

OPTIONS MARKET INTELLIGENCE REPORT: KENYA

Key insights and communications implications for oral PrEP demand creation among people who inject drugs (PWID) in Kenya

NOVEMBER 9, 2018

TABLE OF CONTENTS



I. METHODOLOGY

II. OBJECTIVE

III. RESULTS

IV. COMMUNICATIONS IMPLICATIONS

METHODOLOGY

The following findings are from a formative market intelligence study conducted to inform development of demand creation communications strategies for oral PrEP among people who inject drugs (PWID) (N=100).

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 by trained interviewers, with PWID respondents in 5 counties. 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 PWID 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 PWID 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: PWID (N=100)

MEAN AGE 32.4

MARITAL STATUS

39% were single

30% were married

27% were divorced

INCOME

72% reported a household income below KES 30,000 (approximately \$300 USD)

CHILDREN

30% reported not having children

Of respondents with children, 39% had 2+ children

GENDER

97% male

3% female

LANGUAGE (N=99)

95% spoke Swahili

52% spoke English

47% spoke 3+ languages

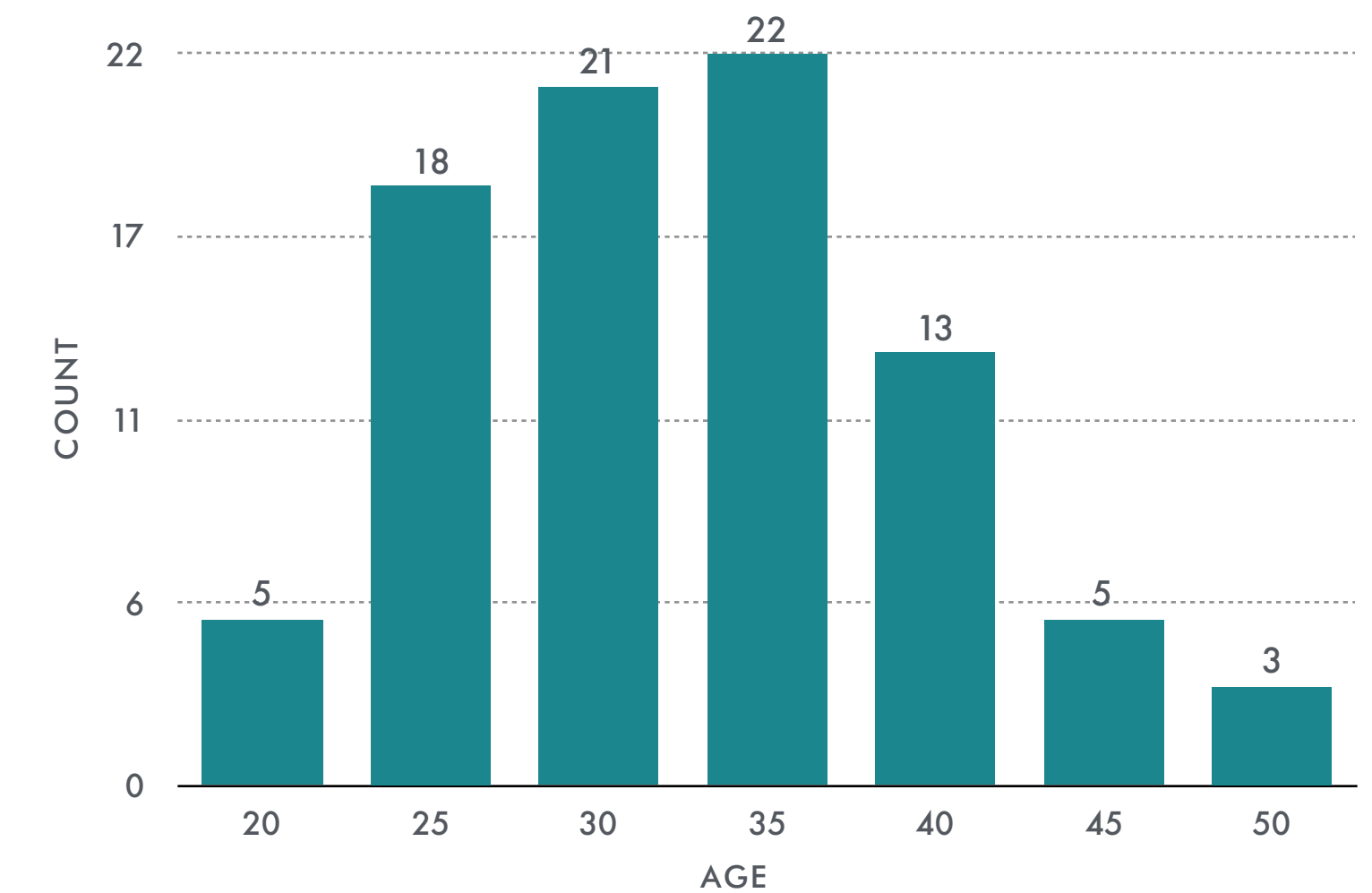
HOME LIFE

40% lived in a shanty home with an average of 3 people

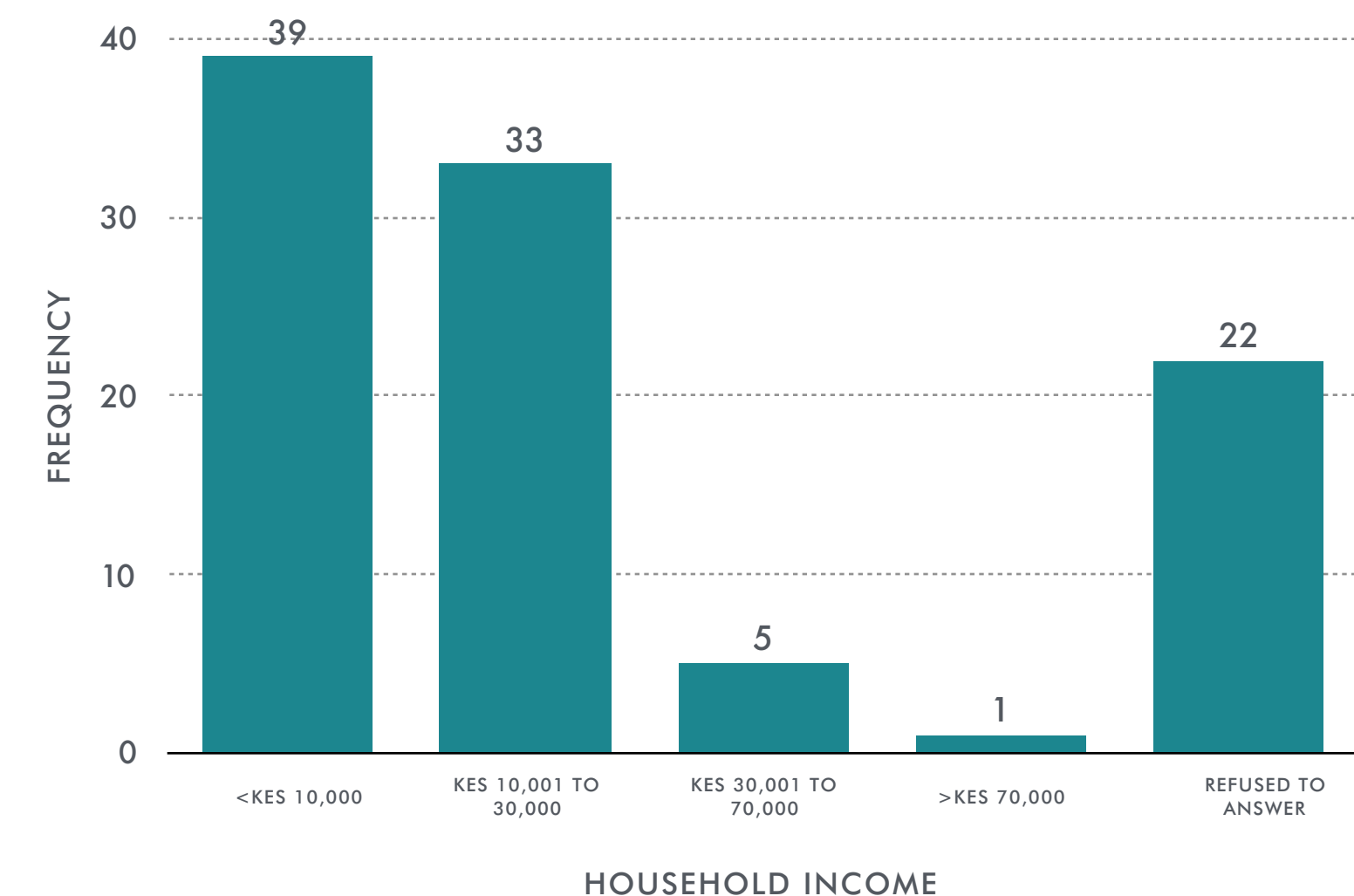
25% lived in a Swahili (house) with an average of 6 people

