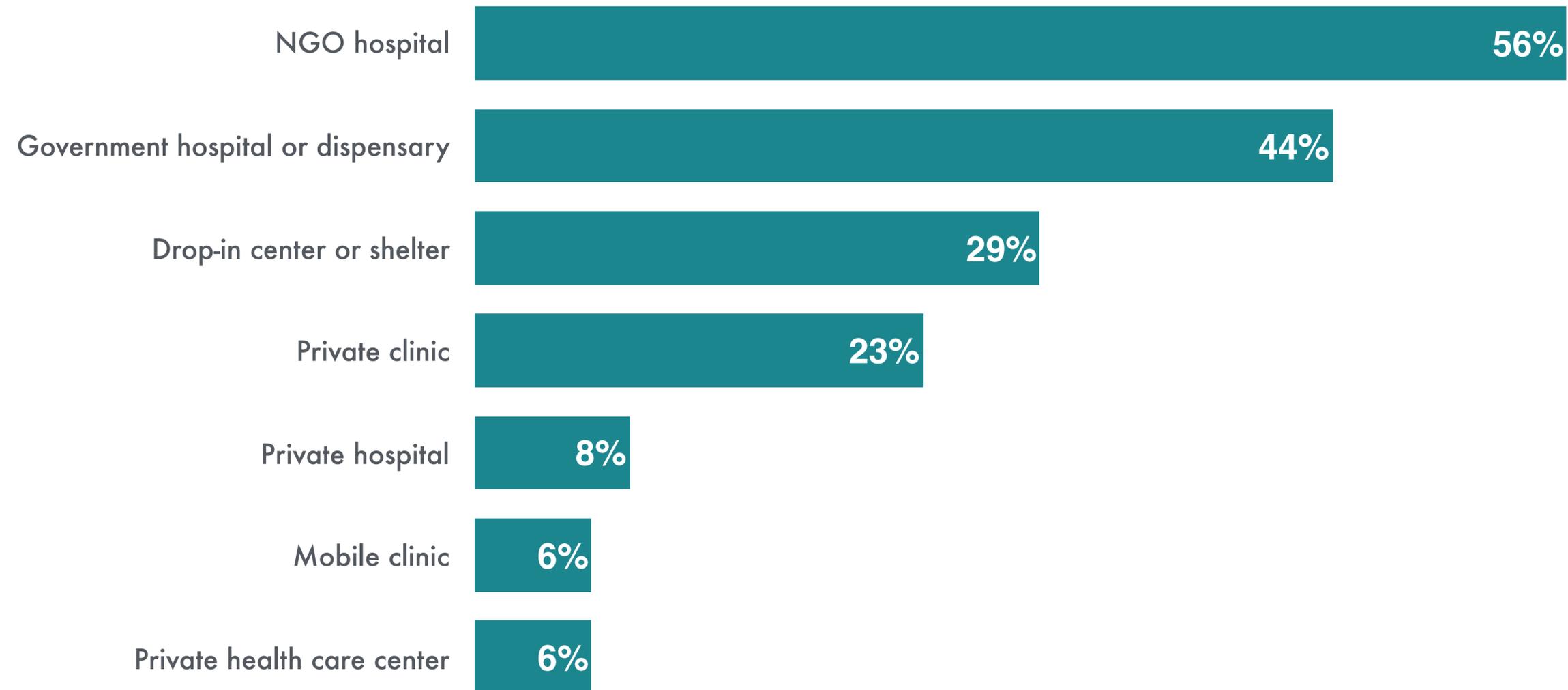


HEALTHCARE

SOURCES OF HEALTHCARE

Q7.1

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

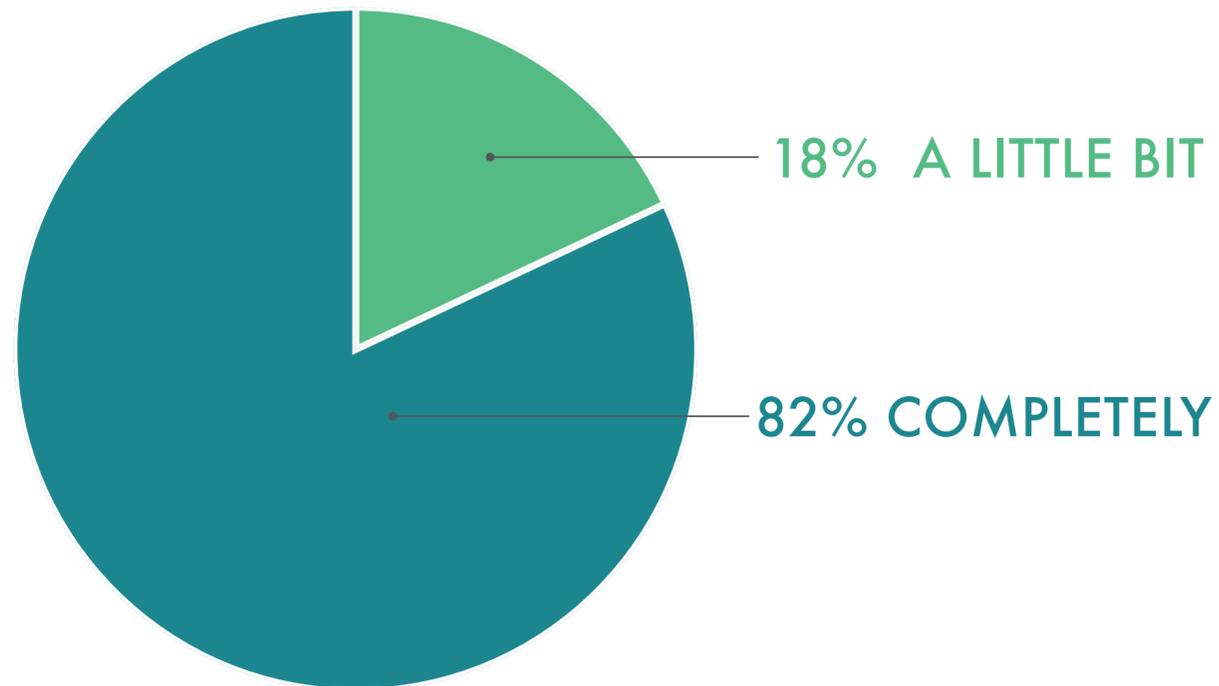


Answers not depicted, (<6%) of respondents answered:
None (0%); Mission hospital (0%)

