

OPTIONS MARKET INTELLIGENCE REPORT: KENYA

*Key insights and communications implications for
oral PrEP demand creation among serodiscordant
couples (SDC) in Kenya*

NOVEMBER 27, 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 serodiscordant couples (SDC) (N=101).

Prior to the interview, the HIV status of participants was not confirmed, thus both seronegative and seropositive participants in serodiscordant relationships were included in the study sample.

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 six 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 SDC 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 SDC 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: SDC

(N=101)

MEAN AGE 35.9

GENDER

51% male
49% female

MARITAL STATUS

83% were married
17% were not married, but
living with a partner

INCOME

58% reported a household income below
KES 30,000 (approximately \$300 USD)

CHILDREN

Of respondents with children, 70% had
2+ children
17% reported not having children

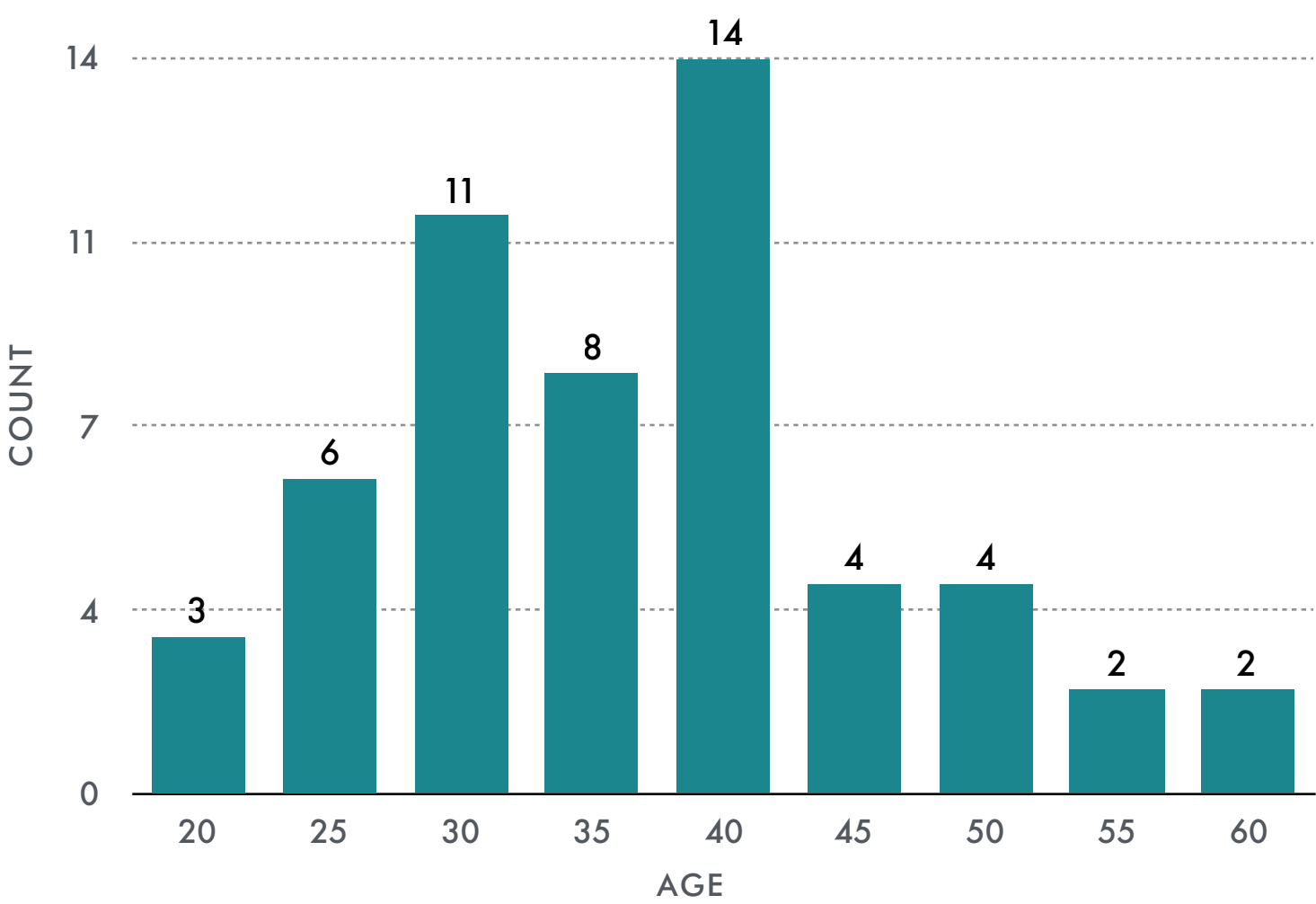
LANGUAGE

77% spoke English
88% spoke Swahili
21% spoke Kikuyu
21% spoke Dhlouo
64% spoke 3+ languages

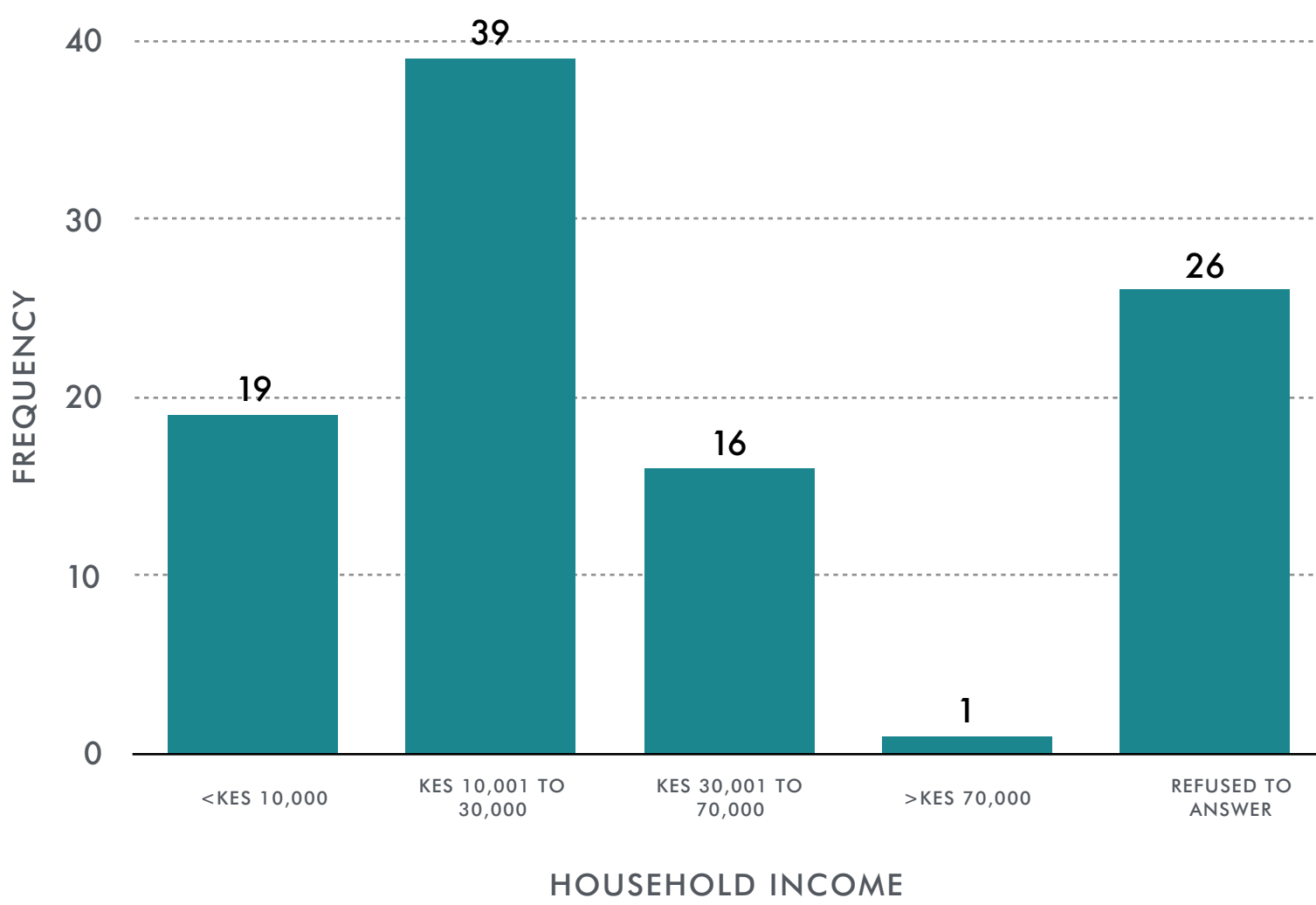
HOME LIFE

35% lived in a flat/apartment and
live with an average of 4.5 people
37% lived in a shanty home with an
average of 3.5 people
14% lived in a Manyatta/
traditional house with an average of
4 people

DISTRIBUTION OF RESPONDENT AGE: SDC



DISTRIBUTION OF RESPONDENT HOUSEHOLD INCOME: SDC



SURVEY PROFILE: SDC

(N = 101)

EDUCATION

99% were not currently in school

Of those who attended school in the past,
83% completed at least primary school,
66% completed at least secondary school,
and 37% completed a college or university degree

CONNECTIVITY

99% 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,
66% had access to a smartphone

89% owned a TV set

83% owned a radio

20% owned a computer

EMPLOYMENT

84% of individuals were employed (full-time, part-time, or self-employed)

51% of employed individuals were self employed
and 23% were employed full-time

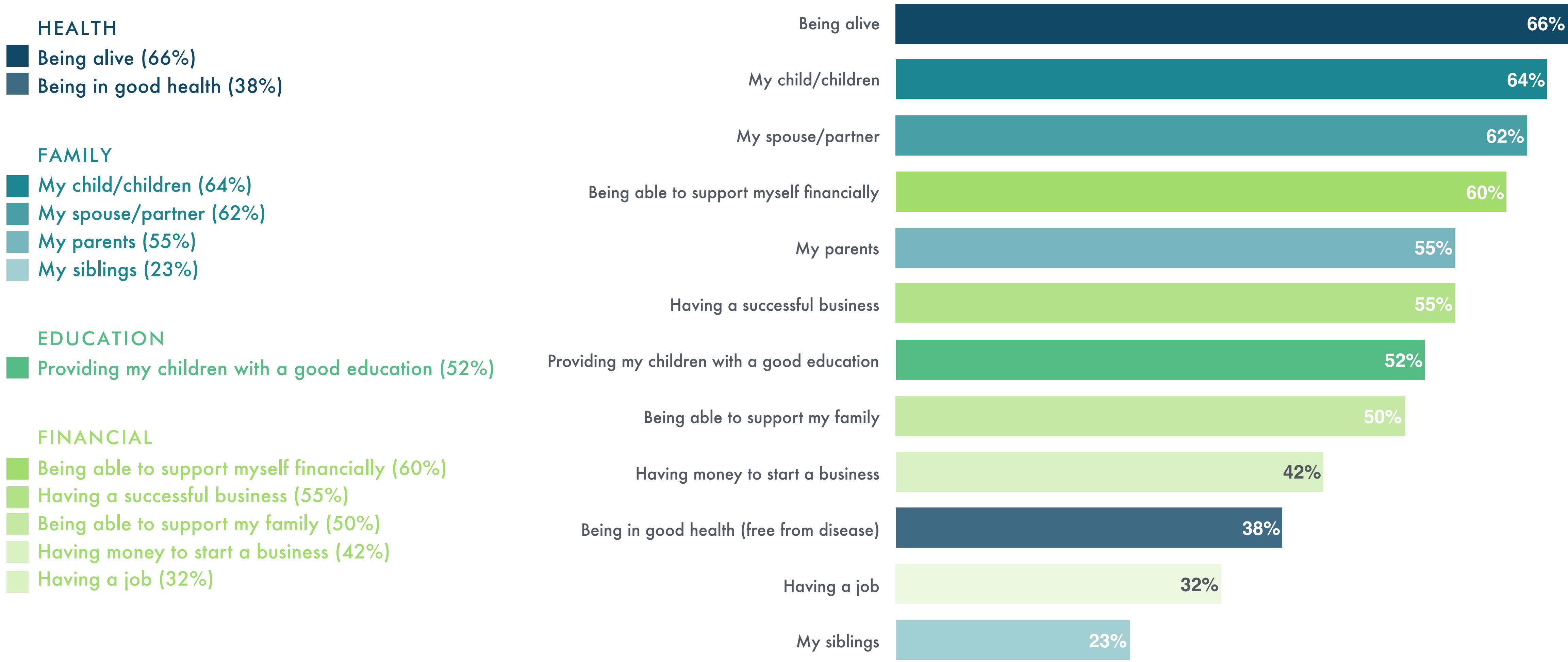
92% of unemployed individuals were seeking work