14% lived in a flat/apartment and live with an average of 2.5 people

DISTRIBUTION OF RESPONDENT AGE: PWID



DISTRIBUTION OF RESPONDENT HOUSEHOLD INCOME: PWID



SURVEY PROFILE: PWID (N=100)

EDUCATION

99% were not currently in school

49% completed at least primary school,
32% completed at least secondary school,
and 4% completed a college or university degree

CONNECTIVITY

80% of individuals had access to a cell phone
(of these individuals, 77% had their own cell phone)

Of individuals with access to a cell phone,
26% had access to a smartphone

55% owned a TV set

78% owned a radio

7% owned a computer

EMPLOYMENT

49% of individuals not in school were employed
(full-time, part-time, or self-employed)

20% of employed individuals were self employed
and 20% were employed part-time

48% of unemployed individuals not in school
were seeking work



MOTIVATIONS

VALUES

Q5.1 What are some of the things that you currently value in your life? (N=100) [Multiple Answer]

HEALTH

- Being in good health [free from disease] (60%)
- Being alive (56%)

FAMILY

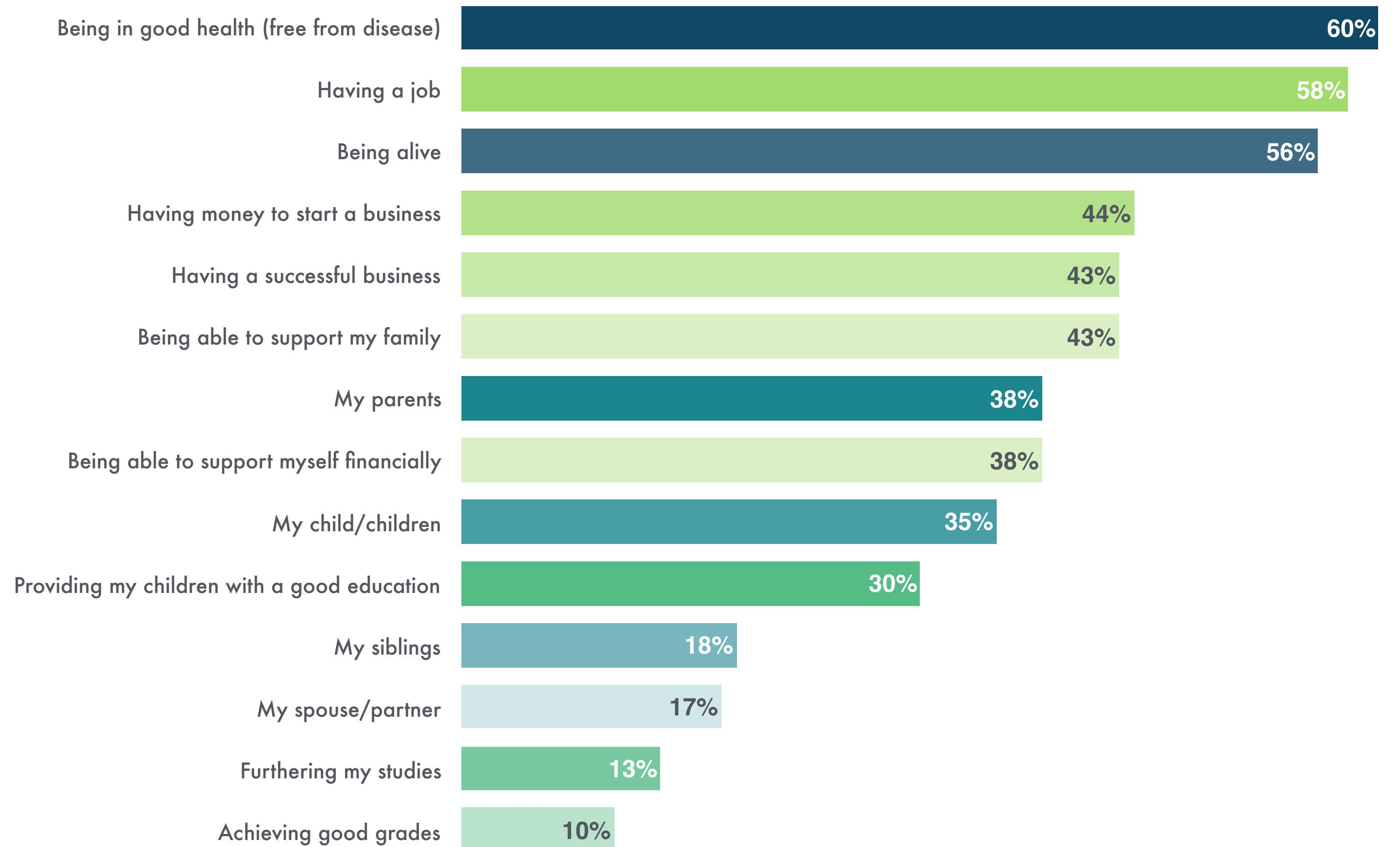
- My parents (38%)
- My child/children (35%)
- My siblings (18%)
- My spouse/partner (17%)

EDUCATION

- Providing my children with a good education (30%)
- Furthering my studies (13%)
- Achieving good grades (10%)

FINANCIAL

- Having a job (58%)
- Having money to start a business (44%)
- Having a successful business (43%)
- Being able to support my family (43%)
- Being able to support myself financially (38%)



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

My sobriety (4%) None (2%); My assets (1%); My friends (1%); The ability to eat healthily (1%); My religion (1%); Having my own identity (0%); Respect from the community (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=100) [Multiple Answer]

HEALTH

- To avoid drugs (41%)
- Be in good health (39%)
- To avoid alcohol (22%)

EDUCATION

- Complete my studies (18%)
- Further my studies (17%)