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=101)

TRUST

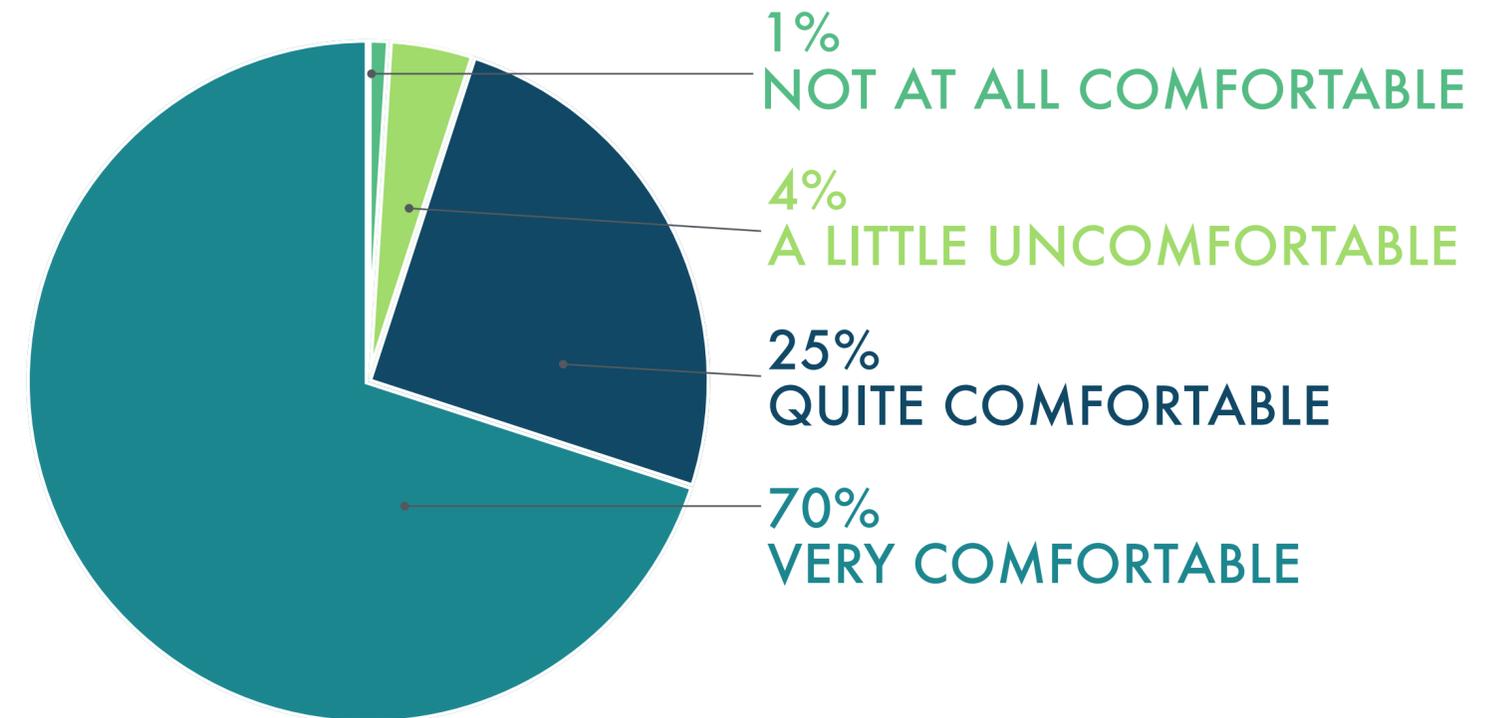


Answers not depicted, (0%) of respondents answered:

Not at all; Not really

Q7.7 How comfortable (at ease) do you feel visiting the healthcare center? (N=101)

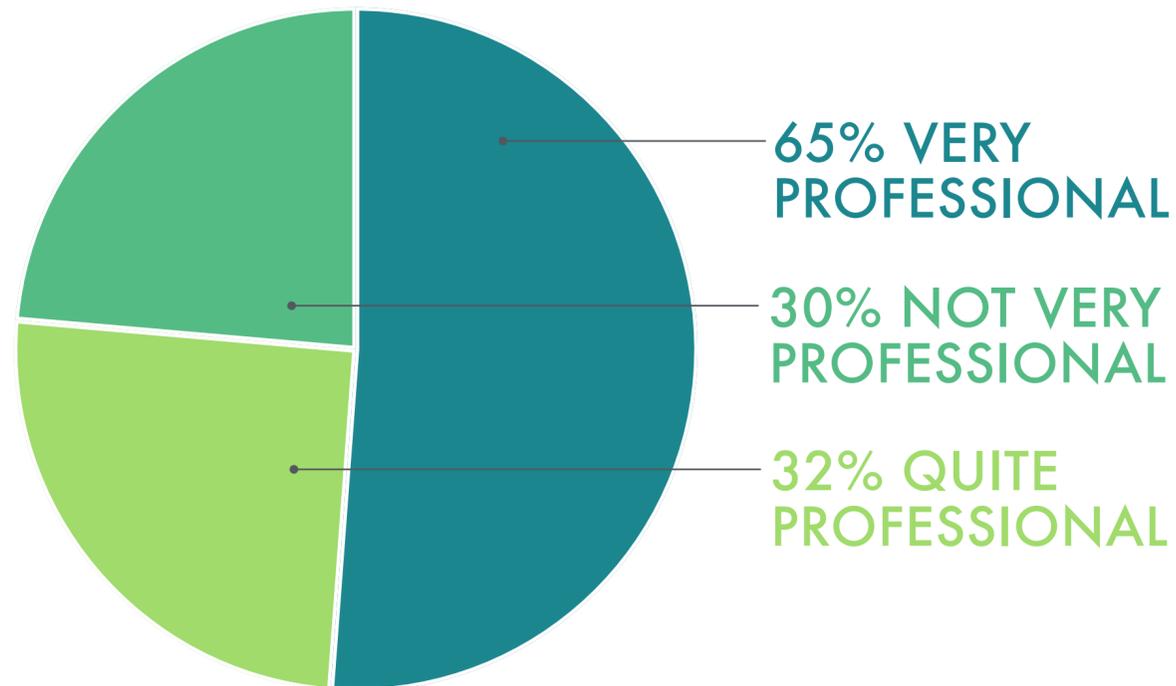
COMFORT



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=101)