MOTIVATIONS

VALUES

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

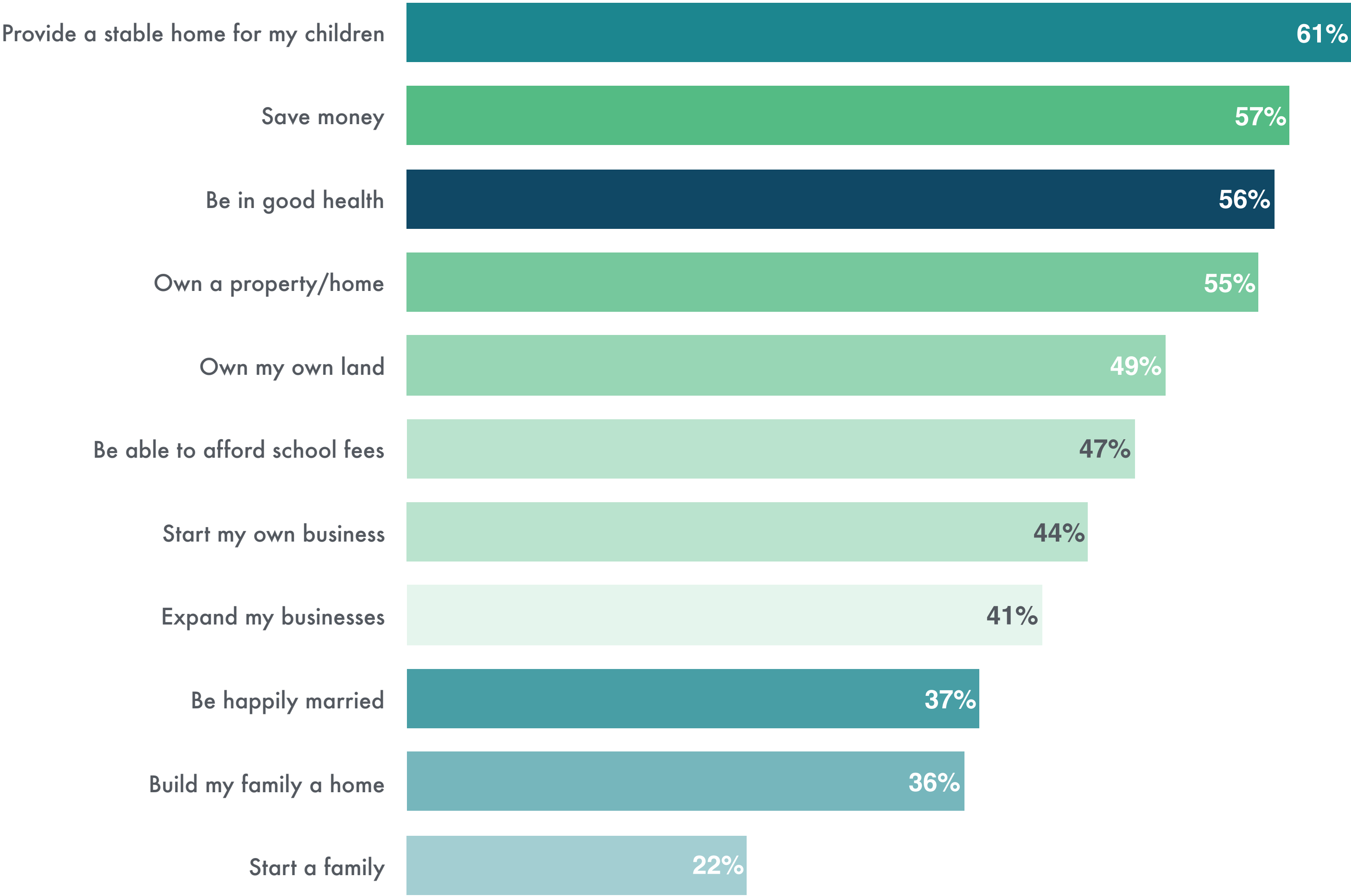
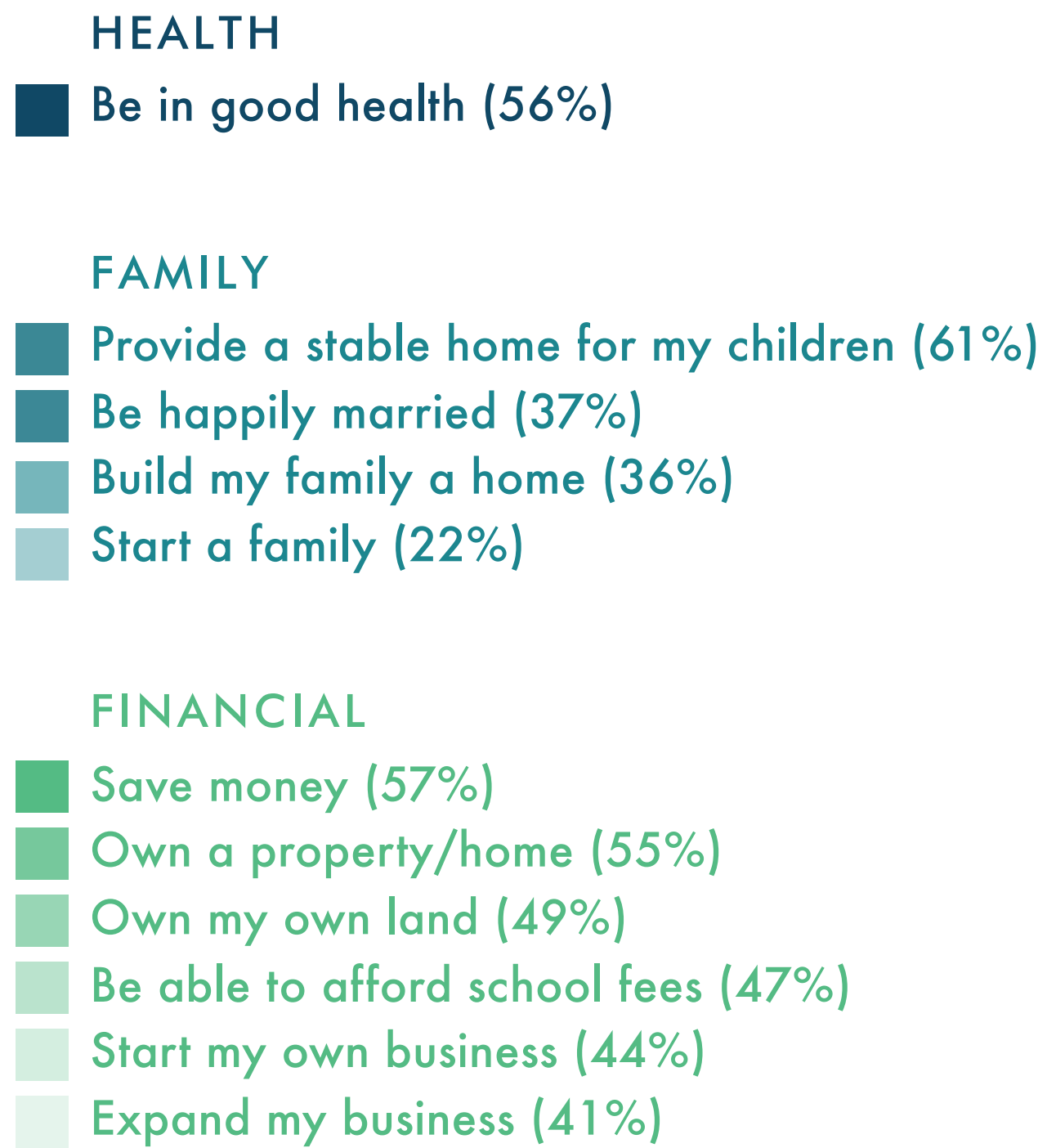


Answers not depicted, (<23%) of respondents answered:

Furthering my studies (6%); Achieving good grades (8%); None (1%); My assets (0%); My friends (0%); My religion (0%); My sobriety (0%); Having my own identity (0%); Respect from the community (0%); The ability to eat healthy (0%); My hobbies (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]*



Answers not depicted, (<22%) of respondents answered:
Expand my family (17%); To avoid alcohol (16%); To avoid drugs (16%); Complete my studies (6%); Move out of the country (4%); None (0%)

PROBLEMS

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

SEXUAL RELATIONSHIPS

- Having an HIV positive partner who wants to have a baby (18%)
- Infecting someone with HIV (16%)
- Condom bursts (14%)

HEALTH

- Being at risk of contracting HIV (29%)
- Losing weight because of stress (20%)
- Being at risk of contracting STIs and STDs (13%)

FINANCIAL

- High cost of living (64%)
- Not earning much money (49%)
- Not being able to save (44%)
- Spending my savings (40%)
- Being paid my salary late (15%)
- Stock not being delivered after payment (13%)

BUSINESS

- Lack of capital to start a business (27%)
- The increased unemployment rate in the country (24%)
- My business declining because of the economy (22%)
- Not having finances for education/studies (15%)
- Paying rent for a shop irrespective of how my business is doing (13%)

FAMILY

- Not being able to meet my family's needs (41%)
- Having an HIV positive partner (29%)
- Loved one dying (26%)

OTHER

- Customers refusing to pay (18%)
- Government corruption (17%)



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

Spending money on medication because of outbreaks (cholera, malaria, etc.) (12%); Not completing school (11%); Having an ill parent (10%); Not being able to secure a job in my line of studies (9%); Losing current customers (9%); Dying (9%); My sexual partner refusing to use condoms (8%); Police raids (7%); Being a single parent (7%); Abusing drugs (6%); Abusing alcohol (6%); Police corruption (theft, bribes, etc.) (5%); Unexpected pregnancy (3%); Transactional sex (sex in exchange for money, gifts, etc.) (3%); Not being able to move out of my parents' home (3%); Working far from home (1%); Being arrested (1%)



MOTIVATIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

MESSAGES OF PROSPERITY

Given that SDC are concerned about the high cost of living, not earning enough money, and not being able to meet their family's needs, a message of how PrEP can help prevent the transmission of HIV and help keep the family's focus on their future.

CREATIVE DEVELOPMENT: DEPICTING ASPIRATIONS

When developing creative messages for PrEP communications, depicting SDC's top values of a stable and healthy home will resonate well with this audience, helping them form an association between PrEP and family stability.

COMMUNICATIONS IMPLICATIONS

ADDRESS THE REALITY OF HIV

With 29% of respondents surveyed concerned about contracting HIV and knowing the seronegative participant is faced with this reality, direct communications regarding HIV prevention will resonate with this audience.



HEALTH AND PREVENTION

PERCEPTION OF HIV RISK

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

89% ARE AWARE OF
THEIR HIV
STATUS

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

40% GOT TESTED WITHIN
THE LAST 1-3 MONTHS

Answers not depicted:
4-6 months ago (16%); 7-12 months ago (13%); More than 12 months ago (31%); never (0%)

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

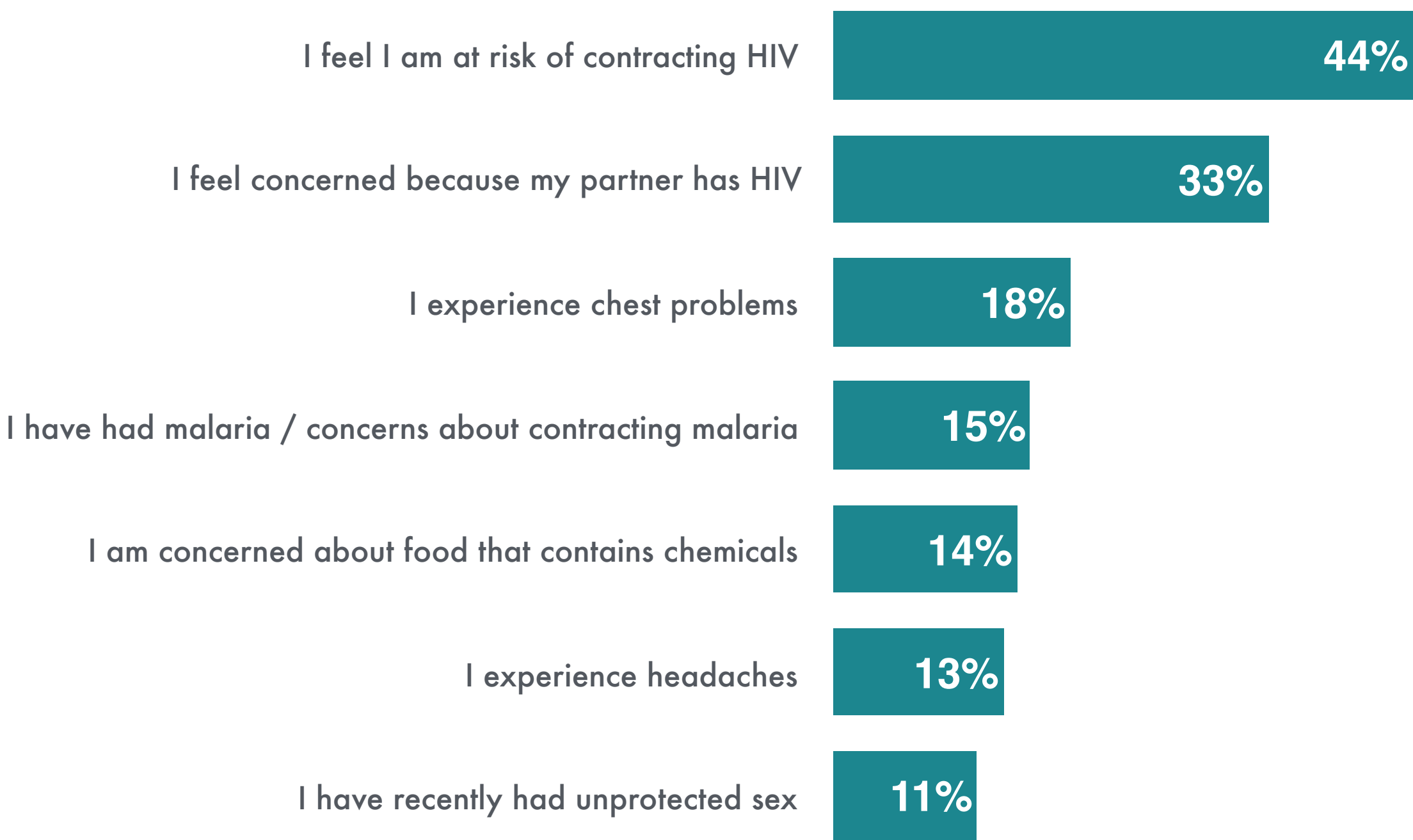
64% GET TESTED AT
LEAST ONCE
EVERY 6 MONTHS

Answers not depicted:
Irregular tests are done (12%); About once a year (11%); every 7-12 months (7%); Every couple of years (5%)

HEALTH CONCERNS: PERSONAL

Q6.2 Why do you say that you are concerned about your health right now? (n=88)*
[Multiple Answer]

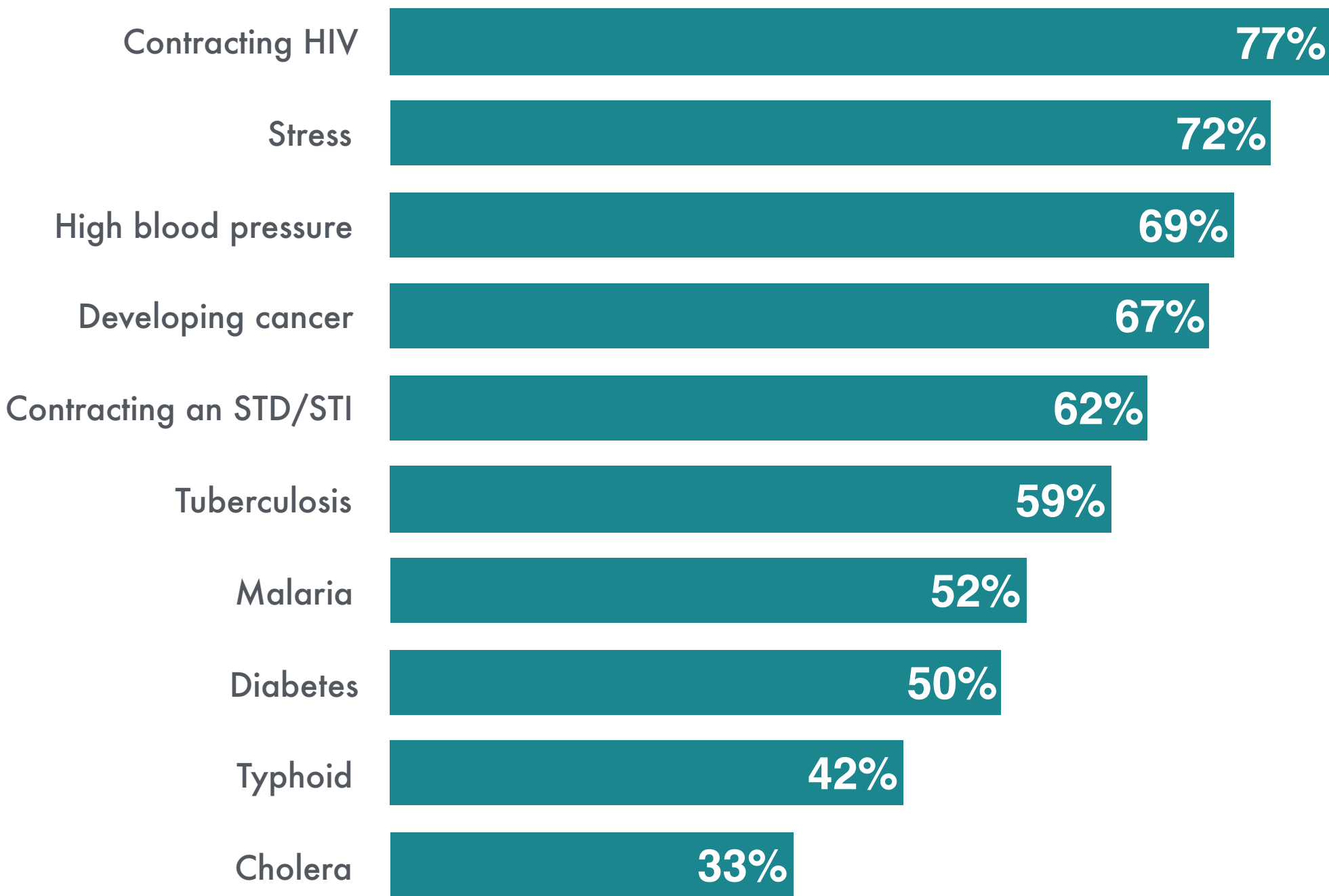
*Asked only if respondents stated that they were concerned about their health (88% of respondents).