FAMILY

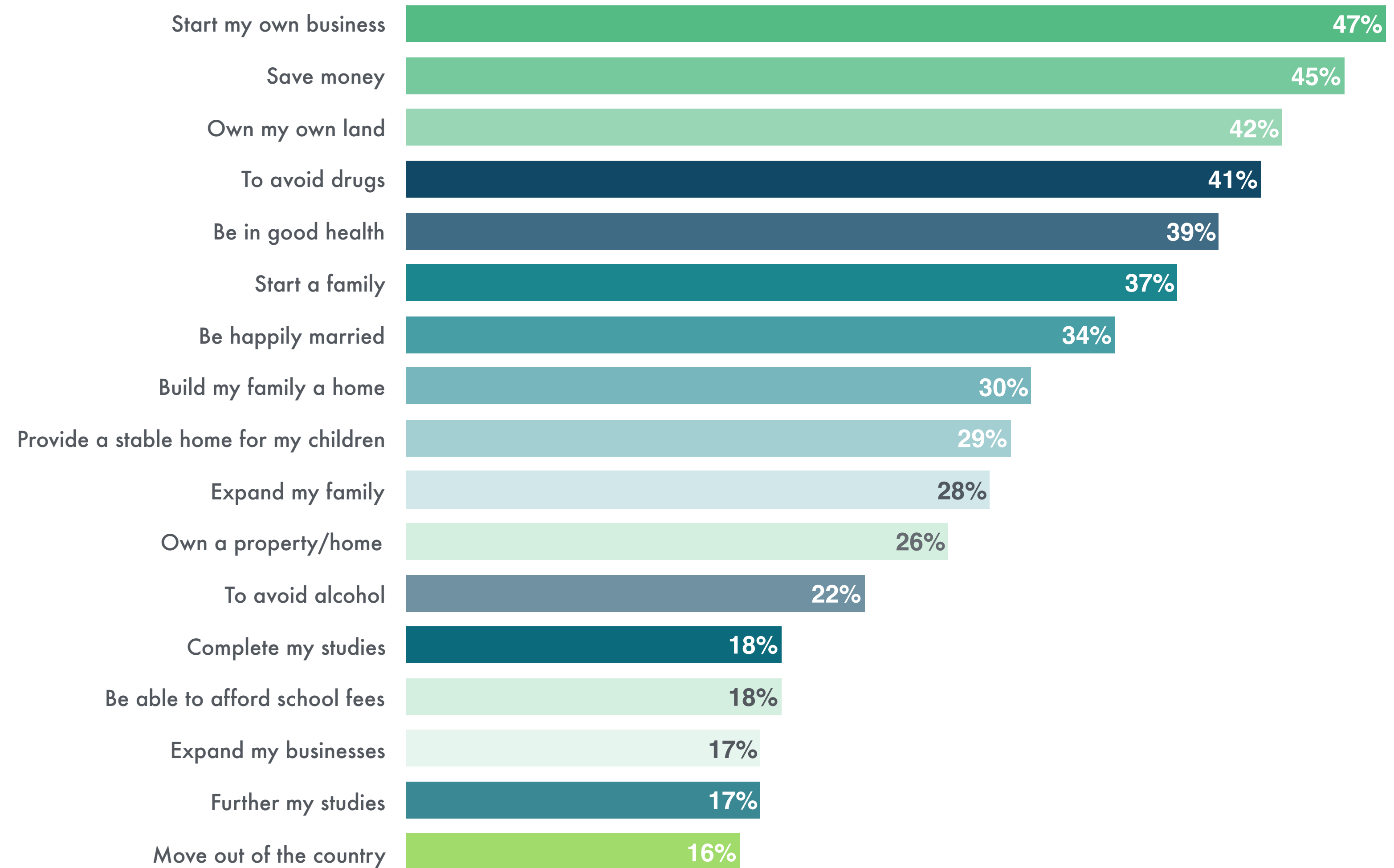
- Start a family (37%)
- Be happily married (34%)
- Build my family a home (30%)
- Provide a stable home for my children (29%)
- Expand my family (28%)

FINANCIAL

- Start my own business (47%)
- Save money (45%)
- Own my own land (42%)
- Own a property/home (26%)
- Be able to afford school fees (18%)
- Expand my business (17%)

OTHER

- Move out of the country (16%)