PROFESSIONALISM

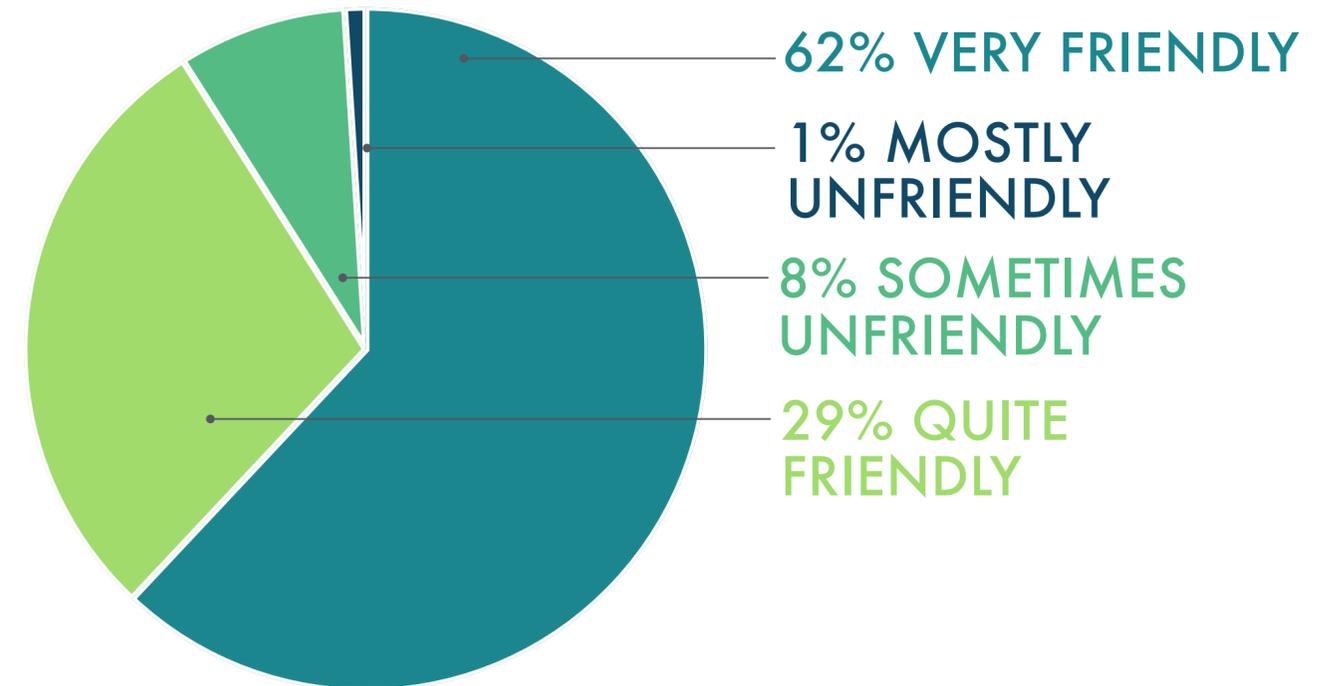


Answers not depicted, (0%) of respondents answered:

Not at all professional

Q7.13 Would you describe the doctors and nurses and other staff at the healthcare center that you go to as being...? (N=101)

FRIENDLINESS





HEALTHCARE

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

A TRUSTED CHANNEL

Unlike the other key audiences (AGYW, FSW, SDC, PWID), NGO Hospitals are the primary source of health services for MSM as opposed to Government Hospitals or Dispensaries. Aware that MSM are a moderately high stigmatized population, MSM may be more comfortable and willing to consider PrEP within this setting.



