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

November 27, 2018
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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.
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.
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 Dholou
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.

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

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

VALUES

HEALTH
- Being alive (66%)
- Being in good health (38%)

FAMILY
- My child/children (64%)
- My spouse/partner (62%)
- My parents (55%)
- My siblings (23%)

EDUCATION
- Providing my children with a good education (52%)

FINANCIAL
- Being able to support myself financially (60%)
- Having a successful business (55%)
- Being able to support my family (50%)
- Having money to start a business (42%)
- Having a job (32%)
- Being in good health (free from disease) (38%)
- Having a job (32%)
- My siblings (23%)

Answers not depicted, (<23%) of respondents answered:
- Furthering my studies (6%)
- Achieving good grades (8%)
- None (3%)
- 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%)
Where do you see yourself in the next 3-5 years? What hopes and dreams do you expect for yourself? (N=101) [Multiple Answer]

**ASPIRATIONS**

**HEALTH**
- Be in good health (56%)

**FAMILY**
- Provide a stable home for my children (61%)
- Be happily married (37%)
- Build my family a home (36%)
- Start a family (22%)

**FINANCIAL**
- Save money (57%)
- Own a property/home (55%)
- Own my own land (49%)
- Be able to afford school fees (47%)
- Start my own business (44%)
- Expand my business (41%)
- Be happily married (37%)
- Build my family a home (36%)
- Start a family (22%)

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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%)
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%)
- High cost of living
- Not earning much money
- Not being able to save
- Not being able to meet my family’s needs
- Spending my savings
- Having an HIV positive partner
- Being at risk of contracting HIV
- Lack of capital to start a business
- Loved one dying
- The increased unemployment rate in the country
- My business declining because of the economy
- Losing weight because of stress
- Having an HIV positive partner who wants to have a baby
- Customers refusing to pay
- Government corruption
- Infected with HIV
- Not having finances for education/studies
- Being paid my salary late
- Condom bursts
- Stock not being delivered after payment
- Paying rent for a shop irrespective of how my business is doing
- Being at risk of contracting STIs and STDs

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 (3%)
- Being arrested (1%)

13%
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.
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

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

64% get tested at least once every 6 months

Answers not depicted:
- 4-6 months ago (16%); 7-12 months ago (13%); More than 12 months ago (31%); never (0%)
- Irregular tests are done (12%); About once a year (11%); every 7-12 months (7%); Every couple of years (5%)
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).

I feel I am at risk of contracting HIV: 44%
I feel concerned because my partner has HIV: 33%
I experience chest problems: 18%
I have had malaria / concerns about contracting malaria: 15%
I am concerned about food that contains chemicals: 14%
I experience headaches: 13%
I have recently had unprotected sex: 11%

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

[Multiple Answer]

- Contracting HIV: 77%
- Stress: 72%
- High blood pressure: 69%
- Developing cancer: 67%
- Contracting an STD/STI: 62%
- Tuberculosis: 59%
- Malaria: 52%
- Diabetes: 50%
- Typhoid: 42%
- Cholera: 33%

Answers not depicted, (<3%) of respondents answered:
- Chest infections (2%)
- Allergies (2%)
- Weight gain (18%)
- Ebola (9%)
- Cysts (9%)
- Skin infections (9%)
- None (8%)
- Ulcers (8%)
- Stomach cramps (8%)
- Headaches & migraines (8%)
- Fevers (8%)
- Elephantiasis (6%)
- Diarrhea (6%)
- Depression (6%)
- Asthma (6%)
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)

- 77% YES
- 23% NO
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?”

**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%)

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%)
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?

82% TOTALLY LIVE BY IT

17% I SOMETIMES LIVE BY IT

1% I DO NOT LIVE BY IT
**SEXUAL HEALTH**
- Being faithful to your partner (76%)
- Using male condoms (58%)
- Taking PrEP to avoid HIV (31%)
- Abstaining from sex (24%)
- Using female condoms (24%)

**PERSONAL HEALTH**
- Avoiding becoming stressed (60%)
- Eating healthy foods (51%)
- Good personal hygiene (45%)
- Exercising (39%)
- Drinking sufficient amounts of water (34%)
- Drinking clean water (34%)
- Sleeping under a mosquito net (28%)
- Eating foods with little or no chemicals (24%)
- Keeping my home clean (23%)

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

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage</th>
</tr>
</thead>
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<td>Abstaining from sex</td>
<td>24%</td>
</tr>
<tr>
<td>Keeping my home clean</td>
<td>24%</td>
</tr>
</tbody>
</table>

Answers not depicted (<23%) of respondents answered:
- Washing daily (17%); Washing 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 (5%); Taking medication on time (5%); Taking ARV's on time (5%); Avoid had company (5%); Using protection in general (5%); Use lubrication (5%); Traditional / cultural practices (5%); Taking PEP to avoid HIV (5%); Only have one sexual partner (5%); None (5%); Live responsibly (5%); Knowing my partner’s HIV status (5%); Going for regular check-ups (5%); Getting vaccinated (5%); Do not engage in risky sexual behaviour (5%); Avoid sharing syringes (5%); Avoid drugs (5%); Avoid consuming alcohol (5%)
What does safe sex mean to you? (N=101) [Multiple Answer]

- Using male condoms: 76%
- Having one sexual partner: 65%
- Using female condoms: 59%
- Getting tested with your partner prior to engaging in sexual intercourse: 49%

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%)
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 (85%)
- Ensuring that a condom is fitted correctly (59%)
- Using female condoms (48%)