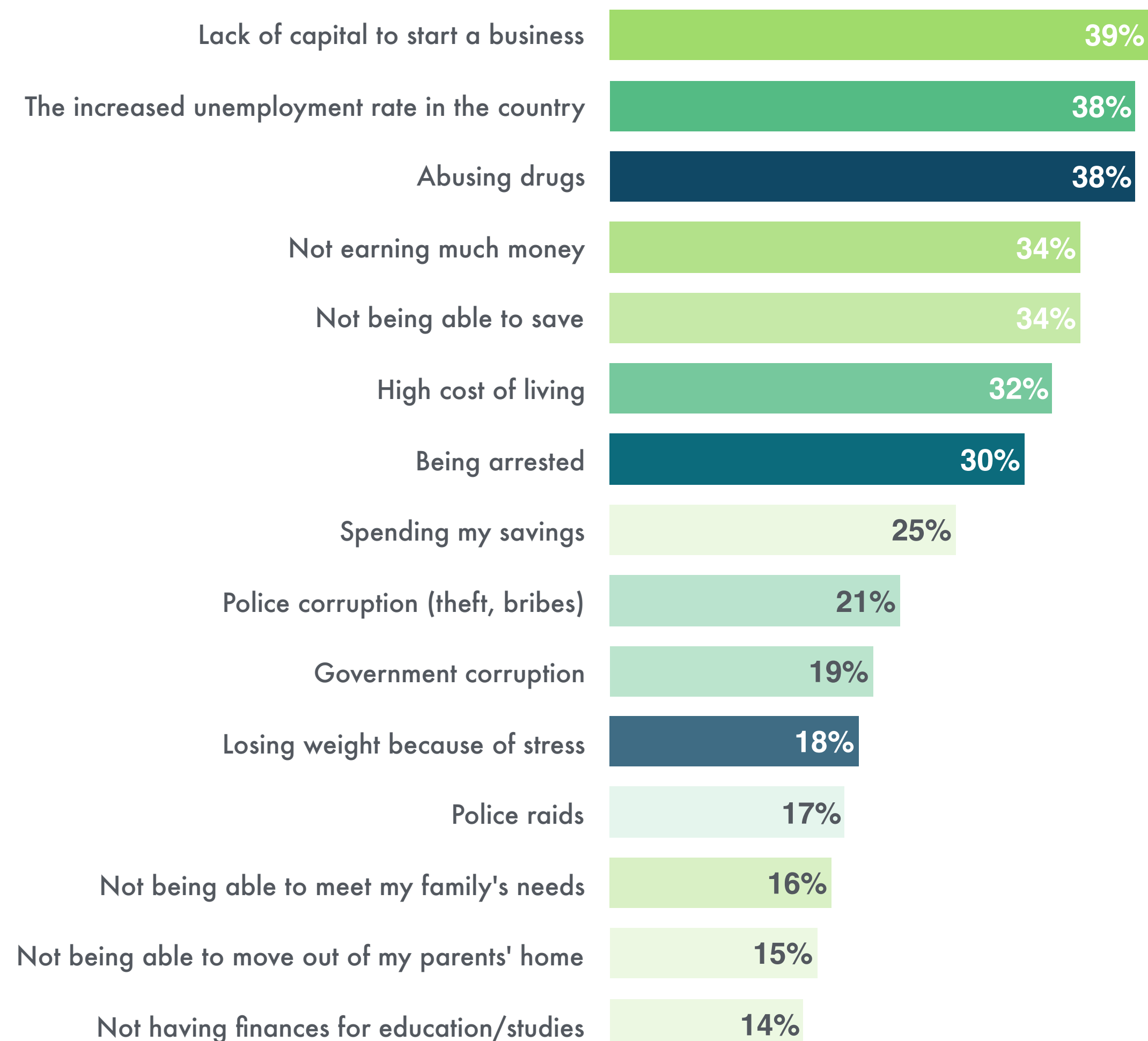
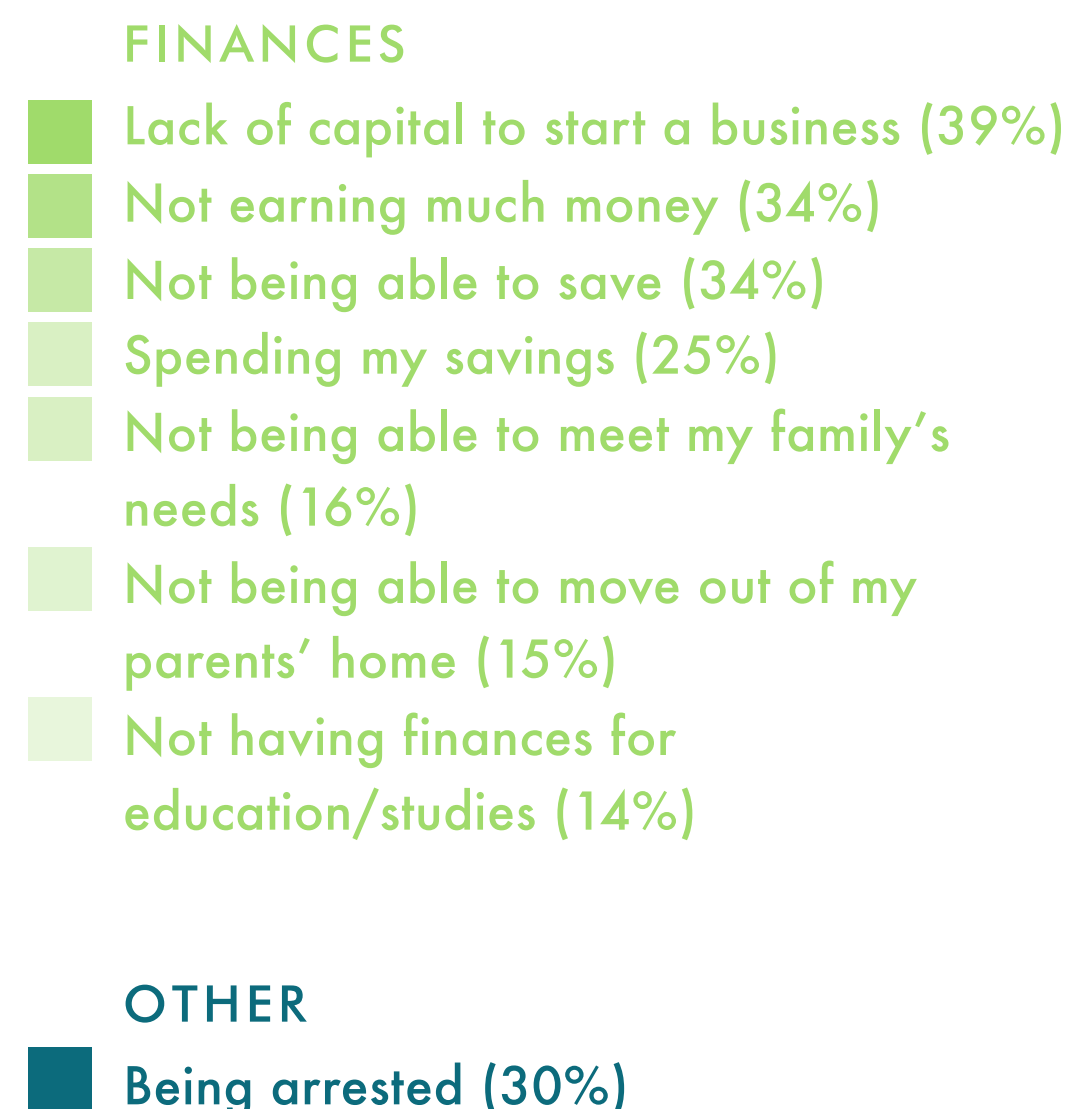
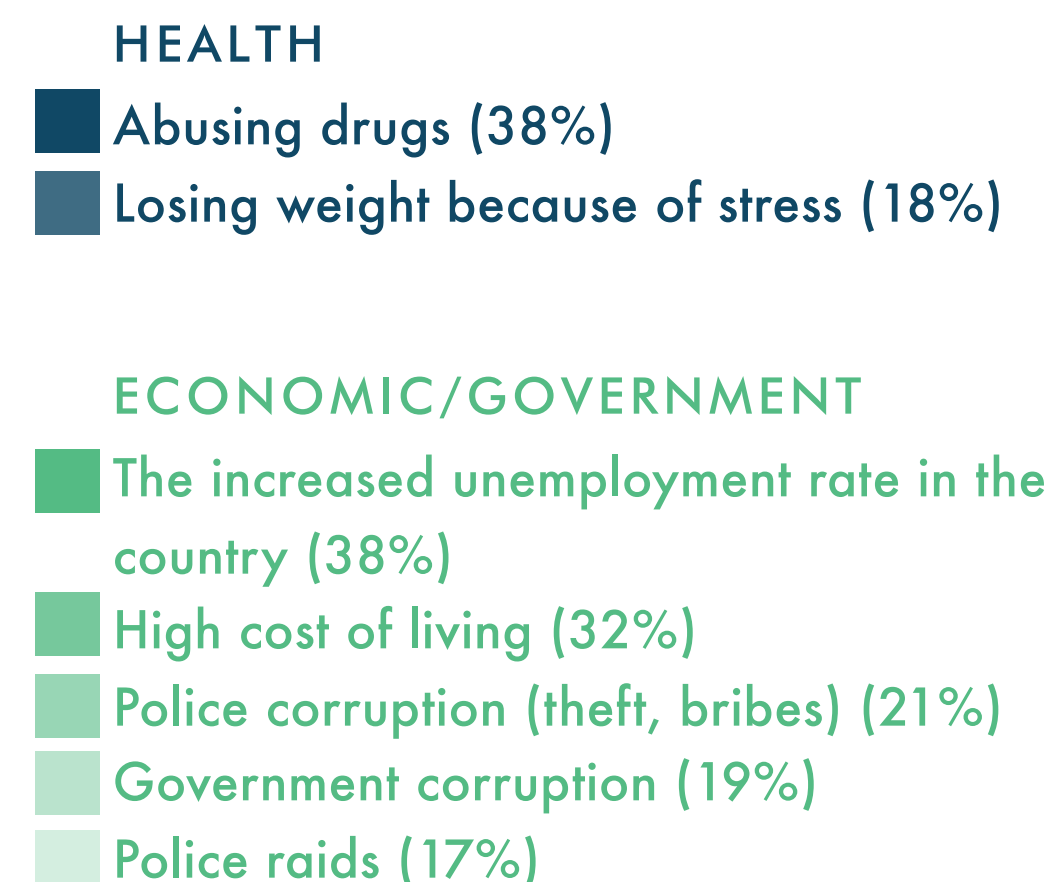


Answers not depicted, (<16%) of respondents answered:

None (1%); To be free of sex work (0%)

PROBLEMS

Q5.4 Tell me some of the problems you are currently experiencing in life? (N=100) [Multiple Answer]



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

Not being able to secure a job in my line of studies (13%); Losing current customers (13%); My business declining because of the economy (11%); Abusing alcohol (11%); Being at risk of contracting HIV (8%); Being paid my salary late (8%); Not completing school (8%); Having debt from loans (8%); Losing job (8%); Paying rent for a shop irrespective of how my business is doing (7%); Unable to make ends meet (6%); Being at risk of contracting STIs and STDs (6%); Customers refusing to pay (6%); Family finding out my sexuality (6%); Spending money on medication because of outbreaks (cholera, malaria, etc.) (6%); Being a single parent (6%); Financial instability (6%); Loved one dying (4%); Rejected by friends (4%); Living in poverty (4%); Being lured in by gang members (4%); Being arrested/harassed by the police (3%); Not knowing my partner's HIV status (3%); Stock not being delivered after payment (3%); Condom bursts (3%); Physical abuse from customers (3%); Having an ill parent (3%); No permanent job (3%); Family issues (3%); Spending a lot of time in the cold, not fully dressed (2%); Infecting someone with HIV (2%); Dying (2%); Poor time management (2%); Going through a divorce (2%); Rejected by family (2%); None (2%); Transactional sex (1%); Stigmatisation and discrimination (1%); Self acceptance (1%); Political instability (1%); Peer pressure (1%); Not fulfilling my dreams (1%); No good schools (1%)



MOTIVATIONS

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

MESSAGES FOR TODAY AND TOMORROW

While PWID have a number of aspirations for their future, they are also concerned about basic needs and things that affect them today – being in good health, having a job, and being alive. Messages that speak to both their future *and* current selves may resonate most with this audience.