STIGMA AND VICTIMIZATION

STIGMA AND VICTIMIZATION

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

68%

PERSONALLY EXPERIENCE
STIGMATIZATION OR
VICTIMIZATION

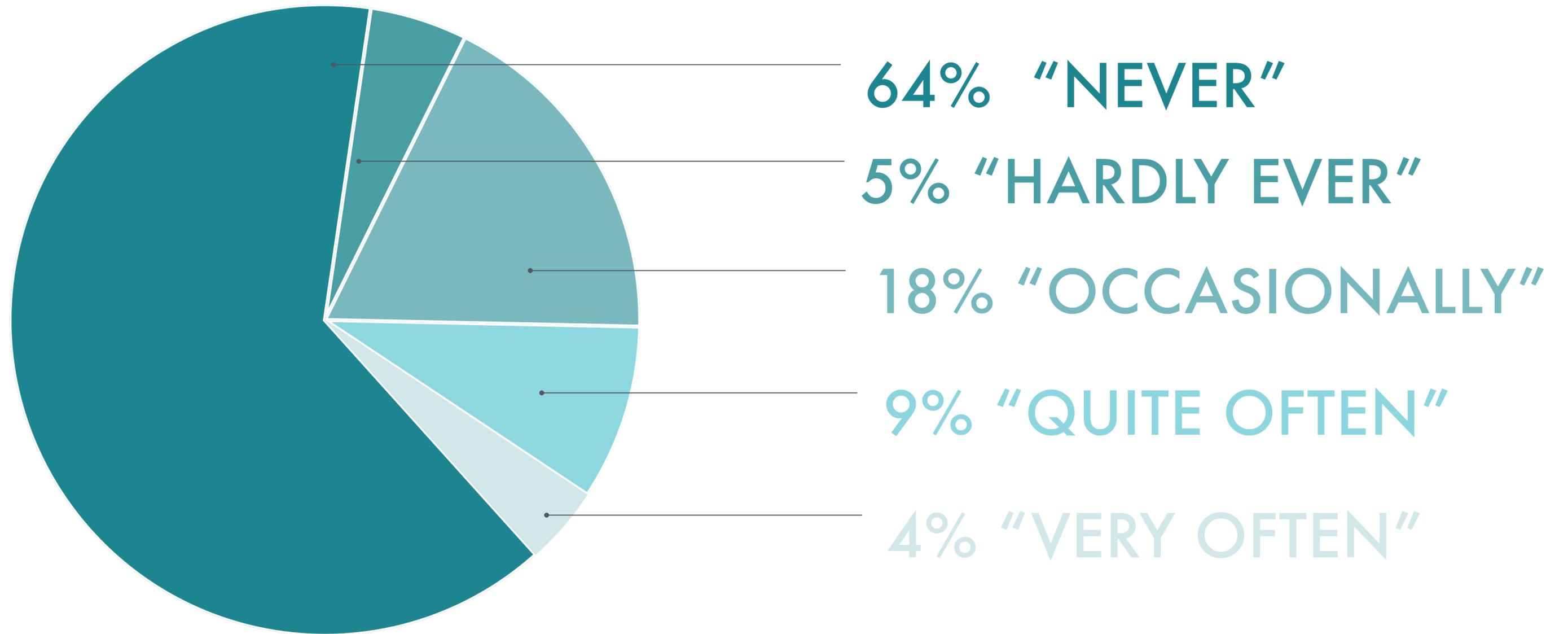
Q9.1 Are any of the people you engage with daily victimized or stigmatized in any way? (N=101)

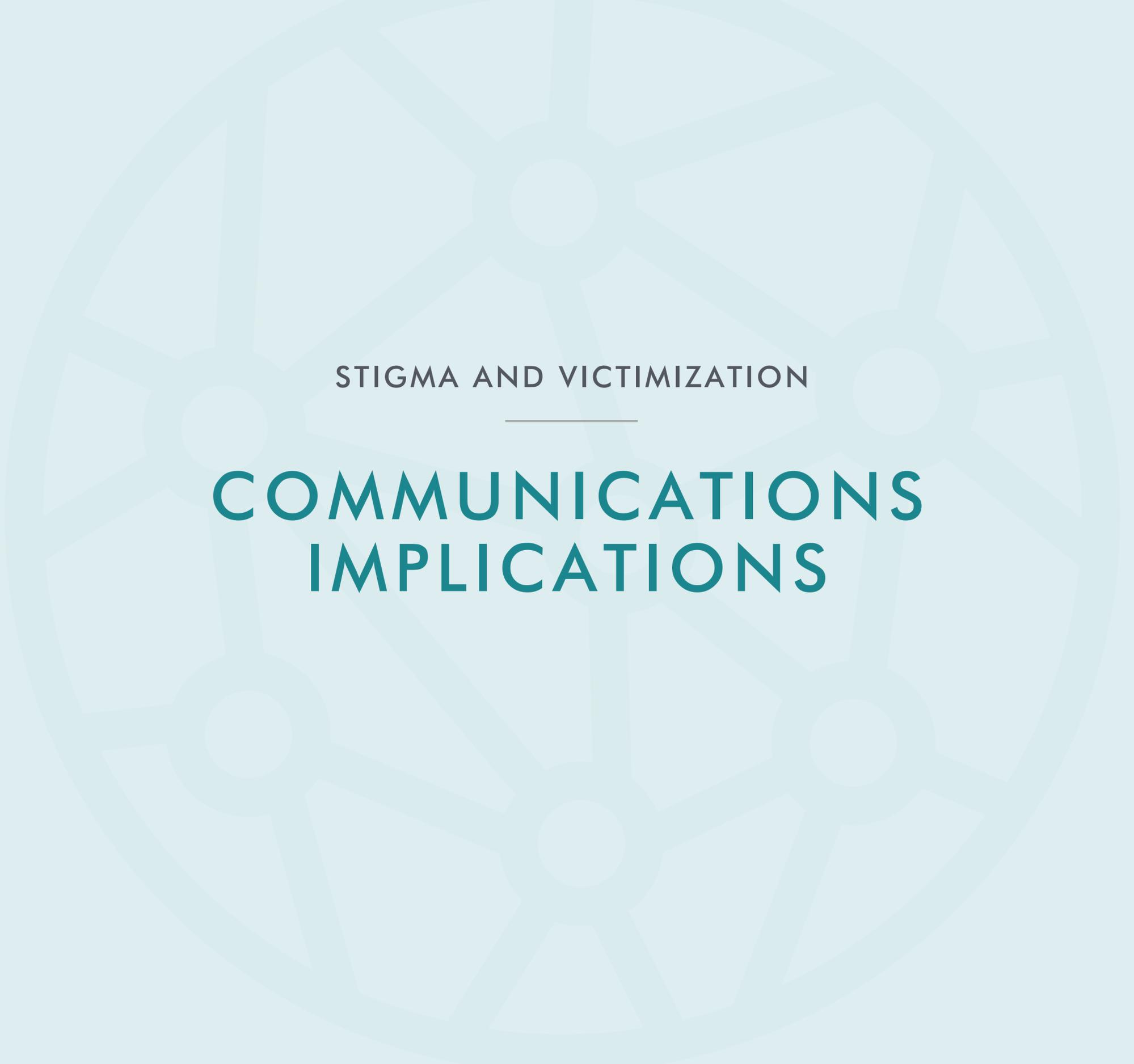
76%

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)





STIGMA AND VICTIMIZATION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

SENSITIVE TO STIGMA

A majority of MSM either experienced or perceived other MSM to experience stigma, indicating that the realities of life are highly sensitive and subject to judgement. Communications about PrEP for MSM should take care not to reinforce stigma or otherness, but rather support, lift up, and instill positivity.