Answers not depicted, (<11%) of respondents answered:
I have had cholera / concerned about contracting cholera (4%); I have had food poisoning (2%); I am a drug user (0%); I experience stomach cramps (0%); I get sick often (0%)

HEALTH CONCERNS: PEERS

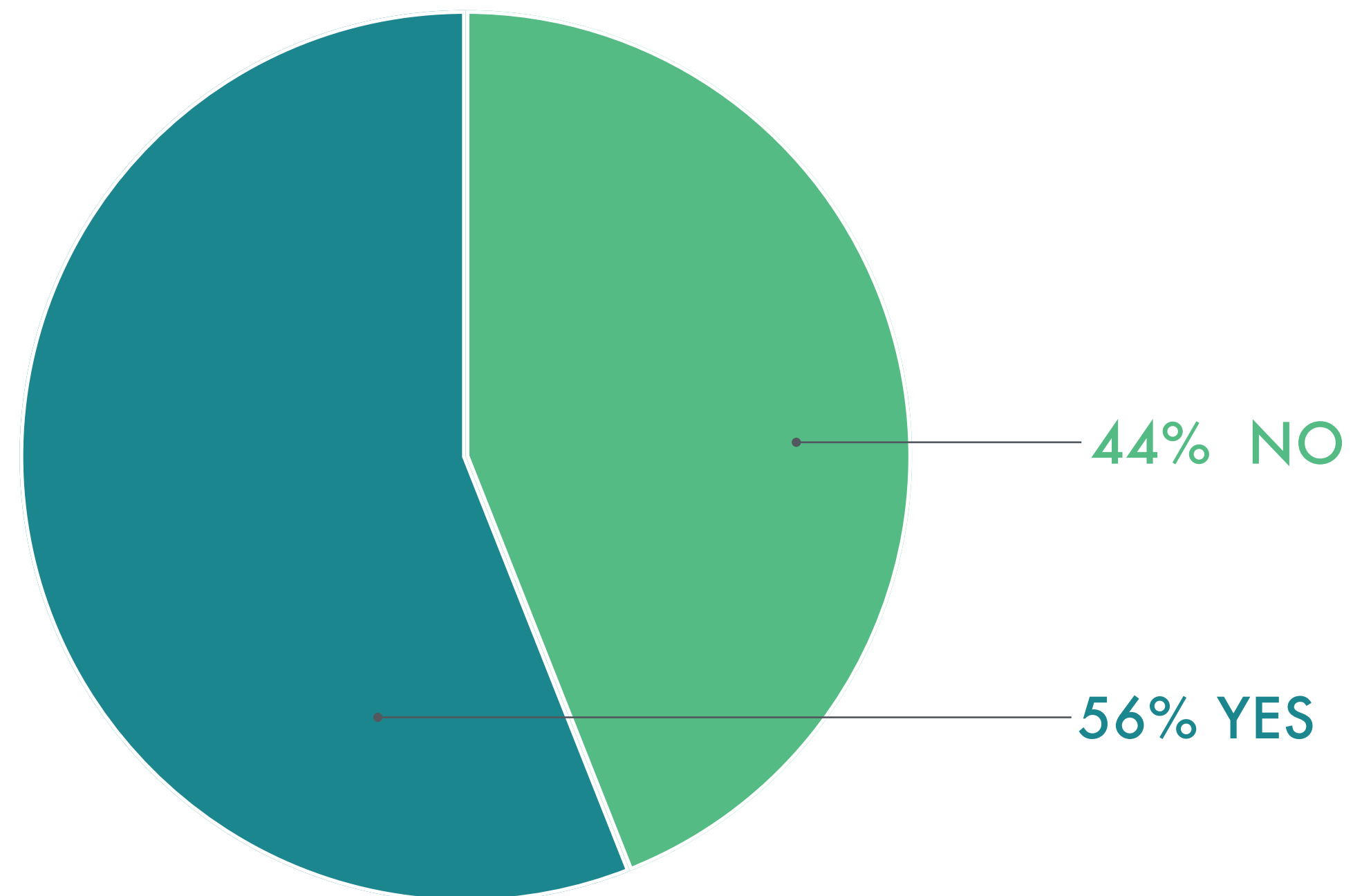
Q6.5 What health concerns do you hear from people you associate with on a daily basis? (N=101)
[Multiple Answer]



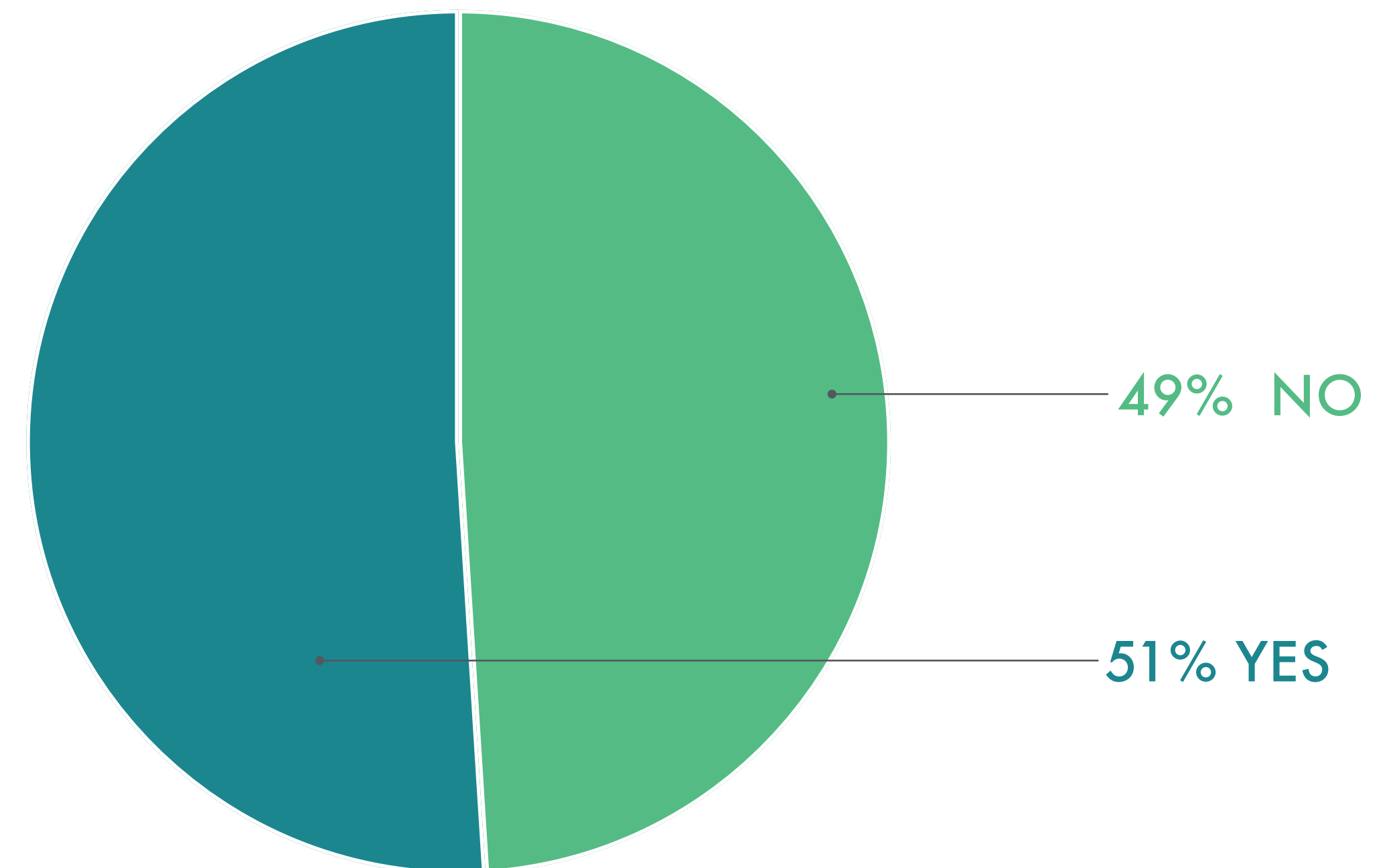
ANSWERS NOT DEPICTED, (<33%) OF RESPONDENTS ANSWERED:
Chest infections (21%); Allergies (21%); Weight gain (16%); Ebola (9%); Cysts (9%); Skin infections (1%); None (1%); Weight loss (0%); Ulcers (0%); Stomach cramps (0%); Nausea (0%); Meningitis (0%); Kidney failure (0%); Joint pain (0%); Hepatitis (0%); Head aches & migraines (0%); Fevers (0%); Elephantiasis (0%); Diarrhea (0%); Depression (0%); Asthma (0%)

PERCEIVED RISK

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

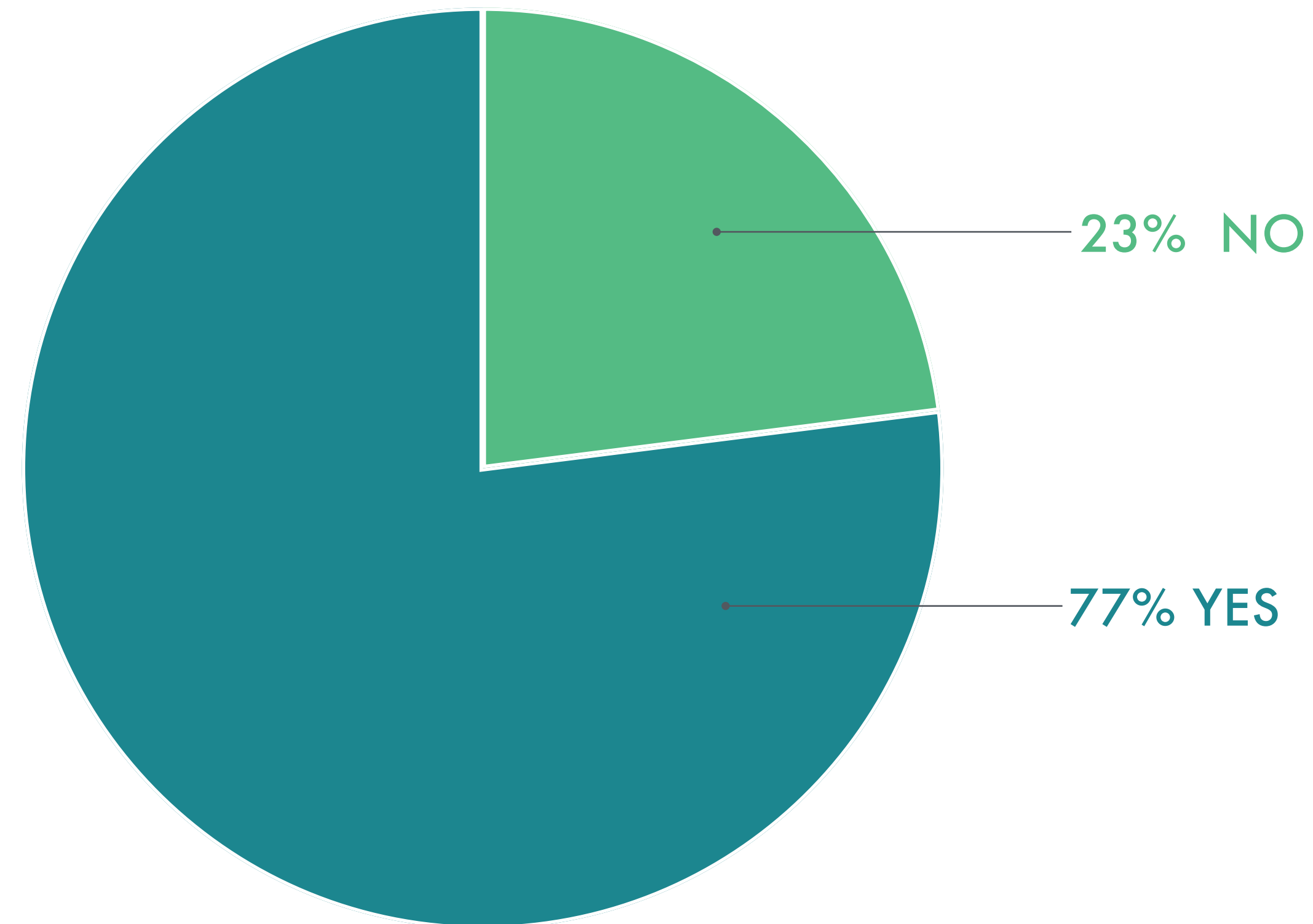


Q10.6 Do you personally feel at risk of contracting HIV? (N=101)



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 (36%)
- I know my partner’s HIV status (33%)
- I only have one sexual partner (29%)
- I am already infected with HIV (29%)

SHARPS

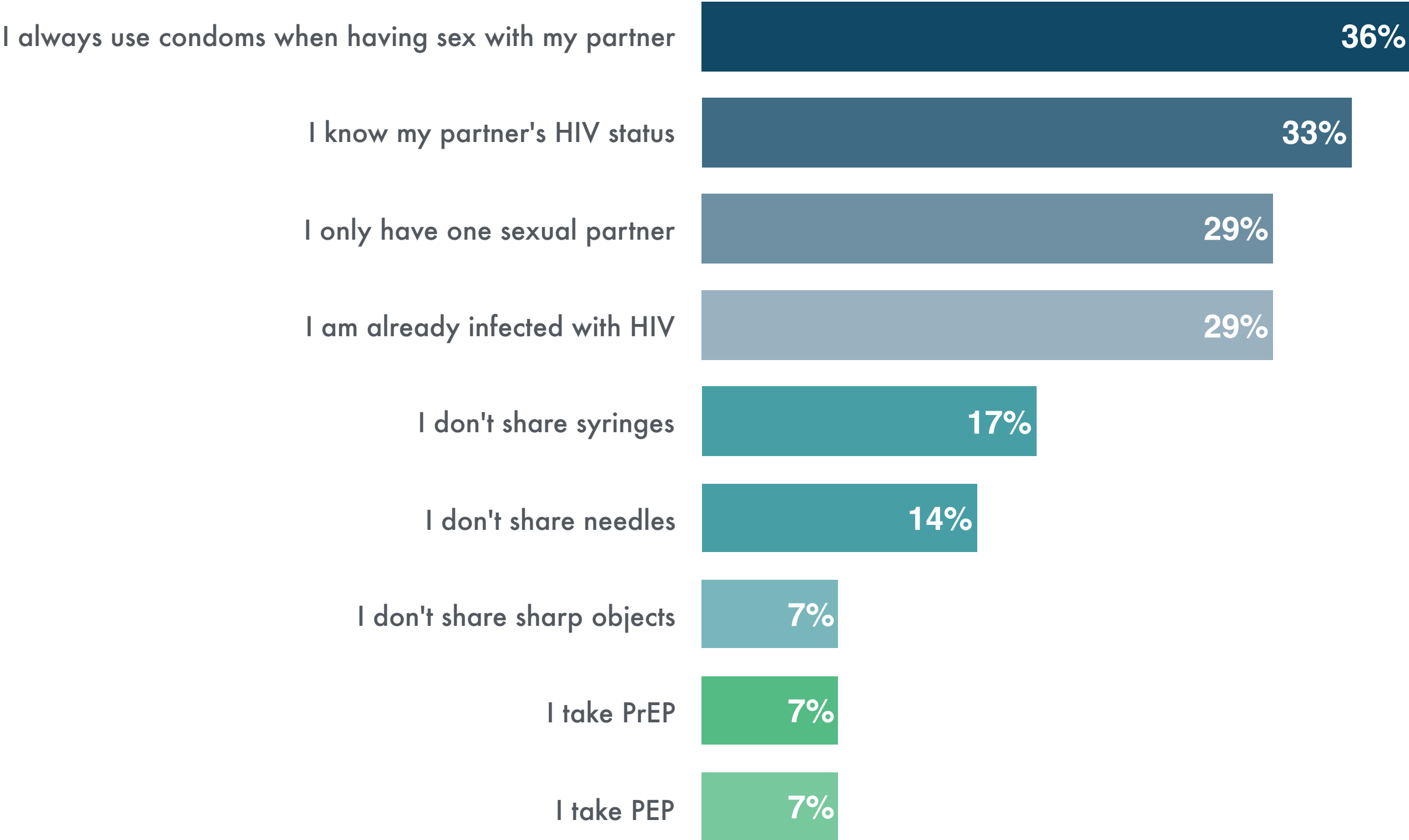
- I don’t share syringes (17%)
- I don’t share needles (14%)
- I don’t share sharp objects (7%)