SECURING A FINANCIAL FUTURE

Finances and the economy are top of mind for PWID. They value having a job (58%), aspire to start their own business (47%) and save money (47%). Their health is necessary to achieve these milestones, and communicating that PrEP keeps them healthy to achieve their goals is key.



HEALTH AND PREVENTION

PERCEPTION OF HIV RISK

Q10.8 Do you know your HIV status? (N=100)

96% ARE AWARE OF THEIR HIV STATUS

Q10.9 When was the last time you went for an HIV test? (N=100)

79% GOT TESTED WITHIN THE LAST 1-3 MONTHS

Answers not depicted:
4-6 months ago (7%); 7-12 months ago (5%); More than 12 months ago (7%); never (1%)

Q10.10 How often are you typically tested for HIV? (N=100)

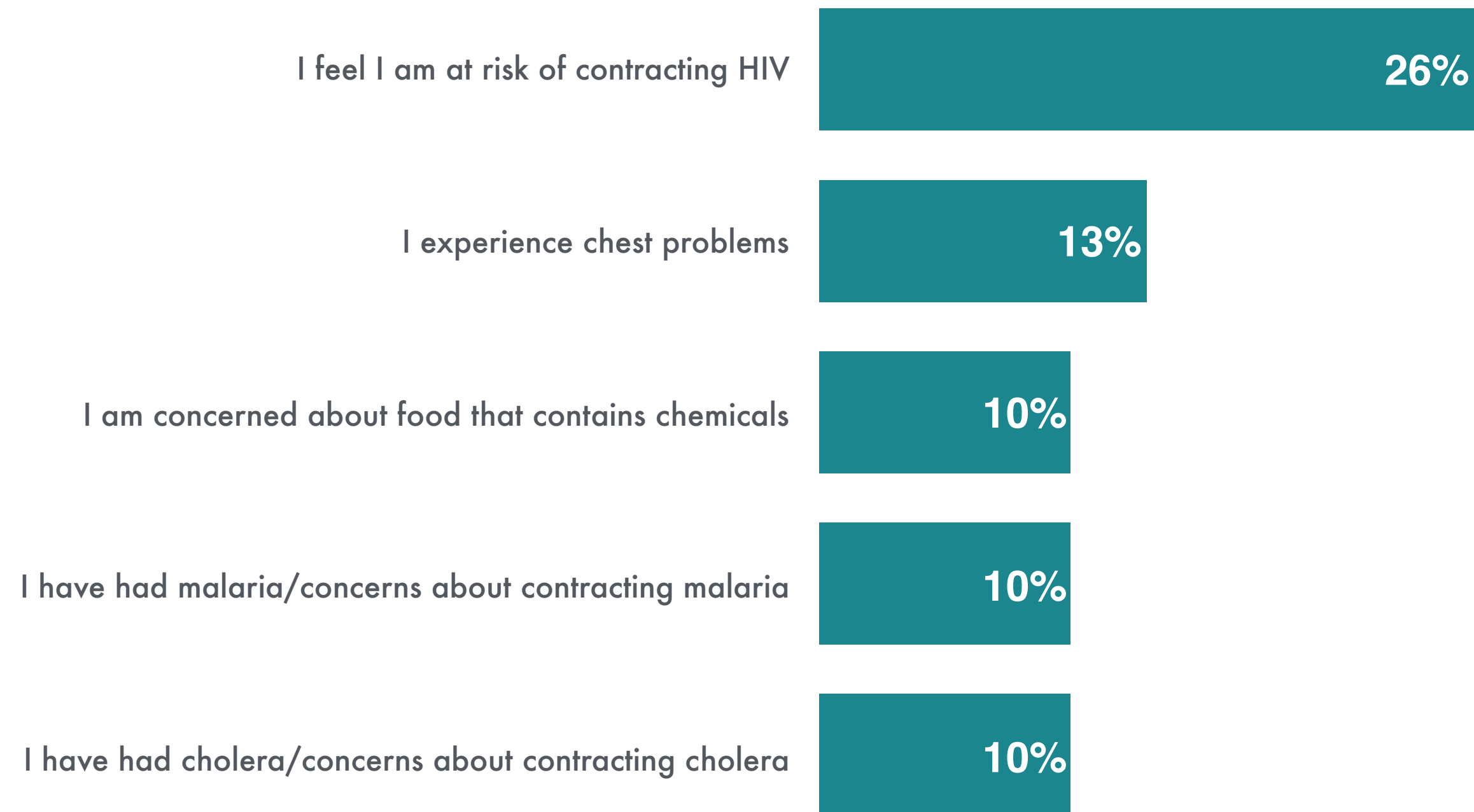
82% GET TESTED AT LEAST ONCE EVERY 6 MONTHS

Answers not depicted:
Irregular tests are done (16%); every 7-12 months (3%); about once a year (4%); every couple of years (2%)

HEALTH CONCERNS: PERSONAL

Q6.2 Why do you say that you are concerned about your health right now? (n=68)*
[Multiple Answer]

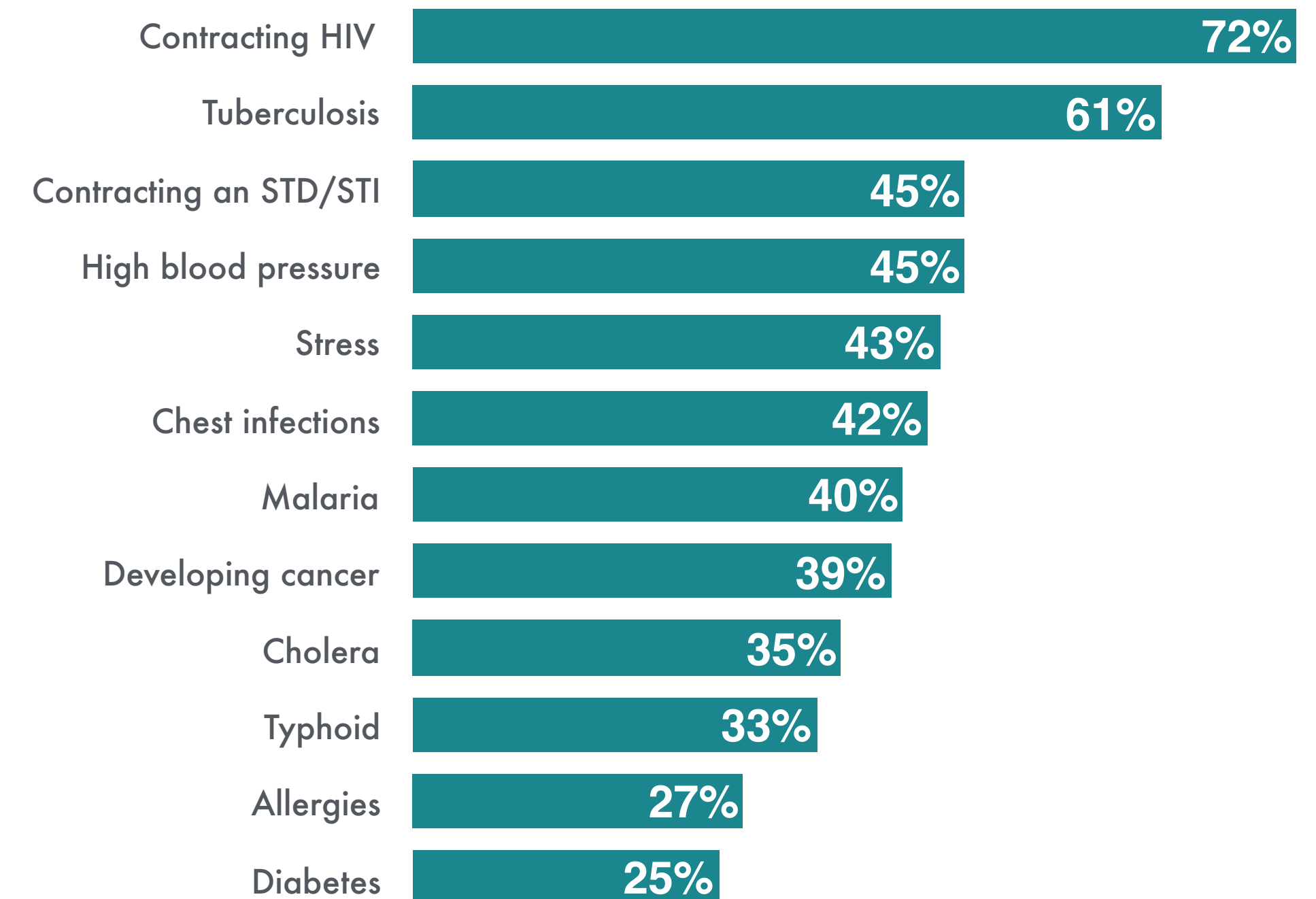
**Asked only if respondents stated that they were concerned about their health (68% of respondents).*