A SENSE OF CONTROL

31% of the MSM surveyed have felt pressured to have sex against their will. Communications can address maintaining safety and control through PrEP, even in the midst of challenges they're faced with.



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)

92% ARE SURE THAT IT WOULD WORK

Answers not depicted:

Unsure that it would work (7%); It would not work (1%)

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

88% WOULD USE PREP*

I DEFINITELY WOULD USE IT (68%)*
I PROBABLY WOULD USE IT (20%)*

Answers not depicted:

I definitely would NOT use it (5%); I probably would NOT use it (4%); I am UNSURE if I would use it (3%)

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 STIs and STDs (39%)
- People using it and having unprotected sex (37%)
- It will increase the rate of unwanted pregnancies (21%)

ADHERENCE

- People will forget to take it (43%)
- Having to use it for the rest of your life to prevent HIV (27%)

EFFICACY

- There is still a 10% chance of contracting HIV (36%)
- There is no proof that it works (30%)
- Having to use PrEP in conjunction with a condom is concerning (26%)

SIDE EFFECTS

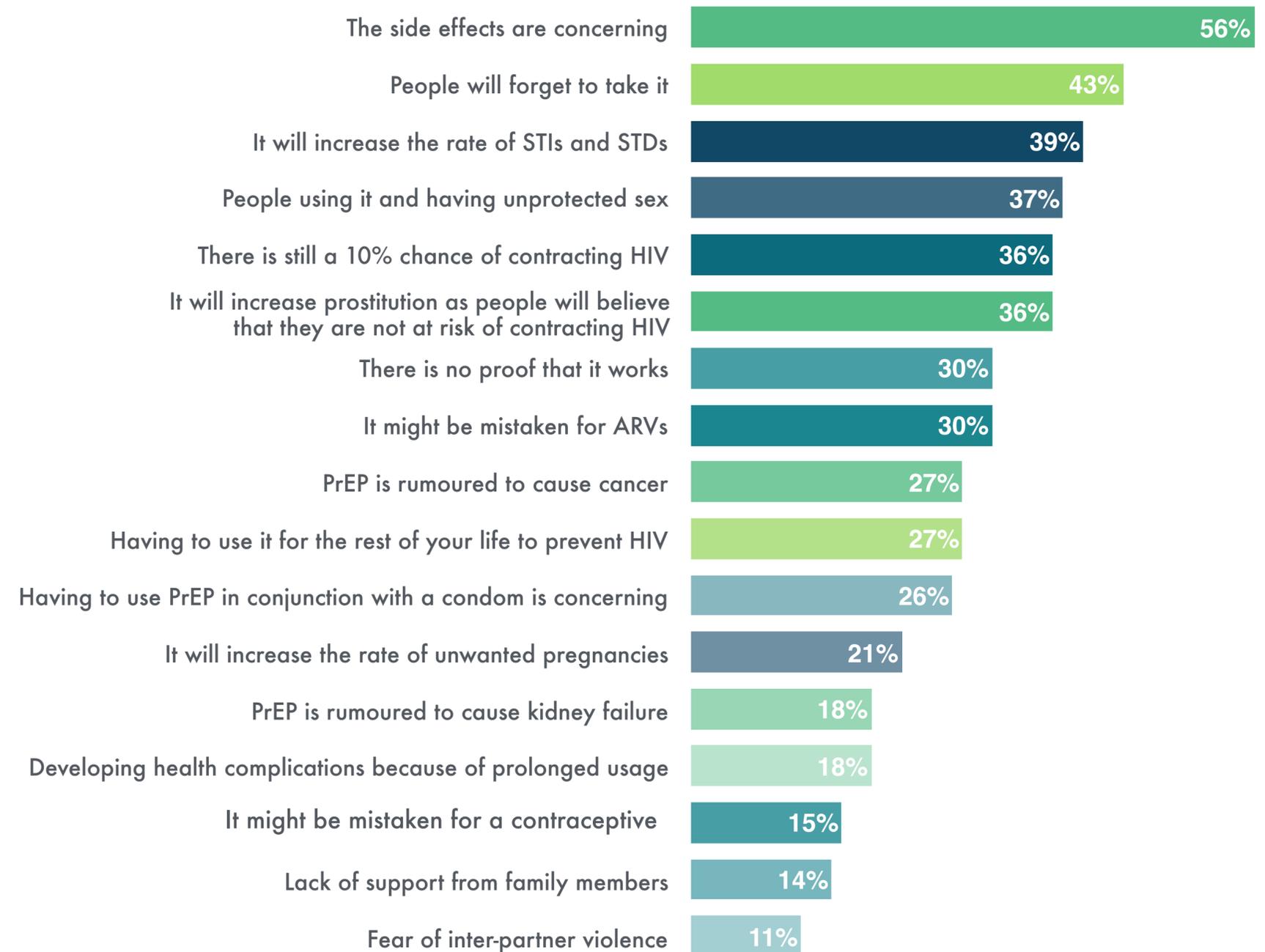
- The side effects are concerning (56%)
- PrEP is rumoured to cause cancer (27%)
- PrEP is rumoured to cause kidney failure (18%)
- Developing health complications because of prolonged usage (18%)

STIGMA

- It might be mistaken for ARVs (30%)
- It might be mistaken for a contraceptive (15%)
- Lack of support from family members (14%)
- Fear of inter-partner violence (11%)

COMMERCIAL SEX

- It will increase prostitution as people will believe that they are not at risk of contracting HIV (36%)



Answers not depicted, (<11%) of respondents answered:

It might not be easily accessible (5%); None (3%); Do not always eat regularly and it might affect the way PrEP works (2%); Being mistaken for a sex worker (1%); Being judged for using PrEP (1%); It may affect your chances of becoming pregnant (1%); Developing resistance to other medication (0%); It will not help if you are already infected with HIV (0%); There is no awareness on PrEP (0%); It might be expensive (0%)

PERCEPTIONS OF PrEP ADHERENCE

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

AWARENESS

- Forgetting to take it (54%)
- Being too drunk to remember to take it (49%)
- Not knowing how it works (40%)
- Not being aware of it (36%)