HEALTH PRECAUTIONS

- I take PrEP (7%)
- I take PEP (7%)

Q10.7 Why do you say that you are not at risk of contracting HIV? (n=43) [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, (<7%) of respondents answered:

I use sterilized needles (2%); I am not currently sexually active (2%); I use lubricants (0%); I have undergone Voluntary Male Medical Circumcision (0%); I have never had sex (0%); I always go for check ups (0%)

REASONS FOR BEING “AT RISK”: PEERS

CONDOM USAGE

- They do not use condoms (62%)
- They are having sex without condoms for (more) money (49%)

SEXUAL RELATIONSHIPS

- They have multiple sexual partners (68%)
- They share the same sexual partners (53%)
- They are falling pregnant at a young age (47%)
- They are not abstaining from sex (36%)

KNOWLEDGE OF STATUS

- They have sex with someone whose status they do not know (25%)
- They do not get tested prior to sexual intercourse (15%)

SHARPS

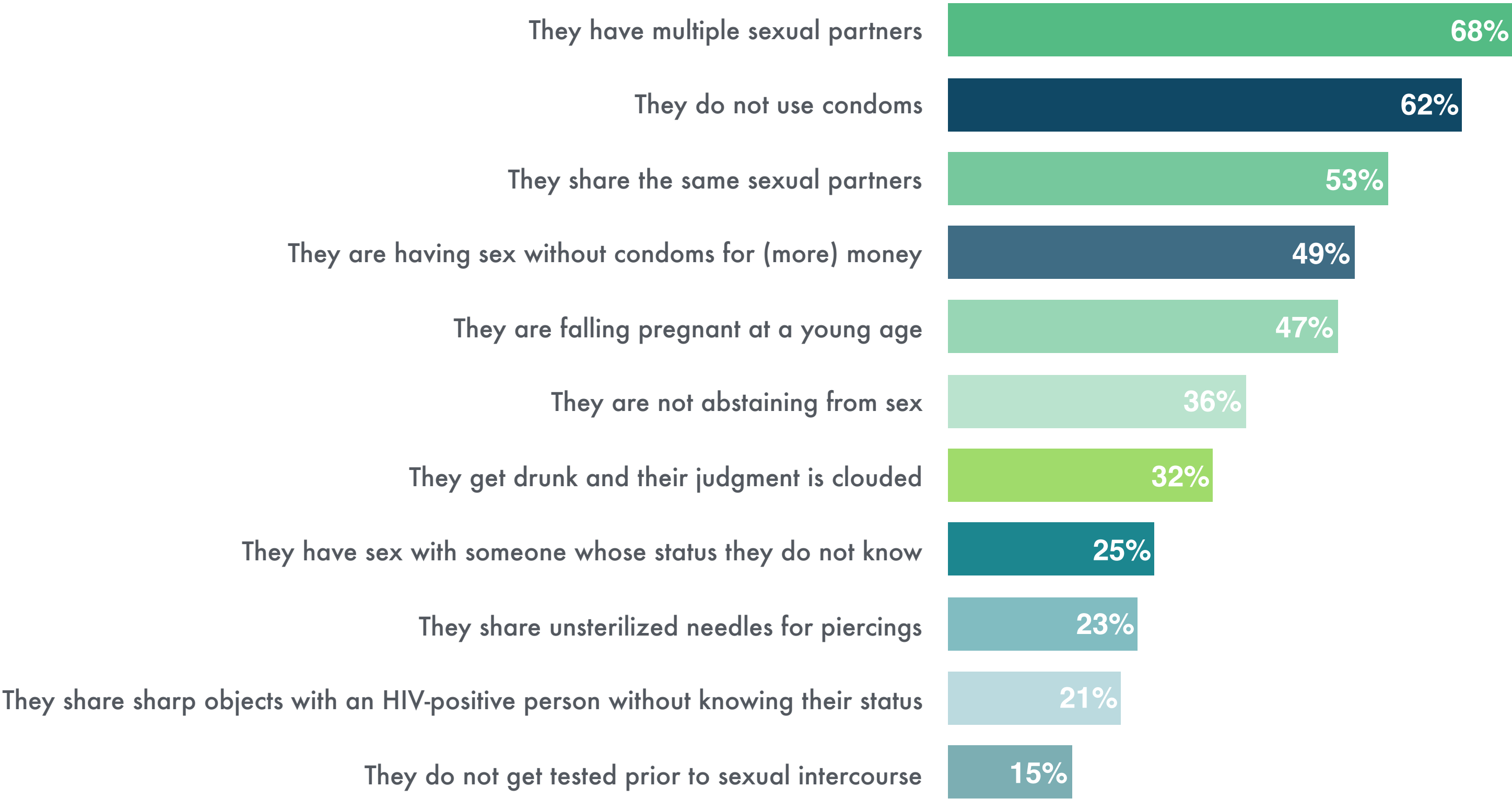
- They share unsterilized needles for piercings (23%)
- They share sharp objects with an HIV-positive person without knowing their status (21%)

SOCIAL

- They get drunk and their judgement is clouded (32%)

Q10.5 Why do you feel that the people you engage with daily are at risk of contracting HIV? (N=53) [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?”*

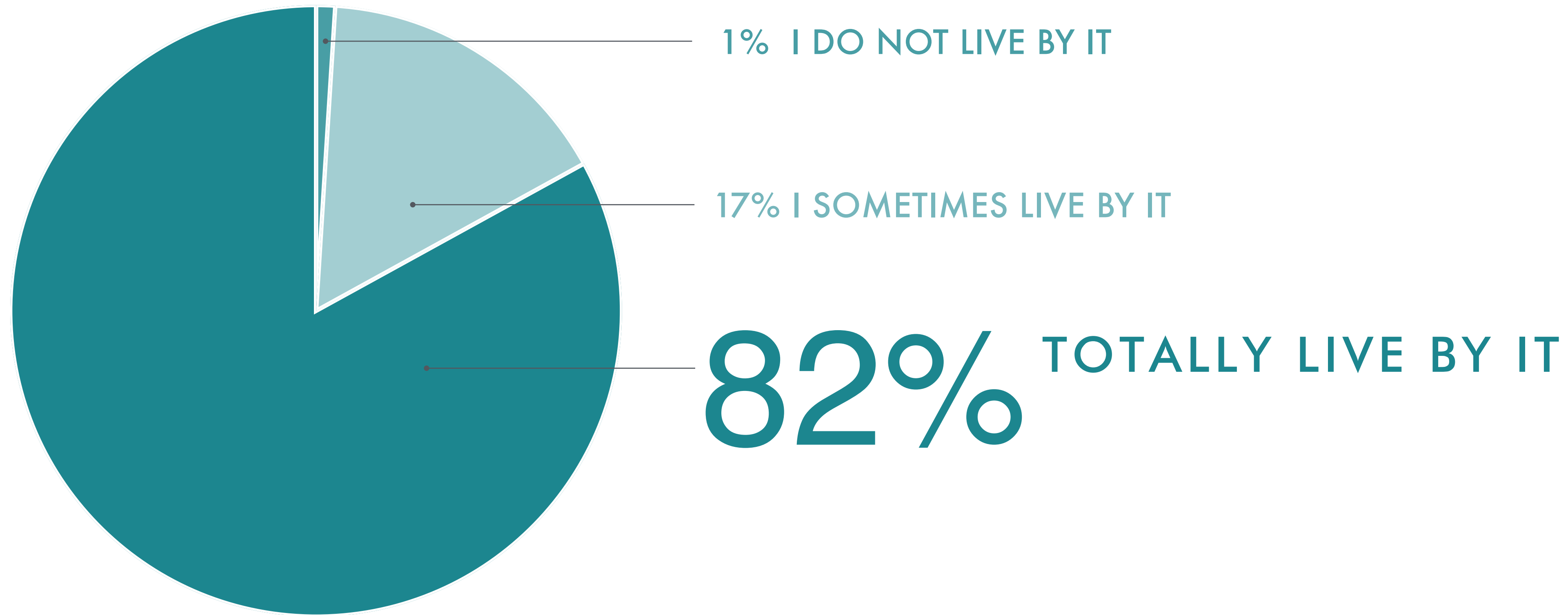


Answers not depicted, (<15%) of respondents answered:

They get into fights which may expose them to infected blood (9%); They believe in myths (8%); They donate blood (6%); They do not use preventative measures (2%); They are influenced by their environment (2%); They share needles when injecting drugs (0%); They experience condom bursts (0%); They do not use PrEP (0%); Their judgement is clouded when they inject drugs (0%); Lack of knowledge on preventative measures (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?



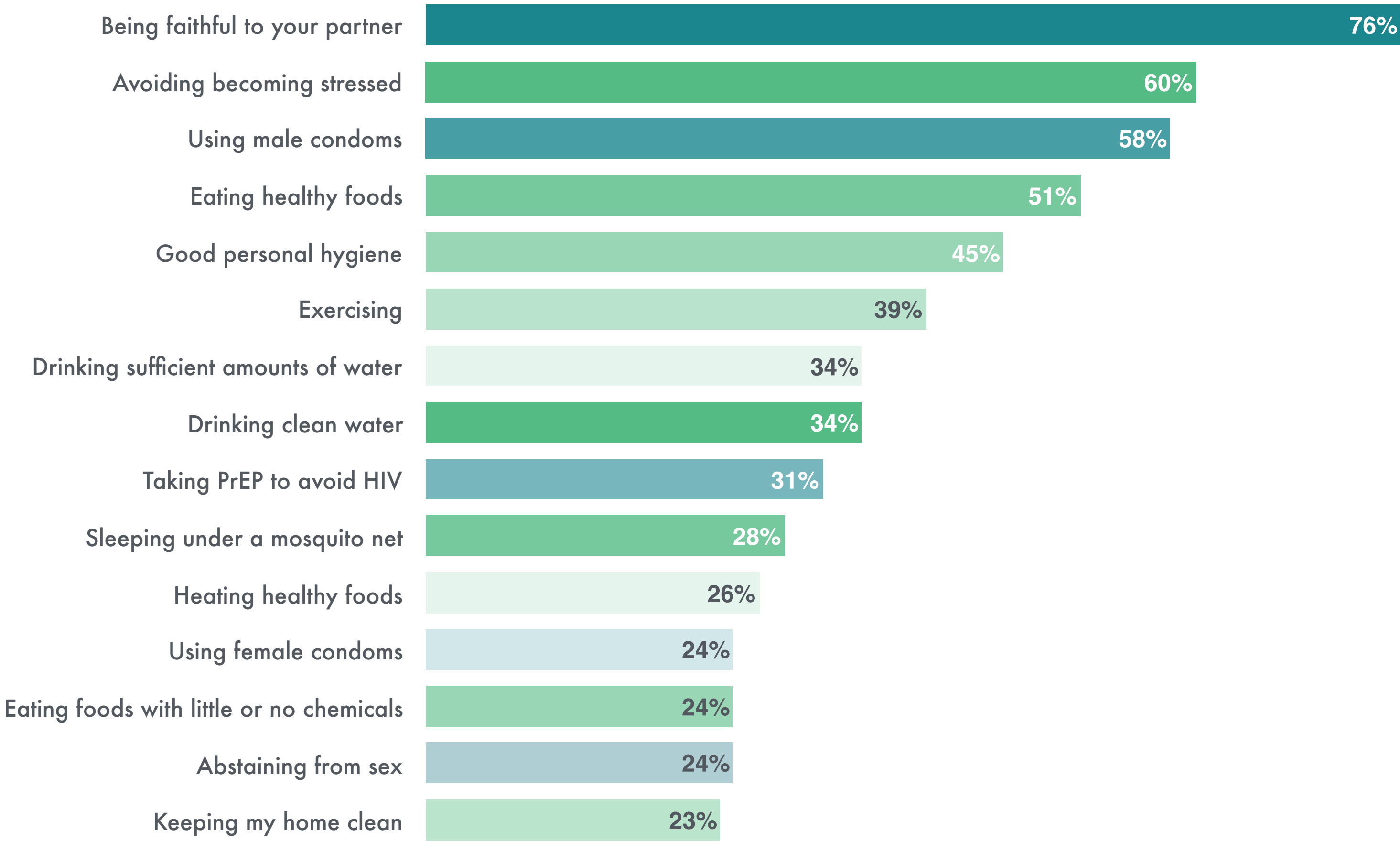
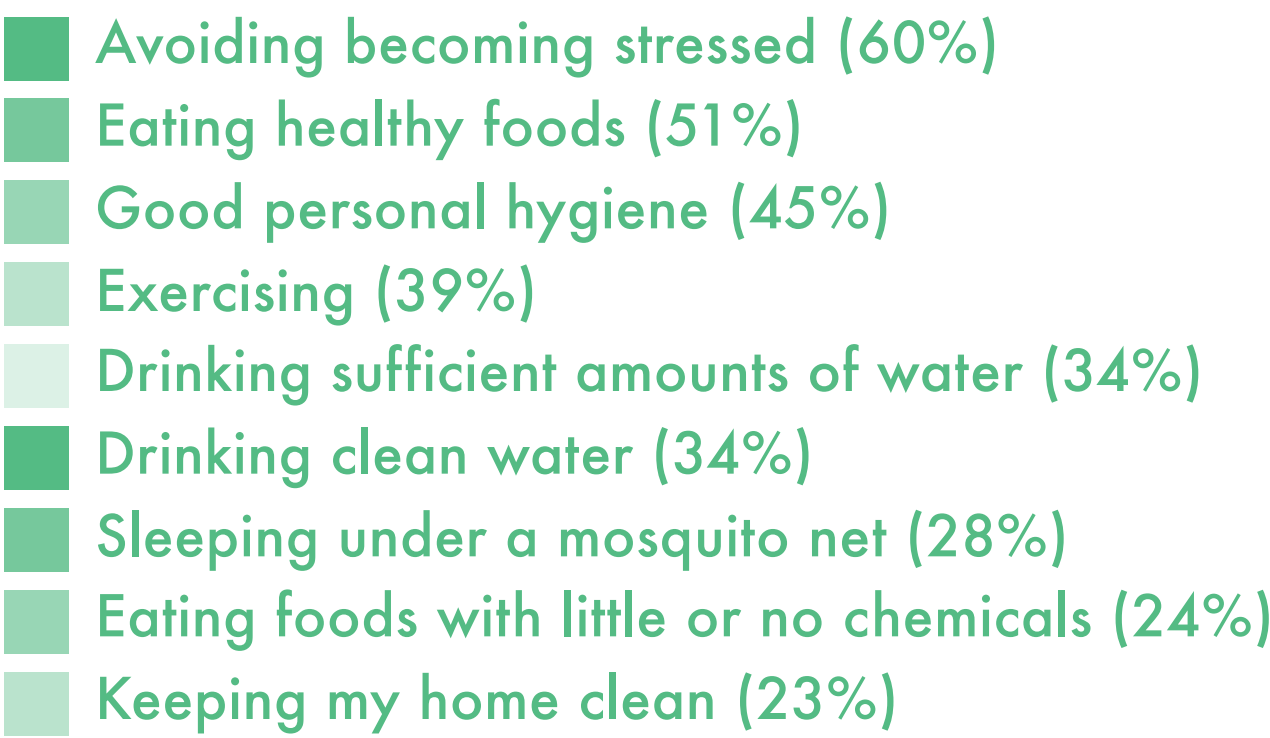
PREVENTATIVE BEHAVIORS

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

SEXUAL HEALTH



PERSONAL HEALTH



Answers not depicted (<23%) of respondents answered:

Washing daily (17%); Washing my hands frequently (13%); Religious practices (13%); Flushing the toilet (10%); Wearing warm clothes (9%); Being more selective with your sexual partners (7%); Throwing away rubbish (6%); Wearing safety gear (5%); Staying away from unventilated areas (5%); Planting more trees (3%); Taking medication on time (1%); Taking ARV's on time (1%); Avoid bad company (1%); Using protection in general (0%); Use lubrication (0%); Traditional / cultural practices (0%); Taking PEP to avoid HIV (0%); Only have one sexual partner (0%); None (0%); Live responsibly (0%); Knowing my partner's HIV status (0%); Going for regular check-ups (0%); Getting vaccinated (0%); Do not engage in risky sexual behaviour (0%); Avoid sharing syringes (0%); Avoid drugs (0%); Avoid consuming alcohol (0%)