Answers not depicted, (<10%) of respondents answered:
 I experience headaches (9%); I have recently had unprotected sex (6%); I have had food poisoning (2%); I feel concerned because my partner has HIV (0%)

HEALTH CONCERNS: PEERS

Q6.5 What health concerns do you hear from people you associate with on a daily basis? (N=100)
[Multiple Answer]

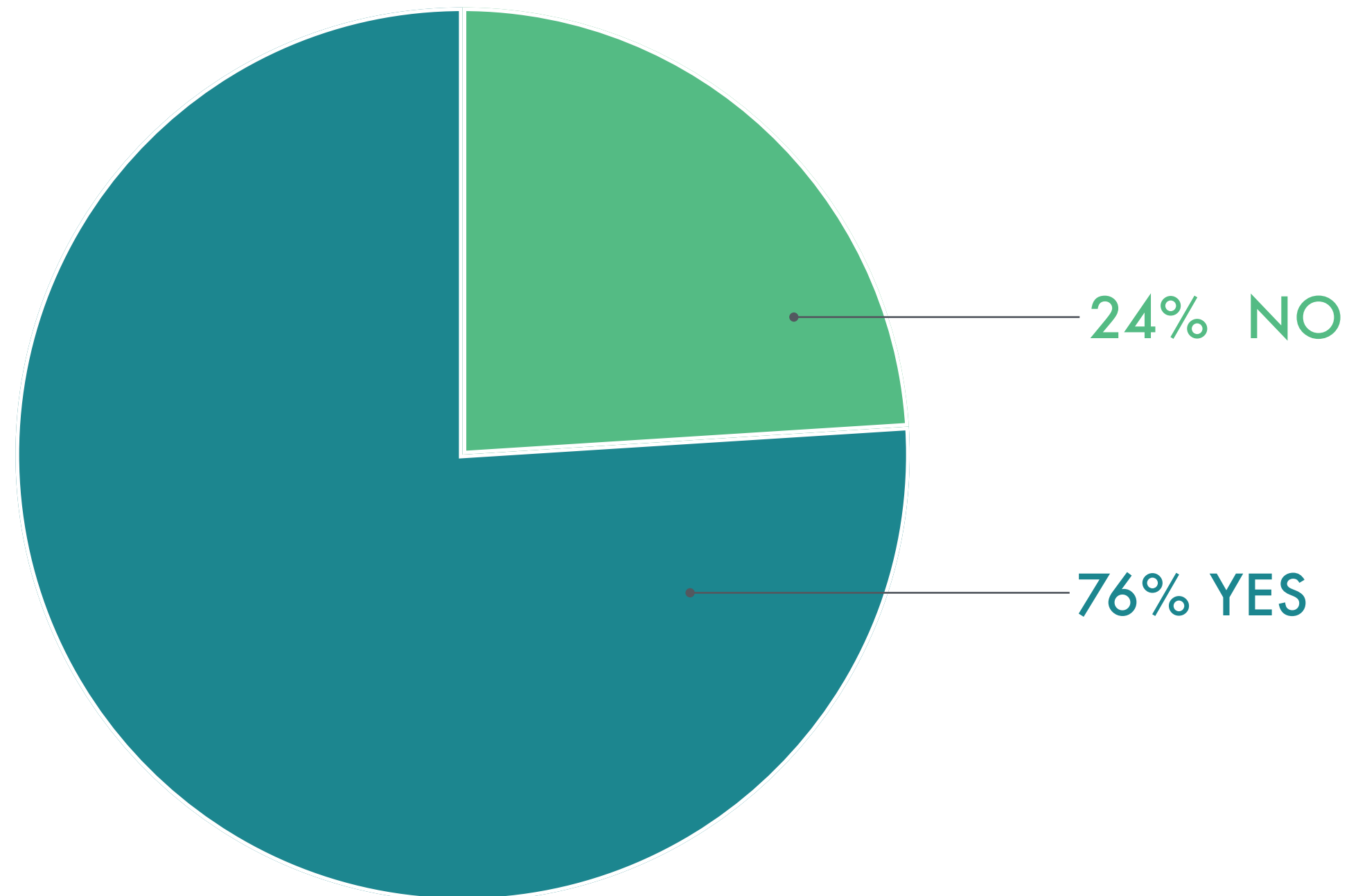


ANSWERS NOT DEPICTED, (<25%) OF RESPONDENTS ANSWERED:

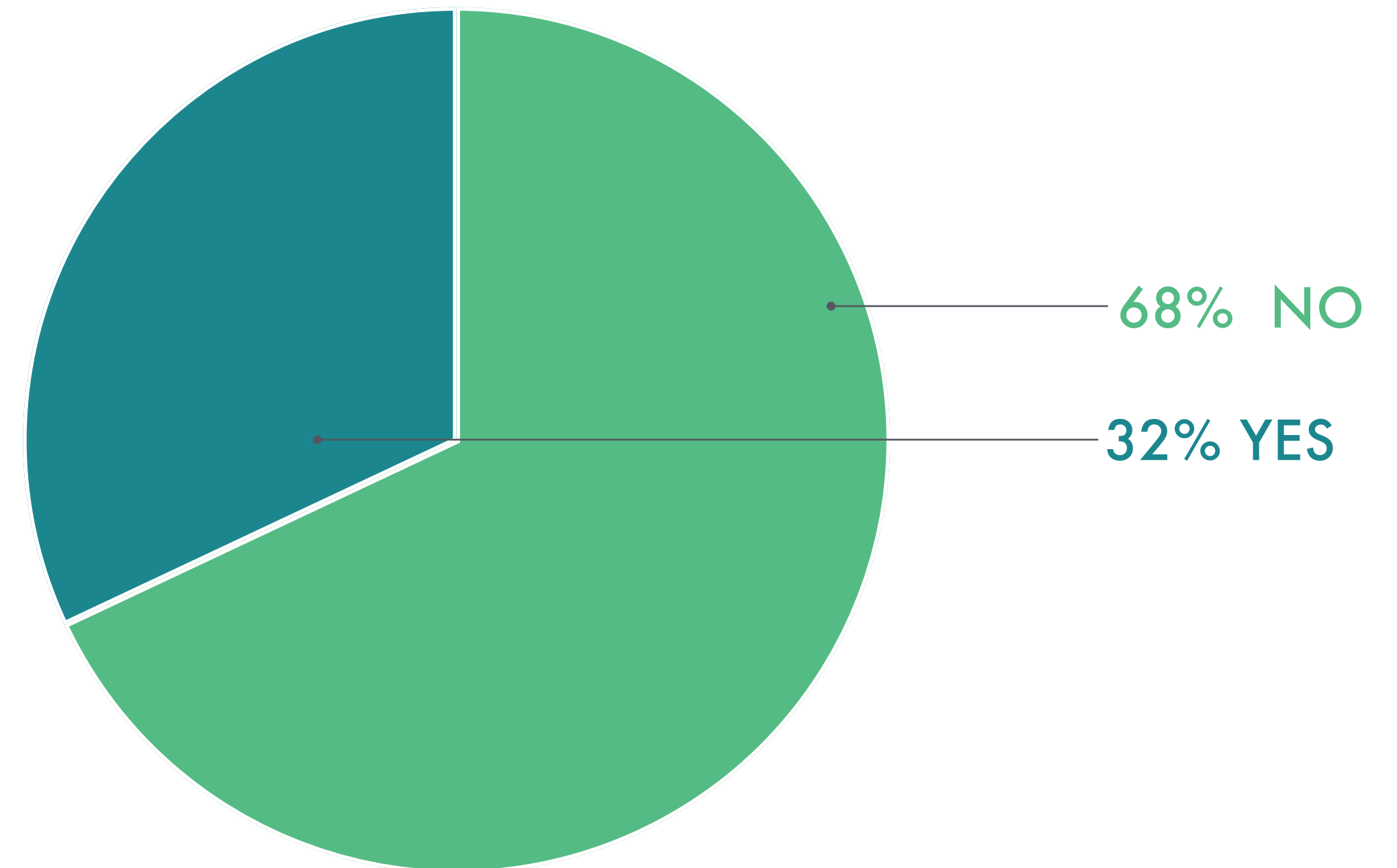
Weight gain (17%); Ebola (14%); Hepatitis (6%); Stomach cramps (6%); Cysts (4%); None (0%); Headaches & Migraines (0%); Asthma (0%); Nausea (0%); Diarrhea (0%); Ulcers (0%); Skin infections (0%); Weight loss (0%); Meningitis (0%); Joint pain (0%); Fevers (0%); Elephantiasis (0%); Depression (0%); Kidney failure (0%)

PERCEIVED RISK

Q10.4 Do you feel the people you engage with daily are at risk of contracting HIV? (N=100)

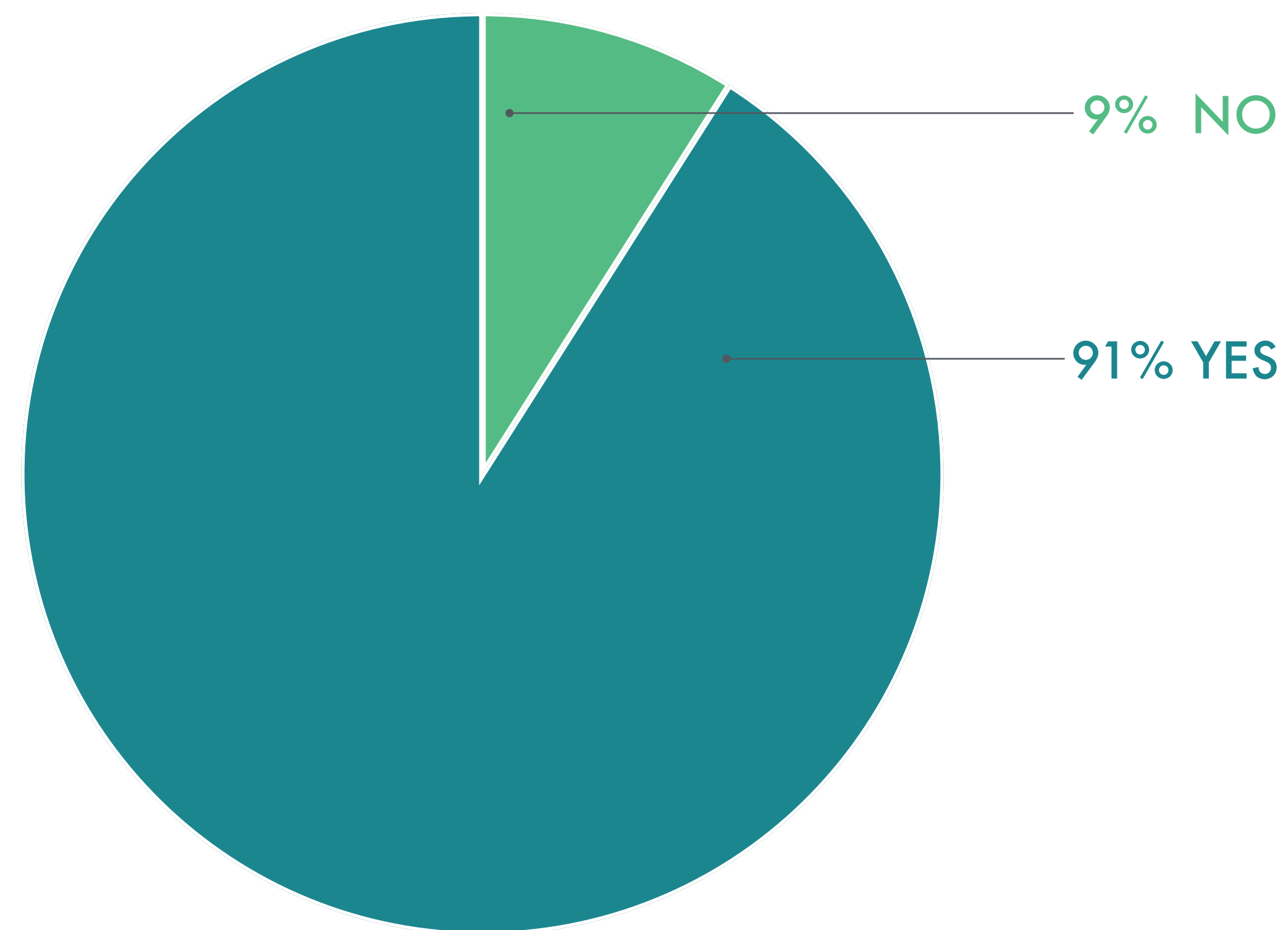


Q10.6 Do you personally feel at risk of contracting HIV? (N=100)



SOCIAL ACCEPTABILITY OF DISCUSSING HIV

Q10.2 Do you and your friends ever talk about the risk of contracting HIV? (N=100)