STIGMA

- It might be mistaken for ARVs (37%)

CONVENIENCE

- Not used to taking medication daily (48%)
- It's difficult to walk around with medication daily (25%)

NOT NECESSARY

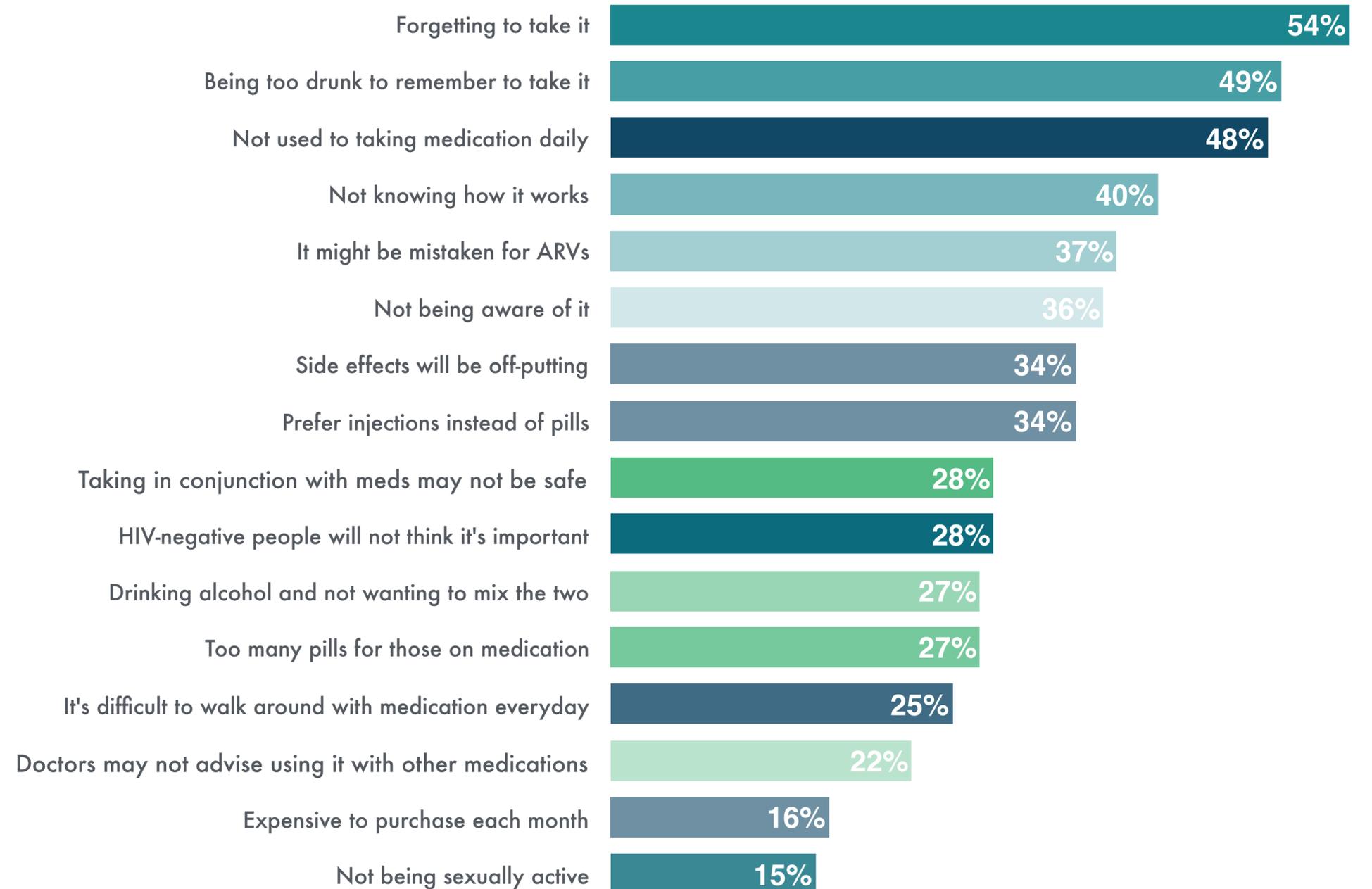
- HIV-negative people will not think it's important (28%)
- Not being sexually active (15%)

COMBINING

- Taking in conjunction with meds may not be safe (28%)
- Too many pills for those on medication (27%)
- Drinking alcohol and not wanting to mix the two (27%)
- Doctors may not advise using it with other medications (22%)

OTHER

- Prefer injections instead of pills (34%)
- Side effects will be off-putting (34%)
- Expensive to purchase each month (16%)



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

Youth may not purchase & fear parents (9%); Ignorance (7%); Because of stigmas attached to it (5%); It is not easily available (3%); No regular food to eat (having to take pill after meals) (2%); No proper shelter (2%); Lack of support from family members (2%); Preferred other methods of prevention (2%); Myths and misconceptions (2%); None (2%); Due to drug abuse (2%); It is not 100% effective (1%); If it does not work (1%); Fear that the drug comes from a Western country (1%); Lack of support from friends (1%); Peer pressure (1%)