DEFINITION OF SAFE SEX

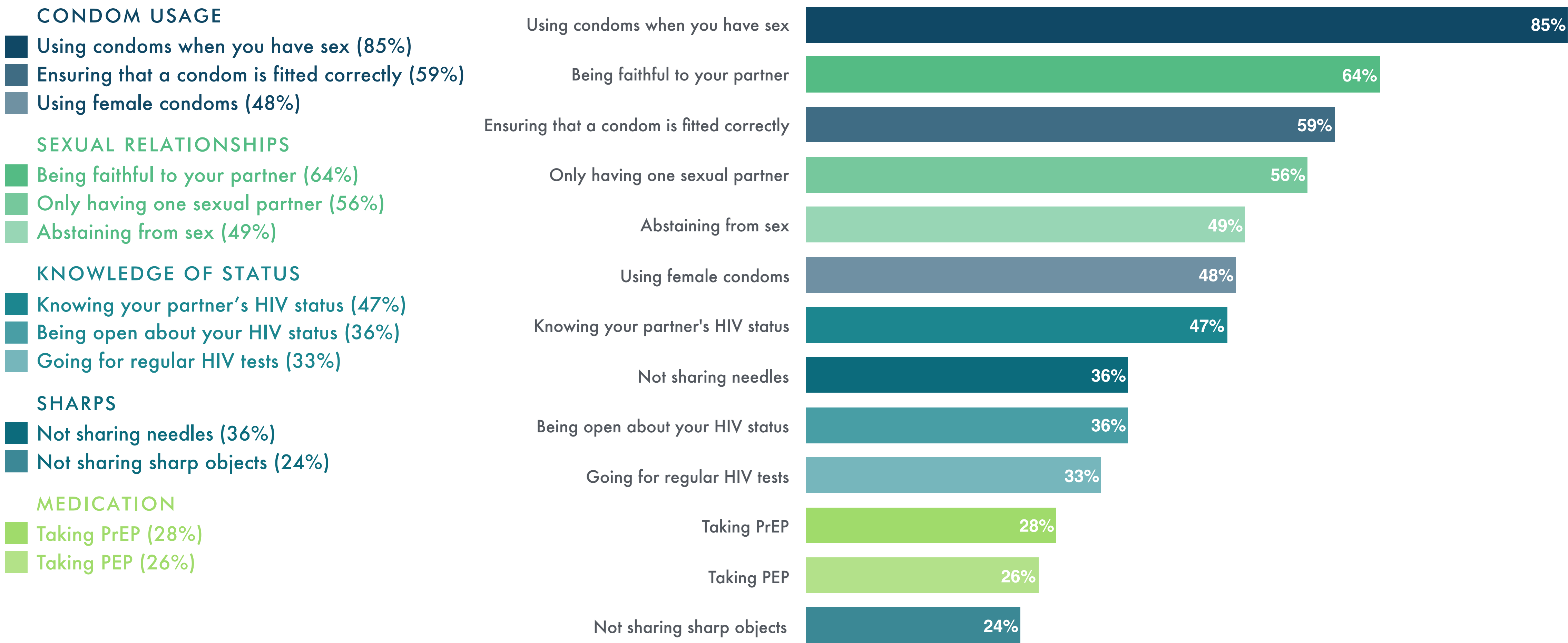
Q10.12 What does safe sex mean to you?
(N=101) *[Multiple Answer]*



Answers not depicted, (<49%) of respondents answered:
Taking emergency contraceptives (10%); Taking contraceptives (oral or long acting) (8%); Withdrawal (pulling out during sex) (6%); Using lubrication (0%); Taking PEP and PrEP (0%); Abstaining (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]

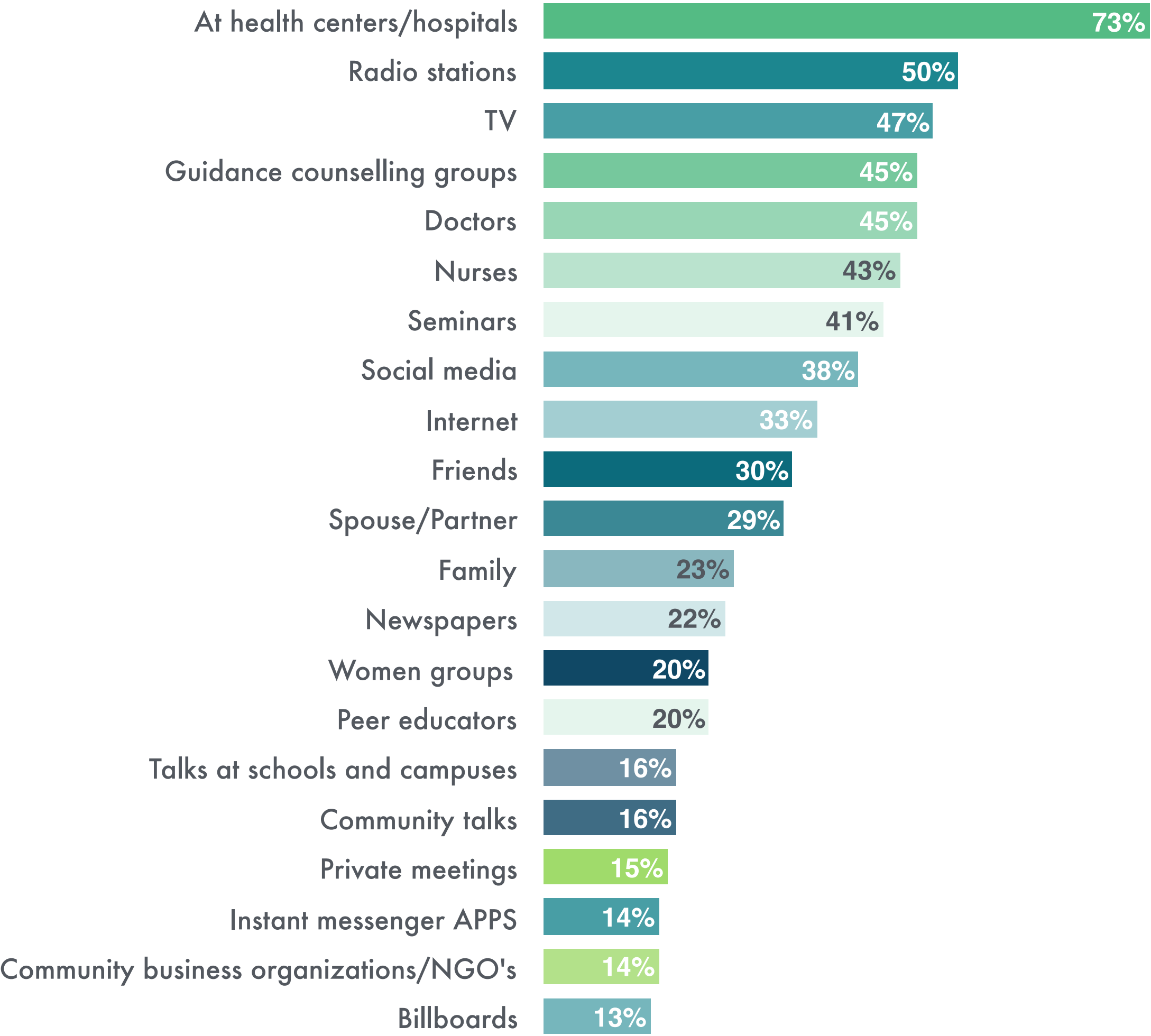
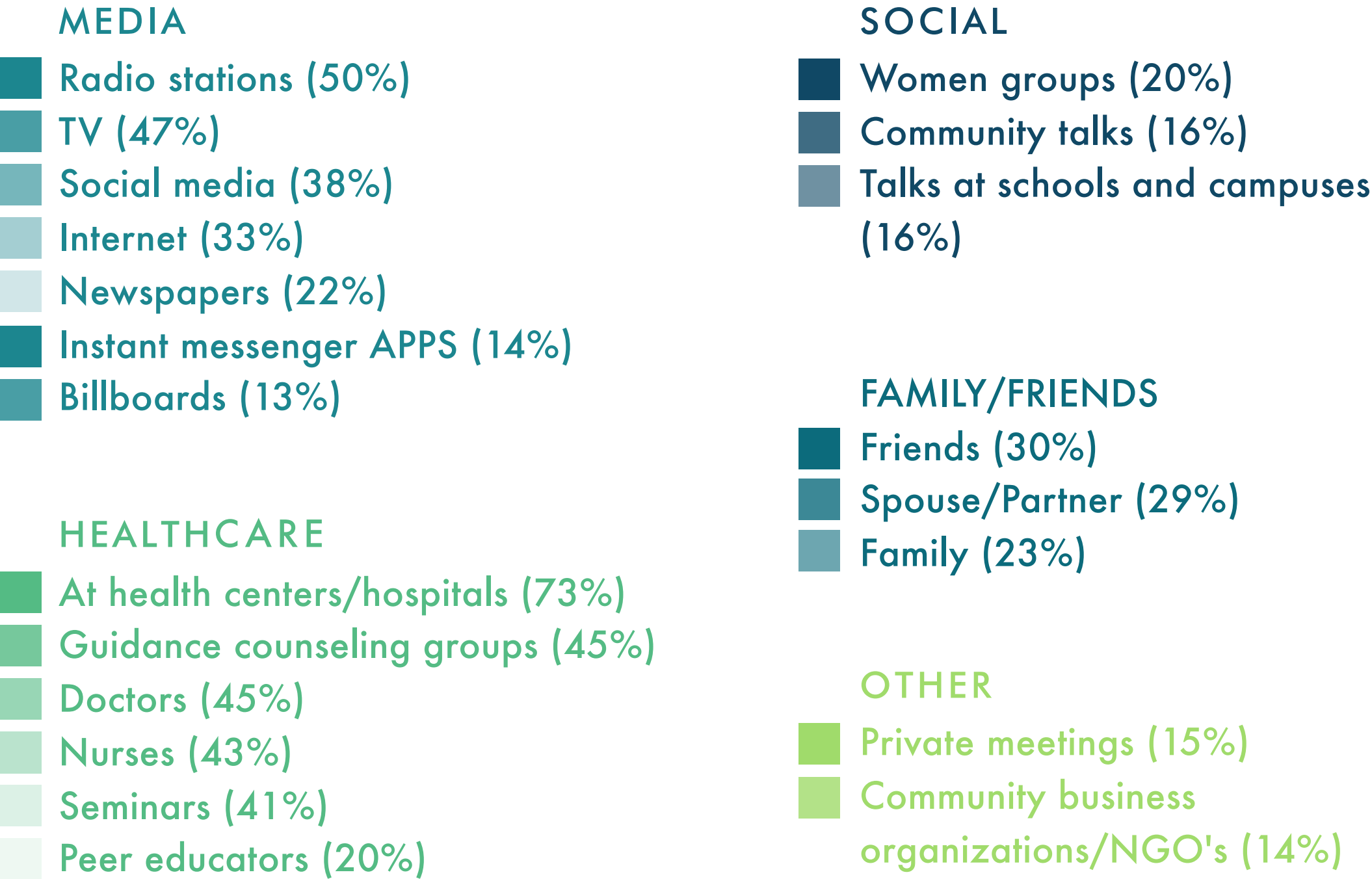


Answers not depicted, (<24%) of respondents answered:
Using sterilized needles (11%); Religious practices (3%); Use lubrication (0%); Traditional / cultural practices (0%); Not touching someone's open wound (0%); Not sharing toothbrushes (0%); None (0%); Infected mothers should not breastfeed (0%); Ensure baby is delivered safely during labour (0%); Communicating your customers HIV status with your colleagues (0%); Avoid having a blood transfusion (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, (<13%) of respondents answered:
Door to door campaigns (12%); Churches (12%); Roadshows (11%); Religious leaders (9%); Mobile doctors (8%); Social gatherings with the youth (6%); Leaflets (6%); Posters (in bars, hotels, guest houses, etc.) (5%); Chama groups (money saving groups) (5%); Pharmacy / Pharmacists (3%); At crusade meetings (3%); Support groups (0%); LVCT Health (0%)



HEALTH AND PREVENTION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

SDC SPECIFIC HIV COMMUNICATION

The fact that 83% of the respondents are married may reduce the urgency to get tested on a more frequent basis. Aware of the unique factors present in a serodiscordant relationship, communications on how to live with HIV specific to this audience will help ensure that the right precautions are taken. Especially for those that are HIV negative.

COMMUNICATIONS IMPLICATIONS

PREP: A HIGHER STANDARD OF PROTECTION

76% of SDC equate the concept of “safe sex” with condoms. 77% discuss the risk of contracting HIV with peers. With only 28% currently recognizing PrEP as a suitable method of HIV prevention, this data reveals an opportunity to communicate that the combined use of condoms and PrEP is far more effective an HIV prevention strategy because PrEP provides an additional layer of protection.