**Sexual Relationships**
- Being faithful to your partner (64%)
- Only having one sexual partner (56%)
- Abstaining from sex (49%)

**Knowledge of Status**
- Knowing your partner’s HIV status (47%)
- Being open about your HIV status (36%)
- Going for regular HIV tests (33%)

**Sharps**
- Not sharing needles (36%)
- Not sharing sharp objects (24%)

**Medication**
- Taking PrEP (28%)
- Taking PEP (26%)

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Answers not depicted, (<24%) of respondents answered:
- Using sterilized needles (11%)
- Religious practices (5%)
- 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%)
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]

**MEDIA**
- Radio stations (50%)
- TV (47%)
- Social media (38%)
- Internet (33%)
- Newspapers (22%)
- Instant messenger APPS (14%)
- Billboards (13%)

**SOCIAL**
- Women groups (20%)
- Community talks (16%)
- Talks at schools and campuses (16%)

**FAMILY/FRIENDS**
- Friends (30%)
- Spouse/Partner (29%)
- Family (23%)

**HEALTHCARE**
- At health centers/hospitals (73%)
- Guidance counseling groups (45%)
- Doctors (45%)
- Nurses (43%)
- Seminars (41%)
- Peer educators (20%)

**OTHER**
- Private meetings (15%)
- Community business organizations/NGO's (14%)
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.
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.
Q7.1 Where do you usually go for healthcare services? (N=101) [Multiple Answer]

- Government hospital or dispensary: 72%
- Private clinic: 32%
- Private hospital: 25%
- NGO hospital: 13%
- Mission hospital: 10%

Answers not depicted, (<10%) of respondents answered:
Private health care centre (7%); Drop-in centre or shelter (5%); Mobile clinic (4%); None (0%)
Q7.15  Do you trust the health services at the healthcare center you visit to give you safe and quality care? (N=101)

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

- 2% NOT AT ALL PROFESSIONAL
- 9% NOT VERY PROFESSIONAL
- 37% QUITE PROFESSIONAL
- 52% VERY 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

- 3% MOSTLY UNFRIENDLY
- 10% SOMETIMES UNFRIENDLY
- 43% VERY FRIENDLY
- 45% QUITE FRIENDLY
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
Do you personally experience victimization or stigmatization by people in your own circle? (N=101)

30% personally experience stigmatization or victimization

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)

60% “NEVER”
16% “HARDLY EVER”
13% “OCCASIONALLY”
11% “QUITE OFTEN”

Answers not depicted. (0%) of respondents answered:
Very often
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 positions as a means to this agency.
PrEP PERCEPTIONS
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 (5%)

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 (15%); I probably would NOT use it (8%); I am UNSURE if I would use it (13%)
### CONCERNS ABOUT PrEP

#### 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%)

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

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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

AWARENESS
- Forgetting to take it (70%)
- Not being aware of it (61%)
- Being too drunk to remember to take it (50%)
- Not knowing how it works (42%)

STIGMA
- It might be mistaken for ARVs (19%)

CONVENIENCE
- Not used to taking medication daily (34%)
- It’s difficult to walk around with medication everyday (30%)
- Youth will not be able to purchase it and will be fearful to ask their parents to purchase it for them (21%)

NOT NECESSARY
- HIV-negative people will not think it’s important (36%)
- Not being sexually active (24%)

COMBINING
- Doctors may not advise using it with other medications (22%)
- Too many pills for those on medication (22%)
- Drinking alcohol and not wanting to mix the two (19%)
- Taking in conjunction with meds may not be safe (14%)

OTHER
- Prefer injections instead of pills (42%)
- Side effects will be off-putting (36%)
- Expensive to purchase each month (28%)

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

- Forgetting to take it 70%
- Not being aware of it 61%
- Being too drunk to remember to take it 50%
- Prefer injections instead of pills 42%
- Not knowing how it works 42%
- Side effects will be off-putting 36%
- HIV-negative people will not think it’s important 36%
- Not used to taking medication daily 34%
- It’s difficult to walk around with medication everyday 30%
- Expensive to purchase each month 28%
- Not being sexually active 24%
- Too many pills for those on medication 22%
- Doctors may not advise using it with other medications 22%
- Youth will not be able to purchase it and will be fearful to ask their parents to purchase it for them 21%
- It might be mistaken for ARVs 19%
- Drinking alcohol and not wanting to mix the two 19%
- Taking in conjunction with meds may not be safe 14%

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

**PROBLEMS PrEP CAN SOLVE**

**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%)

**Q11.6**

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

### COMMUNICATION

#### MEDIA
- TV (52%)
- Radio stations (51%)
- Newspapers (33%)

#### SOCIAL
- Seminars (48%)
- Campus talks (30%)
- Spouse / Partner (27%)
- Friends (20%)
- Peer educators (18%)
- Community talks (17%)
- Family (15%)

#### DIGITAL
- The internet (42%)
- Social media (40%)

#### HEALTH
- At health centers/hospitals (62%)
- Doctors (38%)
- Nurses (32%)
- Mobile doctors (20%)

#### OTHER
- Guidance counseling groups (44%)

### Answers not depicted, (<15%) of respondents answered:
- Instant messenger APPS (WhatsApp) (14%)
- Community business organizations / NGO's e.g. Galck (14%)
- 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 (3%)
- Sex worker hot spots (0%)
- None (0%)
PrEP PERCEPTIONS

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.
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.
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 positions as a means to this agency.
SUMMARY OF IMPLICATIONS

PREP PERCEPTIONS

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.

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.
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