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

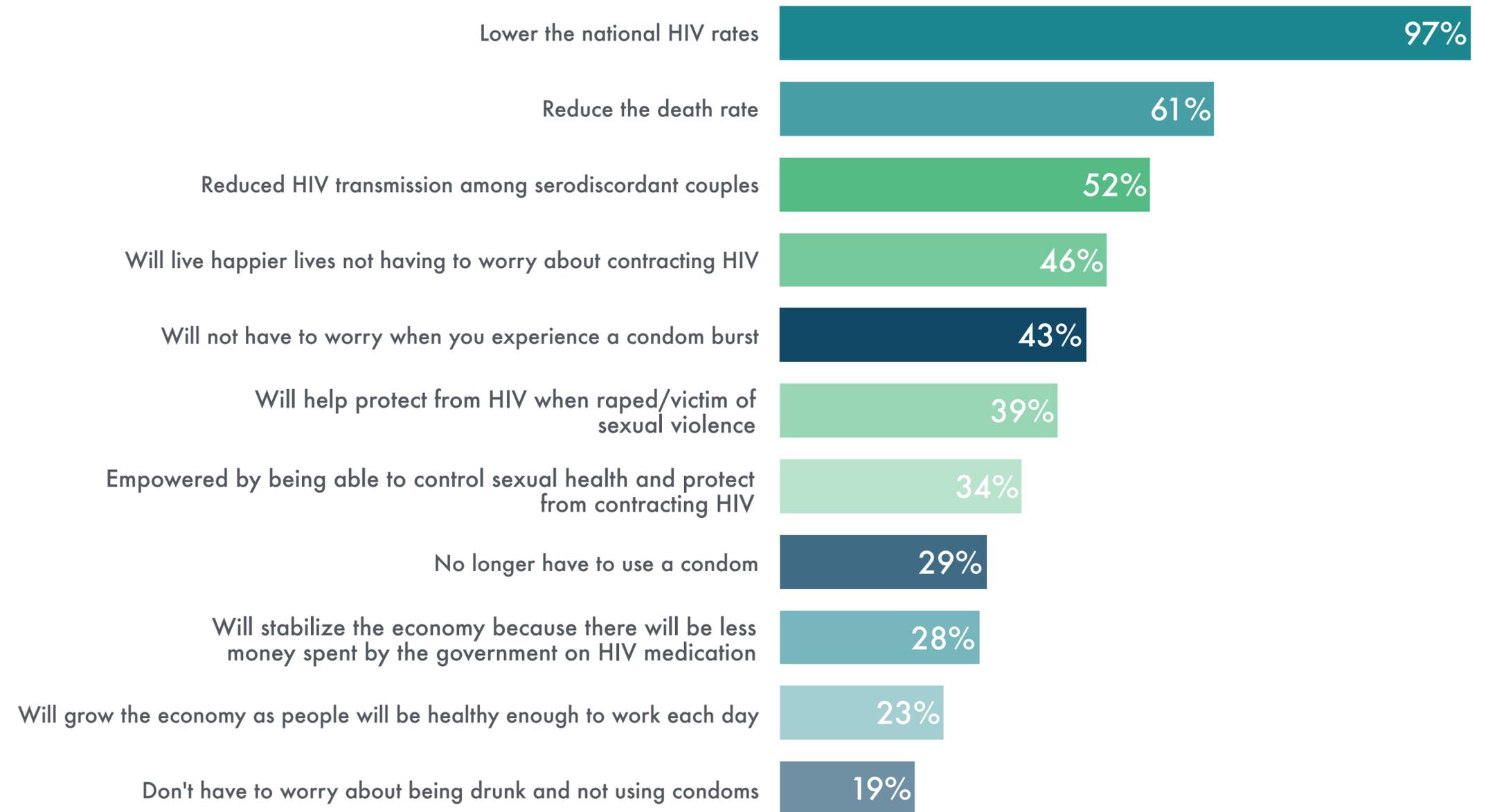
- Lower national HIV rates (97%)
- Reduce death rate (61%)
- Will stabilize the economy because there will be less money spent by the government on HIV medication (28%)
- Will grow the economy as people will be healthy enough to work each day (23%)

NO NEED FOR CONDOM

- Will not have to worry when you experience condom burst (43%)
- No longer have to use a condom (29%)
- Don't have to worry about being drunk and not using a condom (19%)

PROTECT FROM HIV

- Reduced HIV transmission among serodiscordant couples (52%)
- Will live happier lives not having to worry about contracting HIV (46%)
- Will help protect from HIV when raped/victim of sexual violence (39%)
- Empowered by being able to control sexual health and protect from contracting HIV (34%)



Answers not depicted, (<19%) of respondents answered:

None (4%); Brings hope of living (2%); People will be proud of their status (1%); Immunity will be increased (1%); Improves the health of people (0%); My partner and I can live normally again (0%)

COMMUNICATION

Q11.12 How do you think PrEP should be communicated to people like yourself in Kenya? (N=101) *[Multiple Answer]*

MEDIA

- TV (36%)
- Radio stations (33%)
- Newspapers (22%)
- Billboards (18%)

SOCIAL

- Peer educators (29%)
- Friends (27%)
- Seminars (27%)
- Community talks (16%)