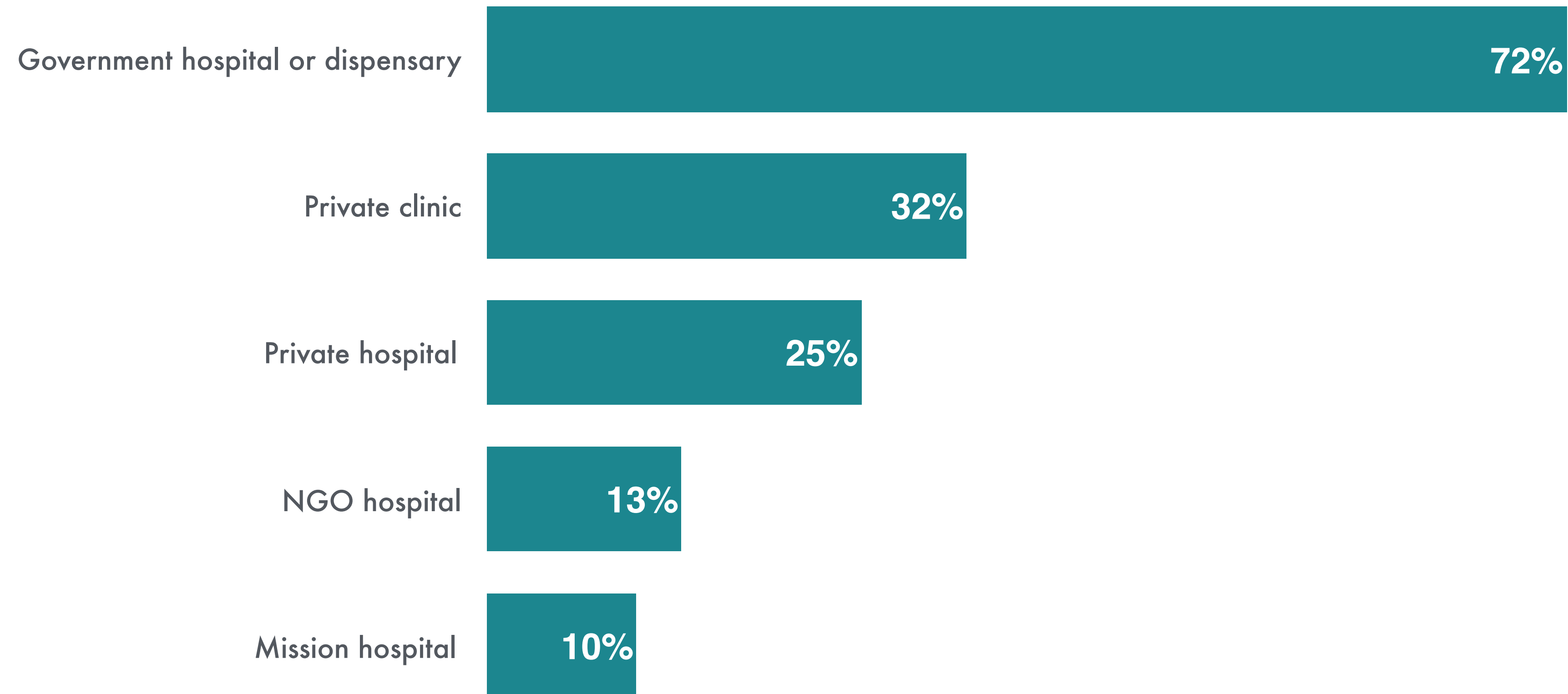


HEALTHCARE

SOURCES OF HEALTHCARE

Q7.1

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



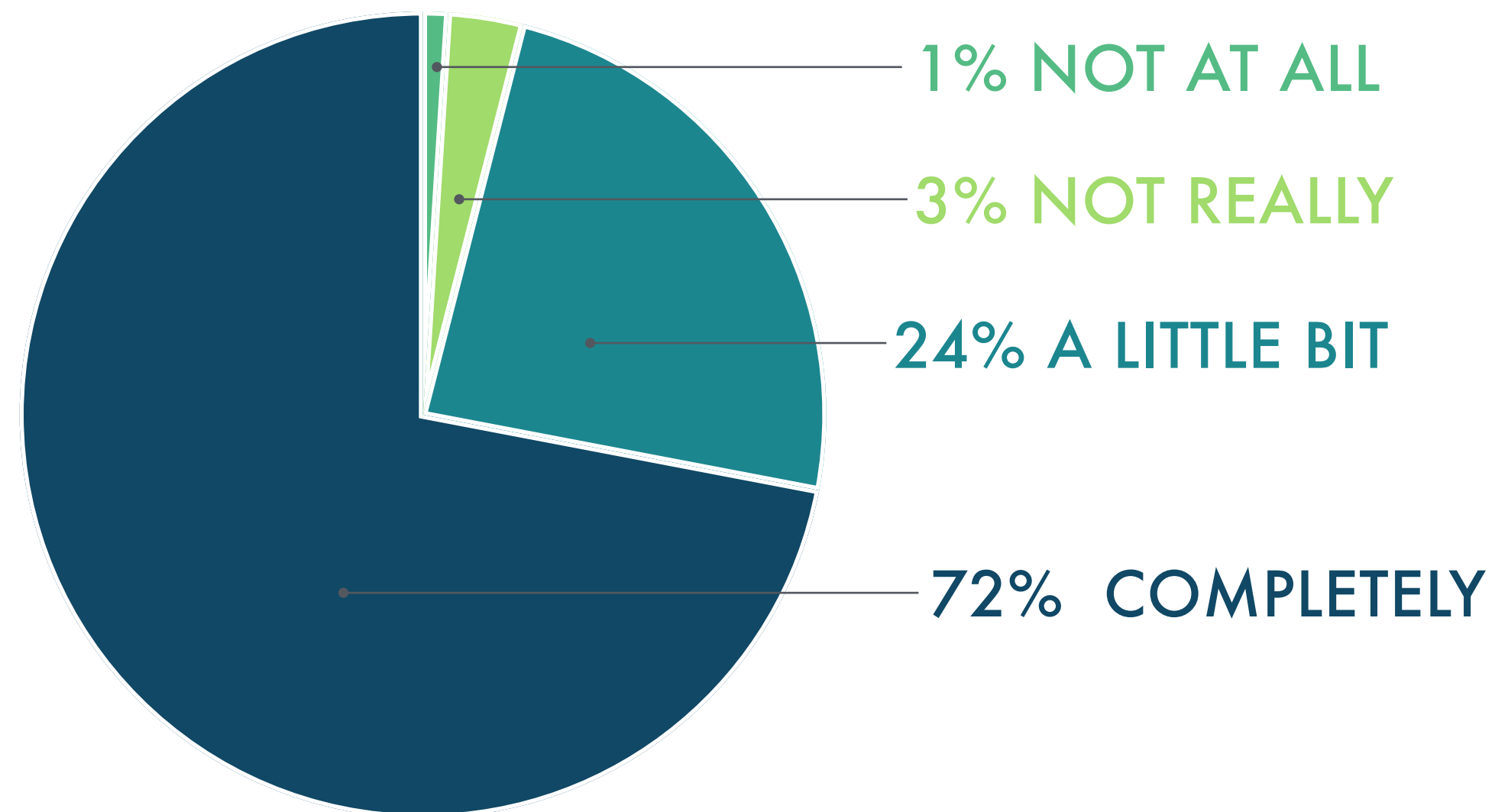
Answers not depicted, (<10%) of respondents answered:

Private health care centre (7%); Drop-in centre or shelter (5%); Mobile clinic (4%); None (0%)

PERCEPTIONS OF HEALTHCARE SOURCES

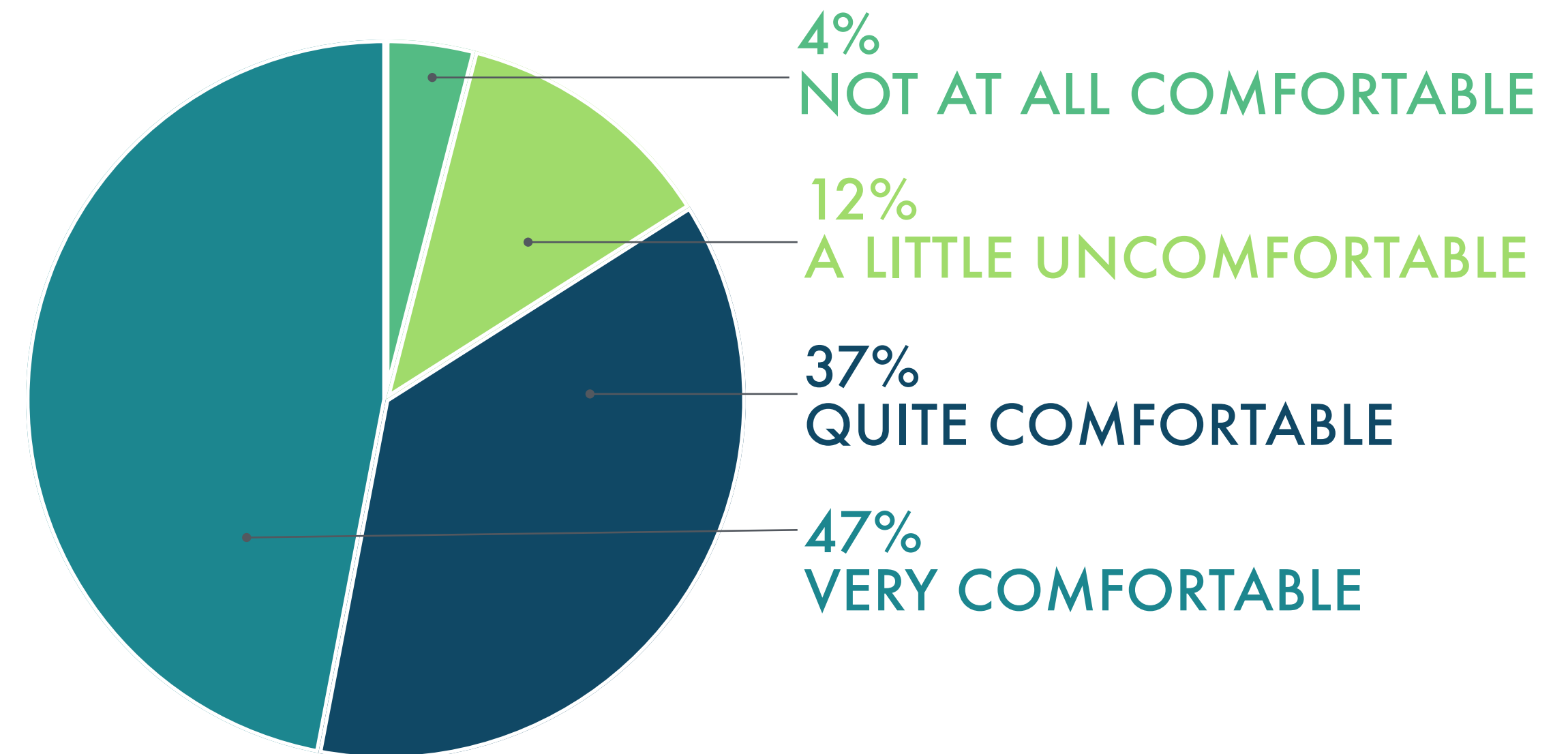
Q7.15 Do you trust the health services at the healthcare center you visit to give you safe and quality care? (N=101)

TRUST



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

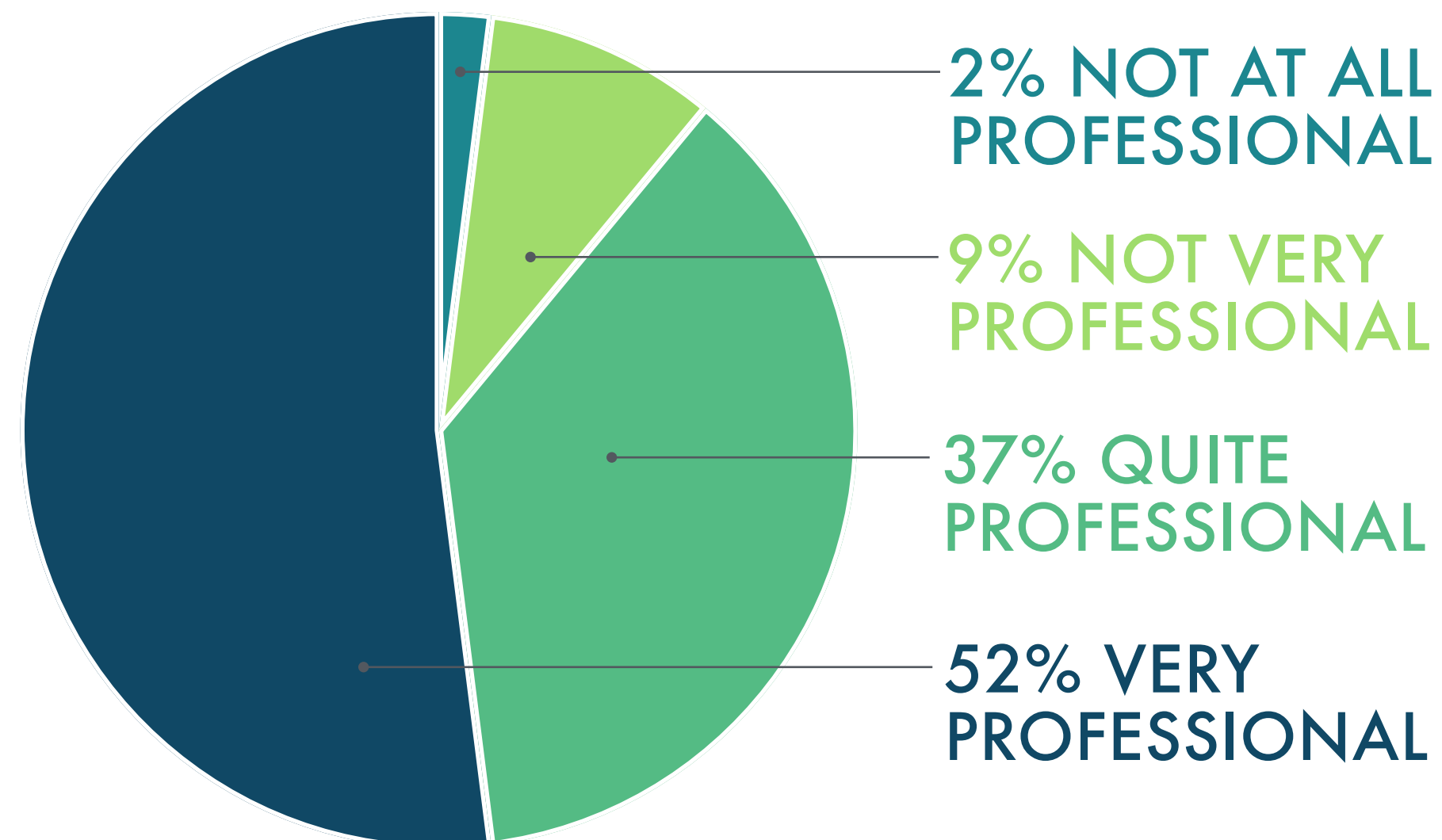
COMFORT



PERCEPTIONS OF HEALTHCARE PROVIDERS

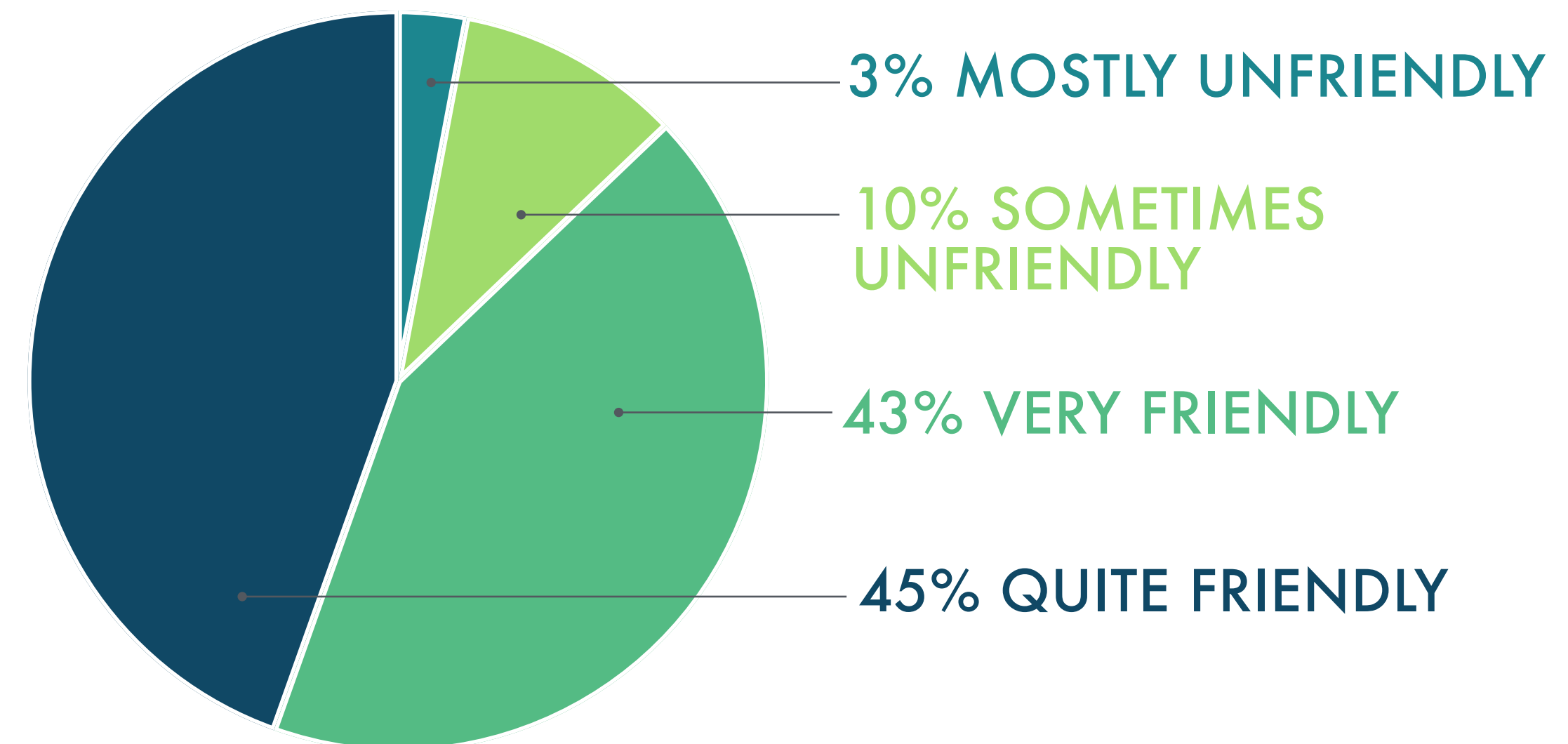
Q7.14 Would you describe the doctors and nurses and other staff at the healthcare center that you go to as being...? (N=101)

PROFESSIONALISM



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

SDC 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.

TRAINING FOR HEALTHCARE PROFESSIONALS

Healthcare professionals, particularly at government hospitals and dispensaries, should be trained to constructively communicate about the benefits of PrEP when used within a serodiscordant relationship. The necessary tools and materials 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)

30%

PERSONALLY EXPERIENCE
STIGMATIZATION OR
VICTIMIZATION

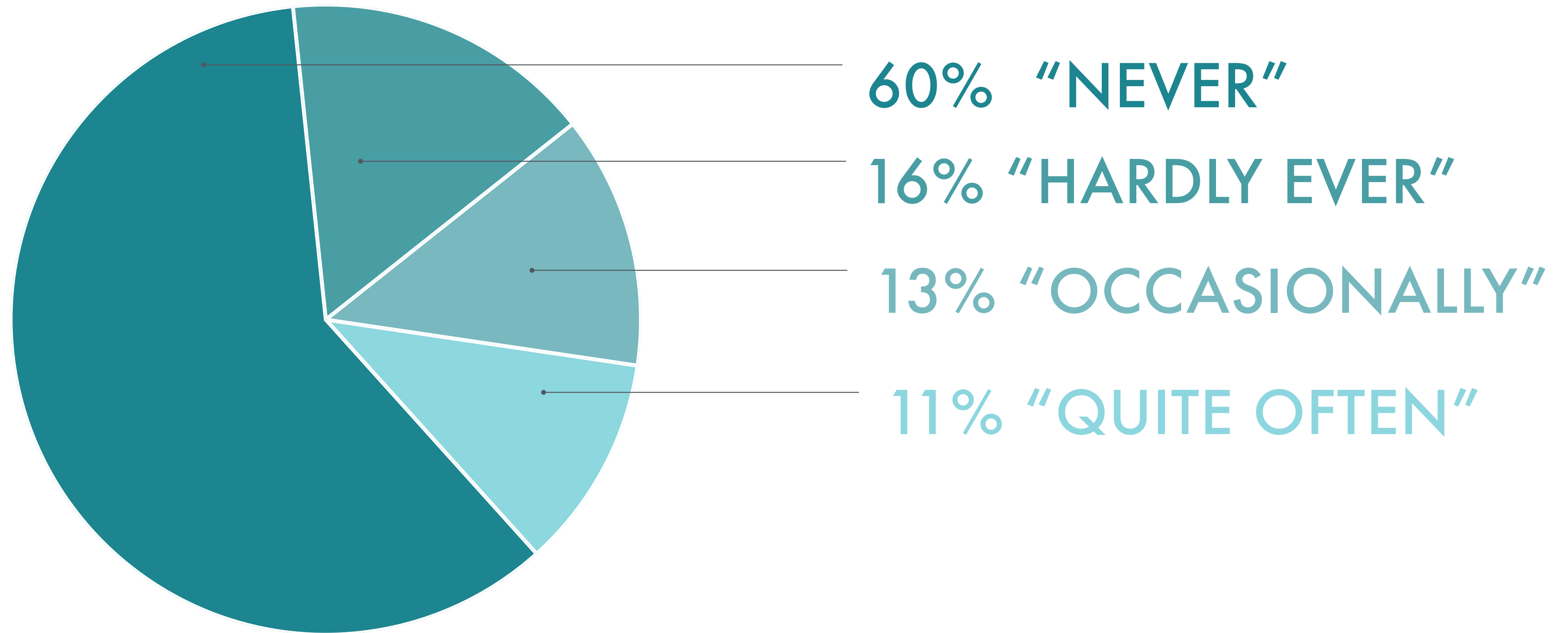
Q9.1 Are any of the people you engage with daily victimized or stigmatized in any way? (N=101)

39%

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)



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

Very often



STIGMA AND VICTIMIZATION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

STRATEGIC DEVELOPMENT

PrEP can be positioned as a lifestyle choice that demonstrates a couples' commitment to their health.

A SENSE OF CONTROL

With 70% of SDC having never been subject to sexual pressure, their sexual practices are often on their terms. Affirming this idea by positioning PrEP as a sure way to maintain control of their sexual health may resonate with SDC. For those who have been subject to sexual pressure, communicating the importance of agency in preventing HIV is important, and taking PrEP can be positioned as a means to this agency.



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 sure 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)

55% ARE SURE THAT IT WOULD WORK

Answers not depicted:

Unsure that it would work (42%); It would not work (3%)

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

66% WOULD USE PREP*

I DEFINITELY WOULD USE IT (31%)*
I PROBABLY WOULD USE IT (35%)*

Answers not depicted:

I definitely would NOT use it (13%); I probably would NOT use it (8%); I am UNSURE if I would use it (13%)

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 (57%)
- People using it and having unprotected sex (46%)
- It will increase the rate of unwanted pregnancies (35%)

ADHERENCE

- People will forget to take it (45%)
- Having to use it for the rest of your life to prevent HIV (23%)

EFFICACY

- There is still a 10% chance of contracting HIV (47%)
- There is no proof that it works (33%)
- Having to use PrEP in conjunction with a condom is concerning (25%)

SIDE EFFECTS

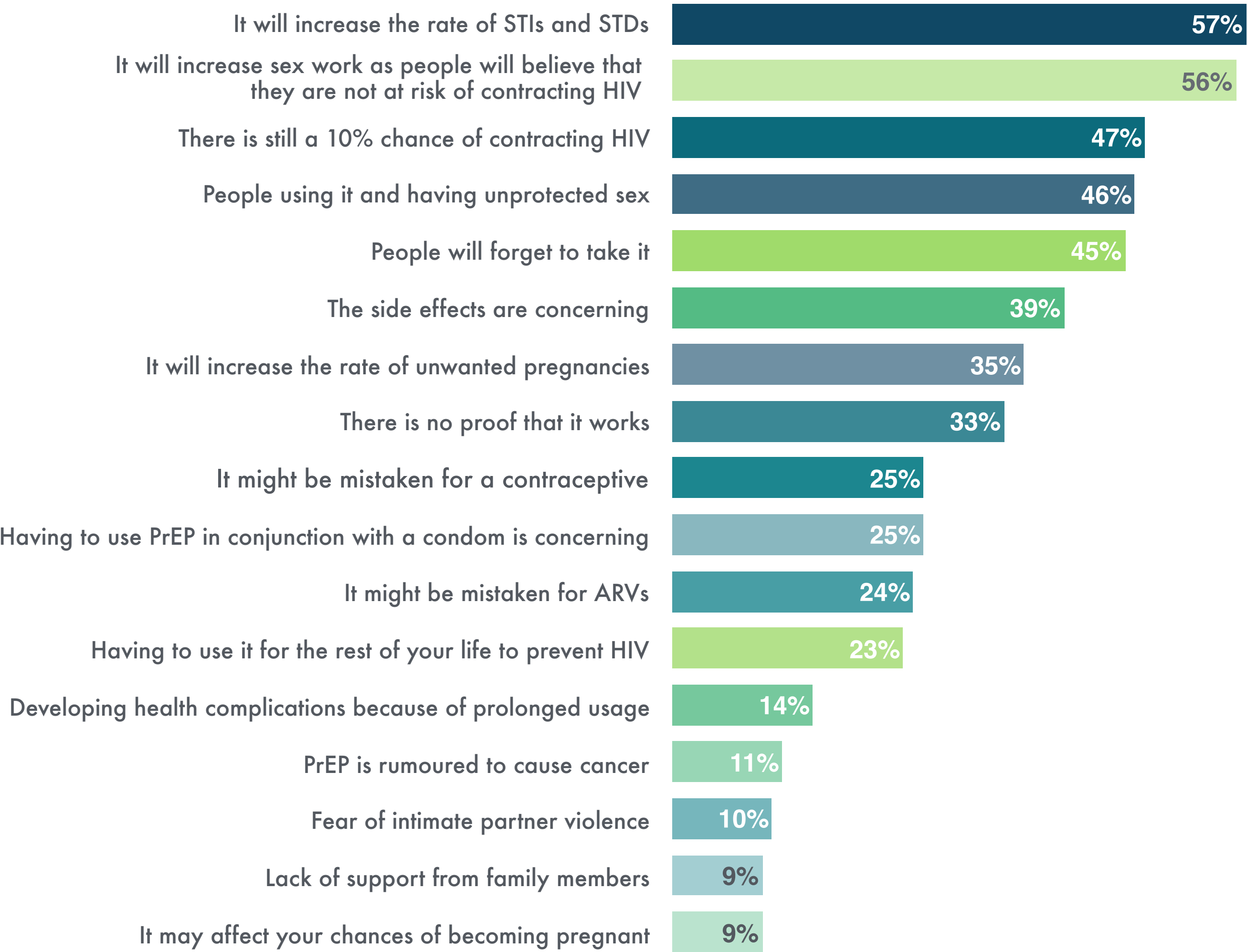
- The side effects are concerning (39%)
- Developing health complications because of prolonged usage (14%)
- PrEP is rumoured to cause cancer (11%)
- It may affect your chances of becoming pregnant (9%)

STIGMA

- It might be mistaken for a contraceptive (25%)
- It might be mistaken for ARVs (24%)
- Fear of intimate partner violence (10%)
- Lack of support from family members (9%)

COMMERCIAL SEX

- It will increase sex work as people will believe that they are not at risk of contracting HIV (56%)

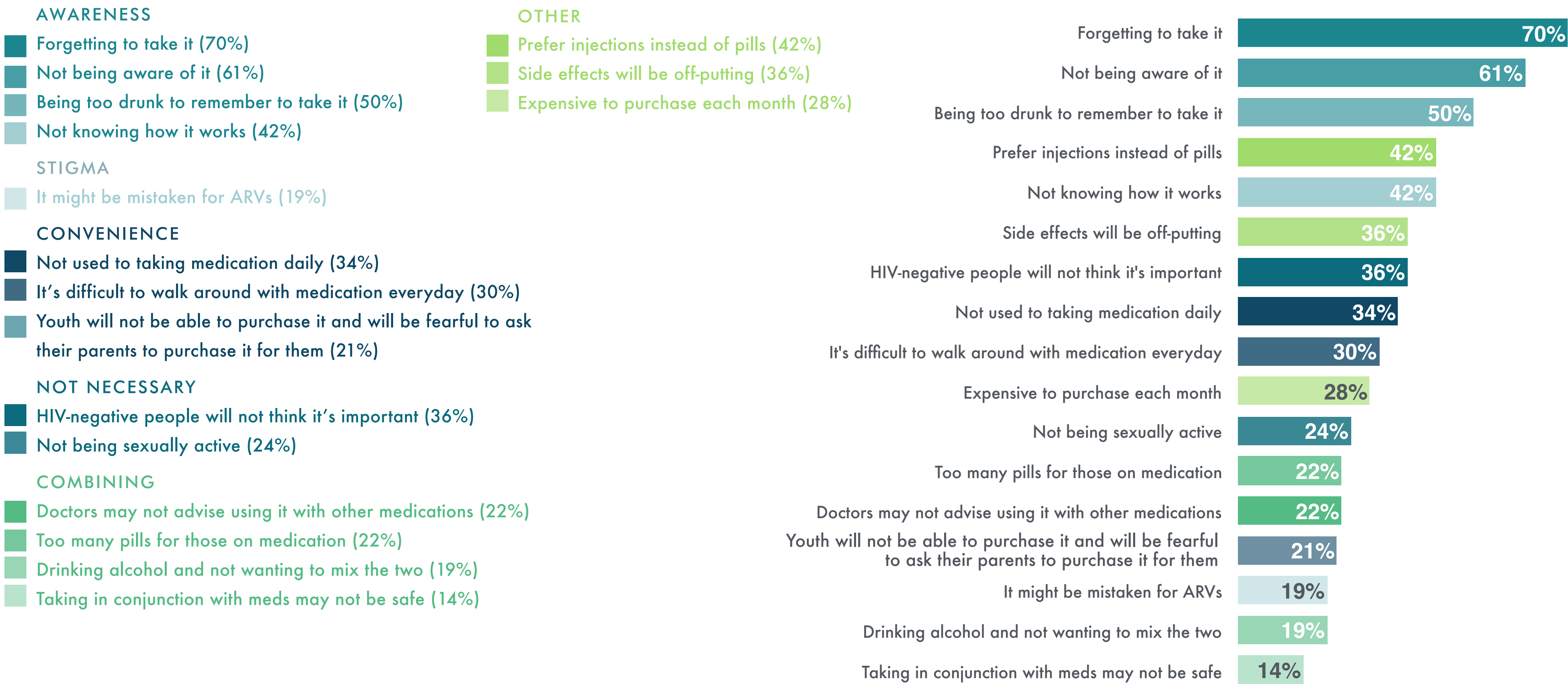


Answers not depicted, (<9%) of respondents answered:

PrEP is rumored to cause kidney failure (7%); None (3%); There is no awareness on PrEP (0%); It will not help if you are already infected with HIV (0%); It might not be easily accessible (0%); It might be expensive (0%); Do not always eat regularly and it might affect the way PrEP works (0%); Developing resistance to other medication (0%); Being mistaken for a sex worker (0%); Being judged for using PrEP (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]



Answers not depicted, (<14%) of respondents answered:
Preferred other methods of prevention (0%); Peer pressure (0%); None (0%); No regular food to eat (having to take pill after meals) (0%); No proper shelter (0%); Myths and misconceptions (0%); Lack of support from friends (0%); Lack of support from family members (0%); It is not easily available (0%); It is not 100% effective (0%); Ignorance (0%); If it does not work (0%); Fear that the drug comes from a Western country (0%); Due to drug abuse (0%); Because of stigmas attached to it (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 the national HIV rates (81%)
- Reduce the death rate (62%)
- Will grow the economy as people will be healthy enough to work each day (57%)
- Will stabilize the economy because there will be less money spent by the government on HIV medication (38%)