DIGITAL

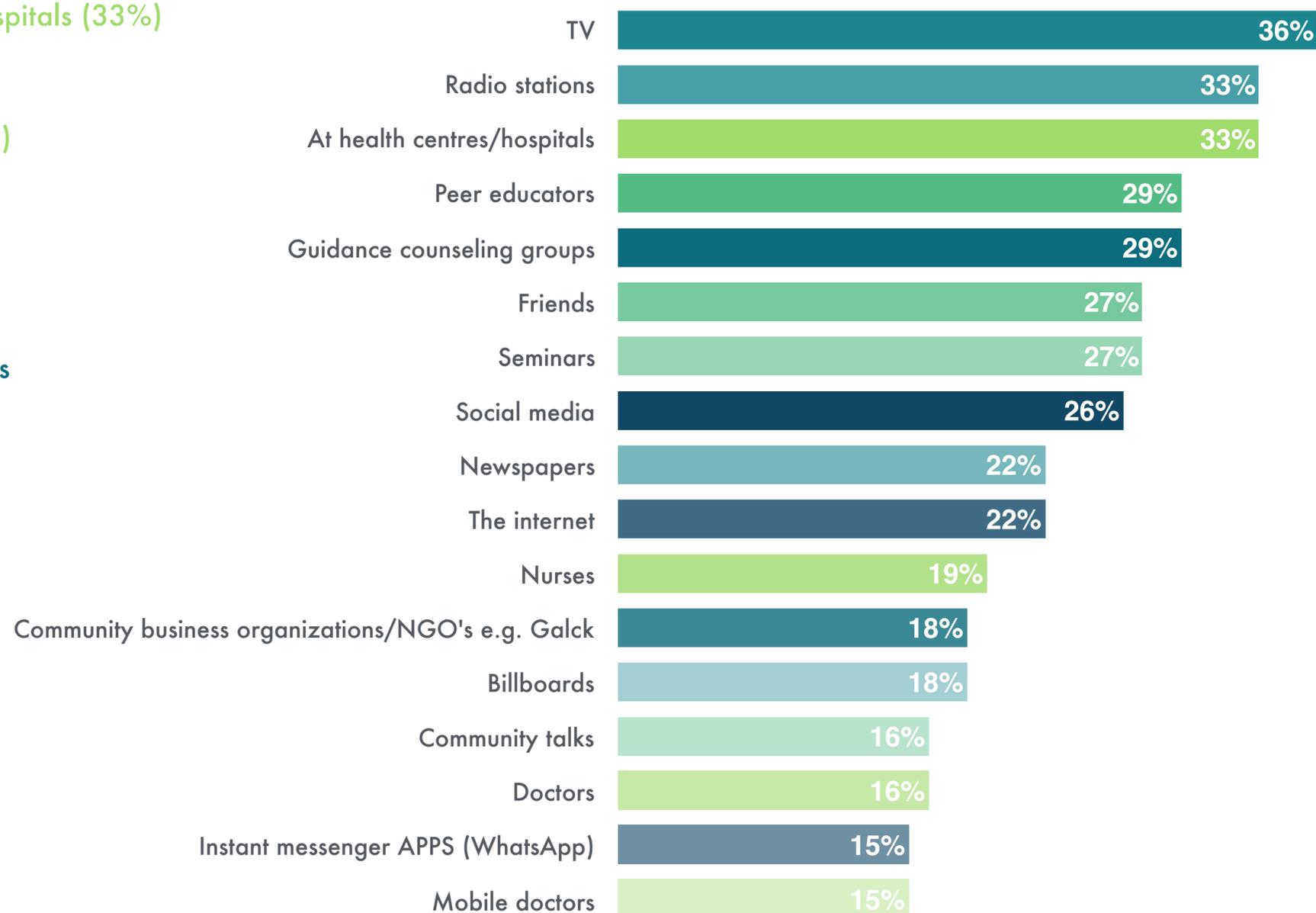
- Social media (26%)
- The internet (22%)
- Instant messenger apps (WhatsApp) (15%)

HEALTH

- At health centers/hospitals (33%)
- Nurses (19%)
- Doctors (16%)
- Mobile doctors (15%)

OTHER

- Guidance counseling groups (29%)
- Community business organizations/NGO's e.g. Galck (18%)



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

Leaflets (14%); Posters (in bars, hotels, guest houses, etc.) (13%); Door-to-door campaigns (12%); Spouse/Partner (11%); Talks at schools and campuses (10%); Family (8%); At crusade meetings (7%); Religious leaders (7%); Roadshows (7%); Social gatherings with the youth (7%); Private meetings (6%); Women groups (Women Fighting AIDS in Kenya - WOFAK) (6%); Churches (6%); Chama groups (money saving groups) (4%); Pharmacy/Pharmacists (3%); None (0%)



PrEP PERCEPTIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

EDUCATION AND MOTIVATION FOR UPTAKE AND ADHERENCE ARE KEY

One of the top reasons for not wanting to take PrEP is a lack of understanding of the medication. Developing clear and straightforward information about PrEP is therefore important to drive uptake and adherence. Using SMS reminders, MSM can be reminded to take PrEP, which can ease adherence concerns.



SUMMARY OF IMPLICATIONS

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MOTIVATIONS

MESSAGES OF PROSPERITY

Given that MSM are concerned about the high cost of living, not earning enough money, and aspiring to owning property, a message of how PrEP can help protect their health, thus protecting their families and their future, may resonate with this audience.

HEALTH AND PREVENTION

PREP SHOULD BE PART OF THE HIV CONVERSATION

With 97% of MSM surveyed actively speaking about HIV with their peers and getting tested on a regular basis, PrEP should have an established position in the conversation, clearly explaining the benefits, evidence and facts of PrEP, clarifying any misconceptions that may exist. The goal here would be to assure them that PrEP is effective and that it can relieve their worry of contracting HIV.

PREP: A HIGHER STANDARD OF PROTECTION

Condoms (82%) and PrEP (61%) were the top two methods of prevention with being faithful to your partner (42%) ranked third, signifying a good baseline level of awareness. Effective messages can emphasize that using condoms and PrEP together can increase protection.

REDEFINING SAFE SEX

With PrEP ranking as the second most common form of HIV prevention within this population, there is an opportunity to broaden the definition of “safe sex” to include PrEP. This will enable PrEP to be top of mind when discussing standard prevention methods as it relates to HIV.

SUMMARY OF IMPLICATIONS

HEALTHCARE

A TRUSTED CHANNEL

Unlike the other key audiences (AGYW, FSW, SDC, PWID), NGO Hospitals are the primary source of health services for MSM as opposed to Government Hospitals or Dispensaries. Aware that MSM are a moderately high stigmatized population, MSM may be more comfortable and willing to consider PrEP within this setting.

STIGMA AND VICTIMIZATION

SENSITIVE TO STIGMA

A majority of MSM either experienced or perceived other MSM to experience stigma, indicating that the realities of life are highly sensitive and subject to judgement. Communications about PrEP for MSM should take care not to reinforce stigma or otherness, but rather support, lift up, and instill positivity.

A SENSE OF CONTROL

31% of the MSM surveyed have felt pressured to have sex against their will. Communications can address maintaining safety and control through PrEP, even in the midst of challenges they're faced with.

SUMMARY OF IMPLICATIONS

PREP PERCEPTIONS

EDUCATION AND MOTIVATION FOR UPTAKE AND ADHERENCE ARE KEY

One of the top reasons for not wanting to take PrEP is a lack of understanding of the medication. Developing clear and straightforward information about PrEP is therefore important to drive uptake and adherence. Using SMS reminders, MSM can be reminded to take PrEP, which can ease adherence concerns.

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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