NO NEED FOR CONDOM

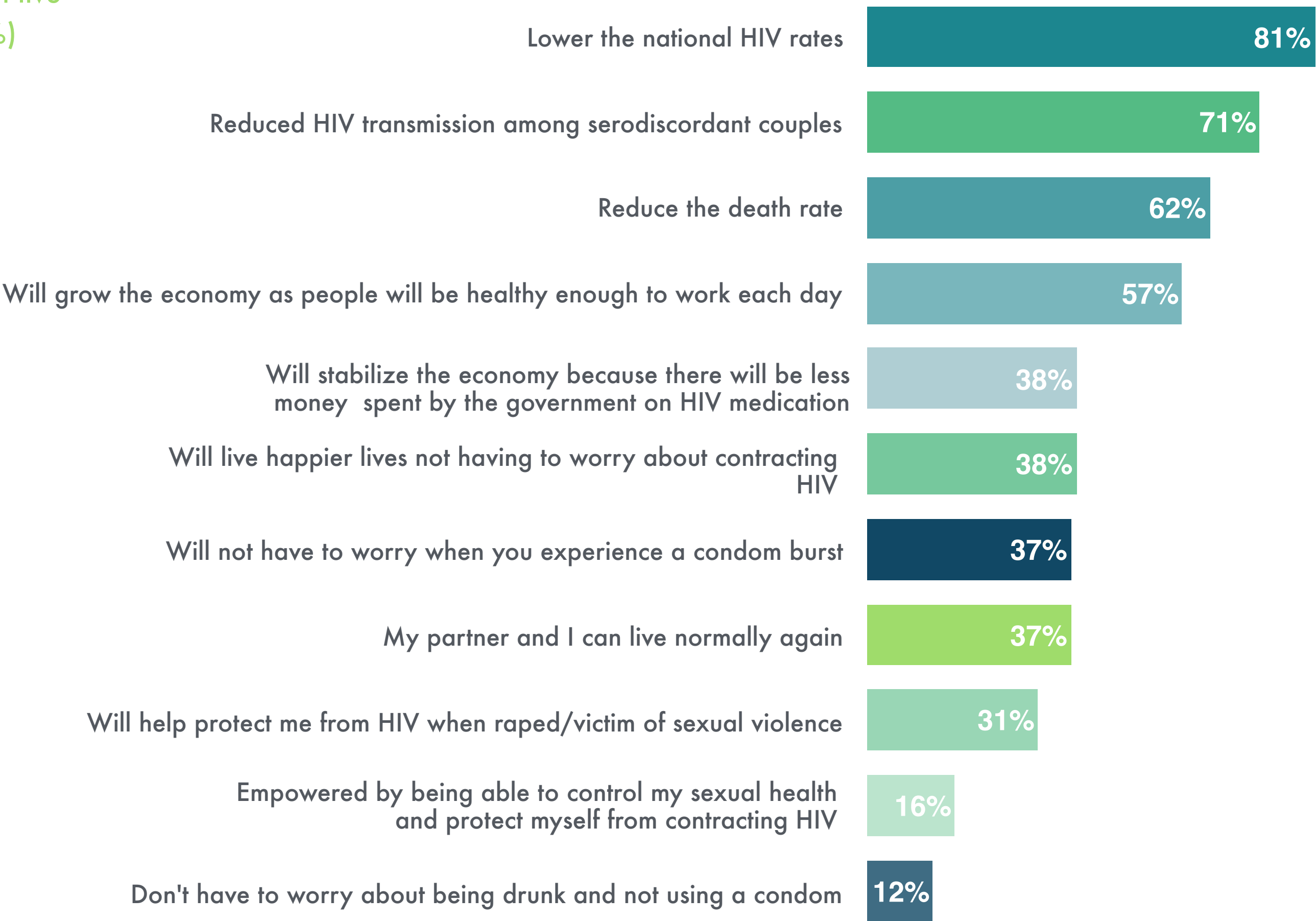
- Will not have to worry when you experience condom a burst (37%)
- Don't have to worry about being drunk and not using a condom (12%)

PROTECT FROM HIV

- Reduced HIV transmission among serodiscordant couples (71%)
- Will live happier lives not having to worry about contracting HIV (38%)
- Will help protect from HIV when raped/victim of sexual violence (31%)
- Empowered by being able to control my sexual health and protect myself from contracting HIV (16%)

RELATIONSHIP BENEFIT

- My partner and I can live normally again (37%)



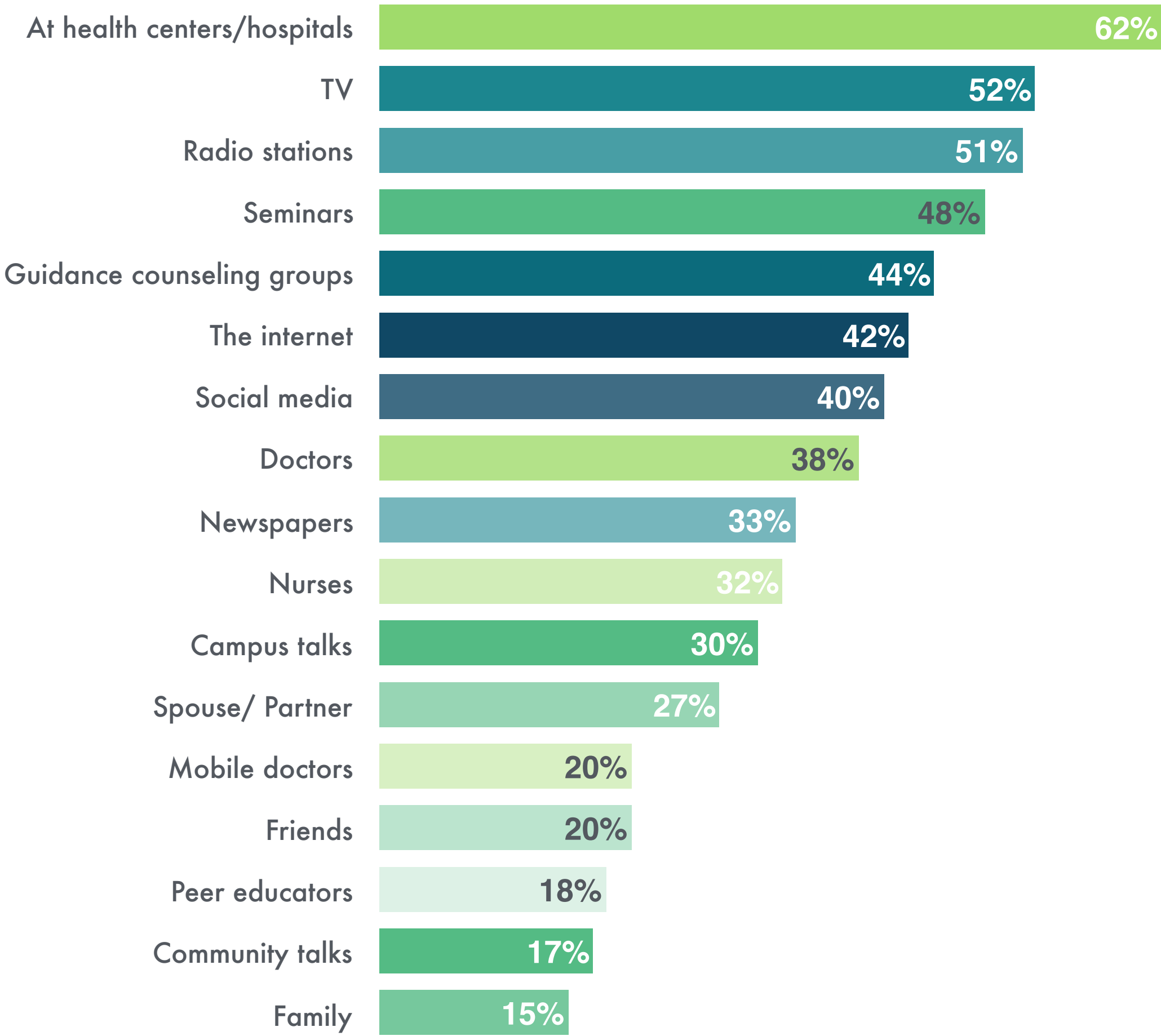
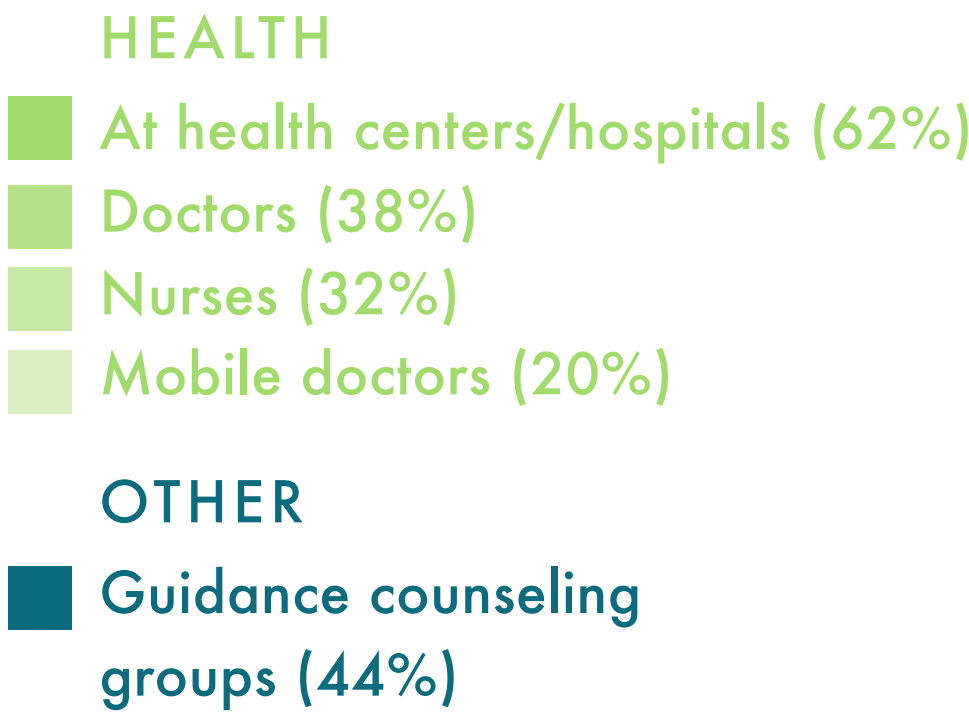
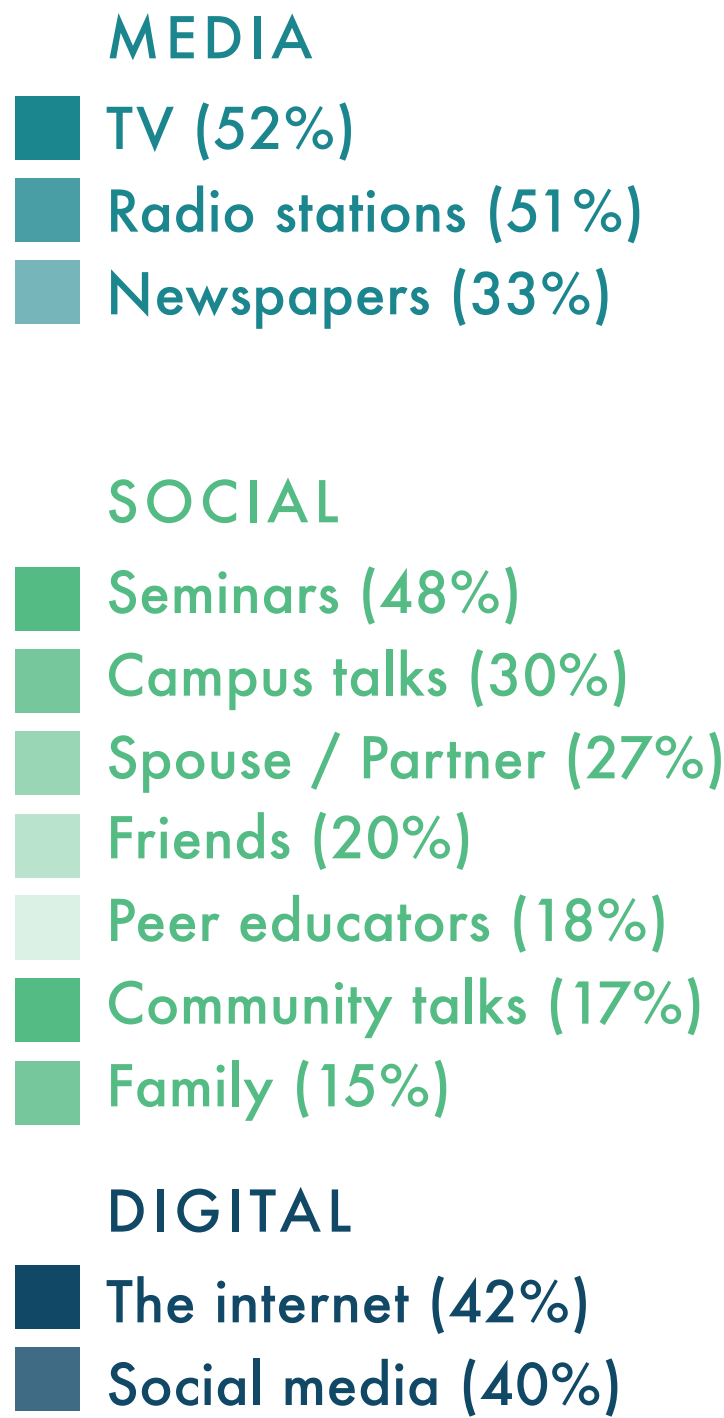
Answers not depicted, (<12%) of respondents answered:

No longer have to use a condom (10%); We can demonstrate our shared commitment to our health (6%); PrEP will help me make more money because I can see more customers without a fear of contracting HIV (0%); People will be proud of their status (0%); None (0%); Improves the health of people (0%); Immunity will be increased (0%); Brings hope of living (0%)

COMMUNICATION

Q11.12

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



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

Instant messenger APPS (WhatsApp) (14%); Community business organizations / NGO's e.g. Galck (14%); Churches (13%); Social gatherings with the youth (12%); Door to door campaigns (12%); Billboards (12%); Women groups (Women Fighting AIDS in Kenya - WOFAK) (11%); Roadshows (9%); Private meetings (9%); Posters (in bars, hotels, guest houses, etc.) (9%); Religious leaders (7%); Leaflets (5%); Chama groups (money saving groups) (5%); At crusade meetings (4%); Pharmacy / Pharmacists (1%); Sex worker hot spots (0%); None (0%)



PrEP PERCEPTIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

EDUCATION FOR UPTAKE AND ADHERENCE IS KEY

With 45% of the audience unsure if PrEP would work, one of the top reasons for not wanting to take PrEP is a lack of understanding of the medication. Developing clear and straightforward information specifically around the usage of PrEP in a serodiscordant relationship is important to drive uptake and adherence.

COMMUNICATIONS IMPLICATIONS

REMINDERS HELP

The top reason for not wanting to take PrEP is the fear of forgetting to take it. Providing SDC with resources that keep PrEP top of mind can help. For instance, using SMS reminders can remind them to take PrEP, which can ease adherence concerns.



SUMMARY OF IMPLICATIONS

SUMMARY OF IMPLICATIONS

MOTIVATIONS

MESSAGES OF PROSPERITY

Given that SDC are concerned about the high cost of living, not earning enough money, and not being able to meet their family's needs, a message of how PrEP can help prevent the transmission of HIV and help keep the family's focus on their future.

CREATIVE DEVELOPMENT: DEPICTING ASPIRATIONS

When developing creative messages for PrEP communications, depicting SDC's top values of a stable and healthy home will resonate well with this audience, helping them form an association between PrEP and family stability.

ADDRESS THE REALITY OF HIV

With 29% of respondents surveyed concerned about contracting HIV and knowing the seronegative participant is faced with this reality, direct communications regarding HIV prevention will resonate with this audience.

HEALTH AND PREVENTION

SDC SPECIFIC HIV COMMUNICATION

The fact that 83% of the respondents are married may reduce the urgency to get tested on a more frequent basis. Aware of the unique factors present in a serodiscordant relationship, communications on how to live with HIV specific to this audience will help ensure that the right precautions are taken. Especially for those that are HIV positive.

PREP: A HIGHER STANDARD OF PROTECTION

76% of SDC equate the concept of "safe sex" with condoms. 77% discuss the risk of contracting HIV with peers. With only 28% currently recognizing PrEP as a suitable method of HIV prevention, this data reveals an opportunity to communicate that the combined use of condoms and PrEP is far more effective an HIV prevention strategy because PrEP provides an additional layer of protection.

SUMMARY OF IMPLICATIONS

HEALTHCARE

A TRUSTED CHANNEL

SDC 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.

TRAINING FOR HEALTHCARE PROFESSIONALS

Healthcare professionals, particularly at government hospitals and dispensaries, should be trained to constructively communicate about the benefits of PrEP when used within a serodiscordant relationship. The necessary tools and materials must be provided to healthcare professionals to enable them to do this.

STIGMA AND VICTIMIZATION

STRATEGIC DEVELOPMENT

PrEP can be positioned as a lifestyle choice that demonstrates a couples' commitment to their health.

A SENSE OF CONTROL

With 70% of SDC having never been subject to sexual pressure, their sexual practices are often on their terms. Affirming this idea by positioning PrEP as a sure way to maintain control of their sexual health may resonate with SDC. For those who have been subject to sexual pressure, communicating the importance of agency in preventing HIV is important, and taking PrEP can be positioned as a means to this agency.

SUMMARY OF IMPLICATIONS

PREP PERCEPTIONS

EDUCATION FOR UPTAKE AND ADHERENCE IS KEY

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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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