REASONS FOR NOT BEING AT RISK: SELF

SEXUAL RISK FACTORS

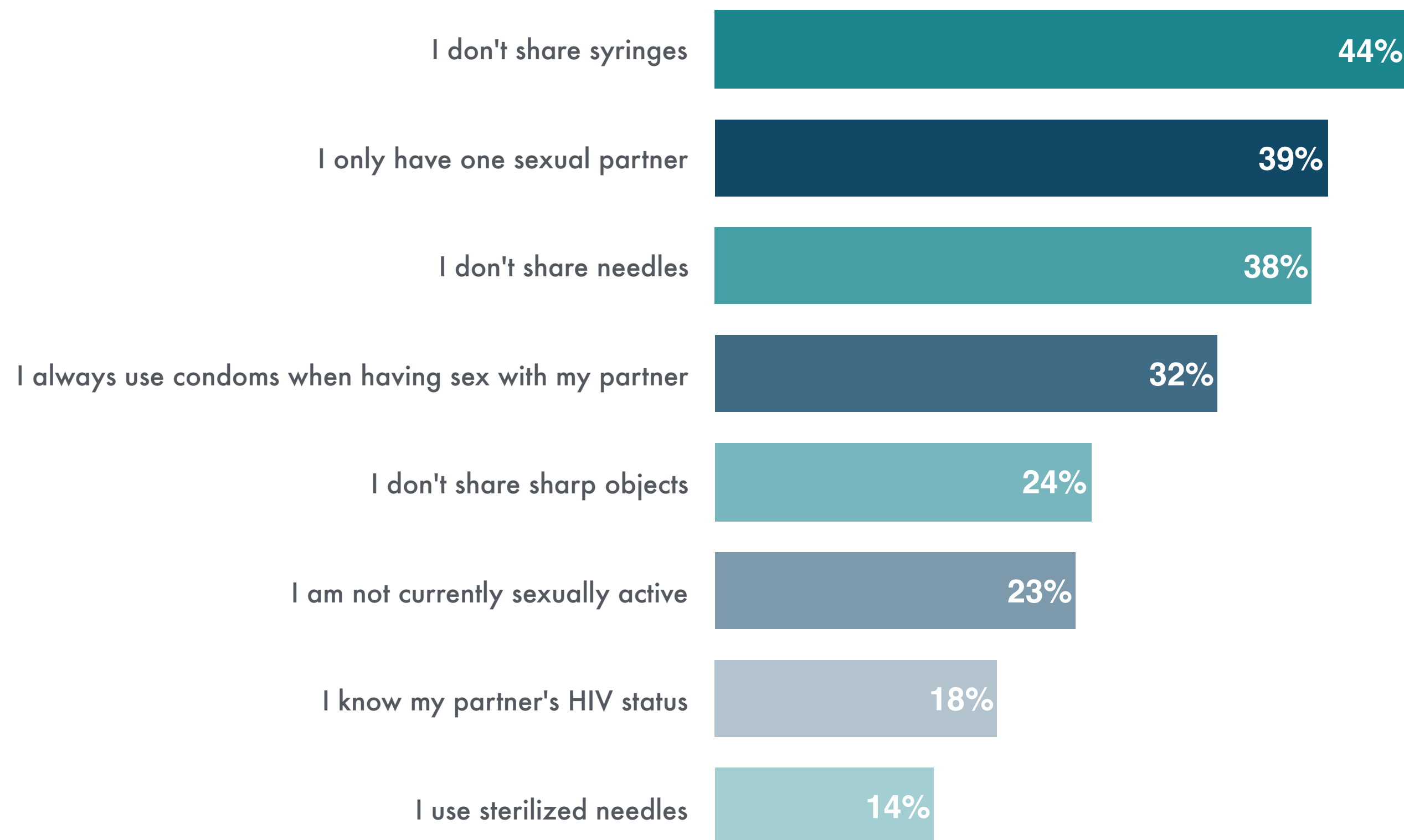
- I only have one sexual partner (39%)
- I always use condoms when having sex with my partner (32%)
- I am not currently sexually active (23%)
- I know my partner's HIV status (18%)

SHARPS

- I don't share syringes (44%)
- I don't share needles (38%)
- I don't share sharp objects (24%)
- I use sterilized needles (14%)

Q10.7 Why do you say that you are not at risk of contracting HIV? (n=66) [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, (<14%) of respondents answered:

I take PEP (6%); I have undergone Voluntary Medical Male Circumcision (6%); I take PrEP (6%); I have never had sex (0%)

REASONS FOR BEING AT RISK: PEERS

Q10.5 Why do you feel that the people you engage with daily are at risk of contracting HIV? (N=75) [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?"*

CONDOM USAGE

- They do not use condoms (63%)
- They are having sex without condoms for (more) money (32%)

SEXUAL RELATIONSHIPS

- They have multiple sexual partners (59%)
- They share the same sexual partners (48%)
- They are not abstaining from sex (24%)

KNOWLEDGE OF STATUS

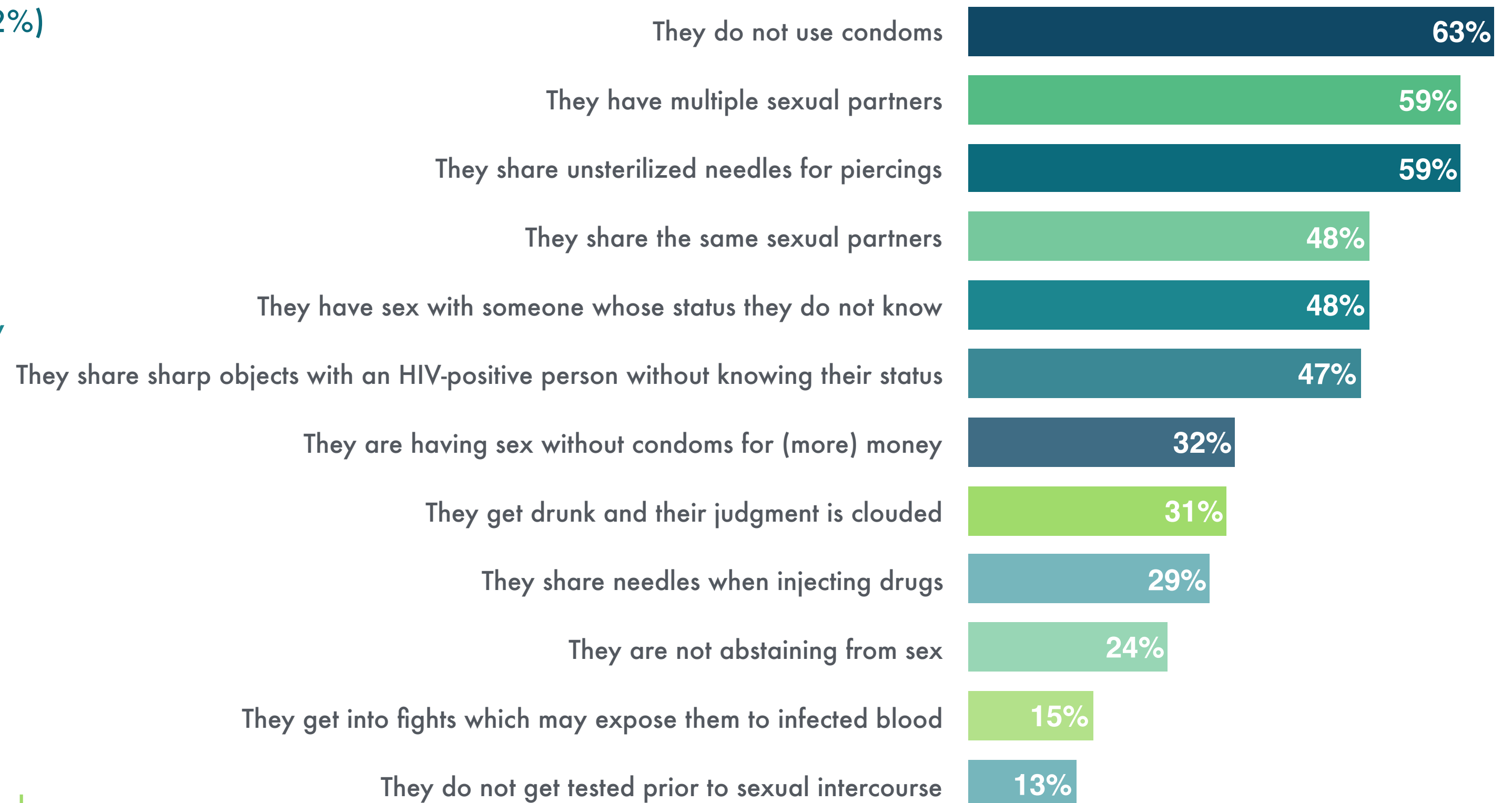
- They have sex with someone whose status they do not know (48%)
- They do not get tested prior to sexual intercourse (13%)

SHARPS

- They share unsterilized needles for piercings (59%)
- They share sharp objects with an HIV-positive person without knowing their status (47%)
- They share needles when injecting drugs (29%)

SOCIAL

- They get drunk and their judgement is clouded (31%)
- They get into fights which may expose them to infected blood (15%)

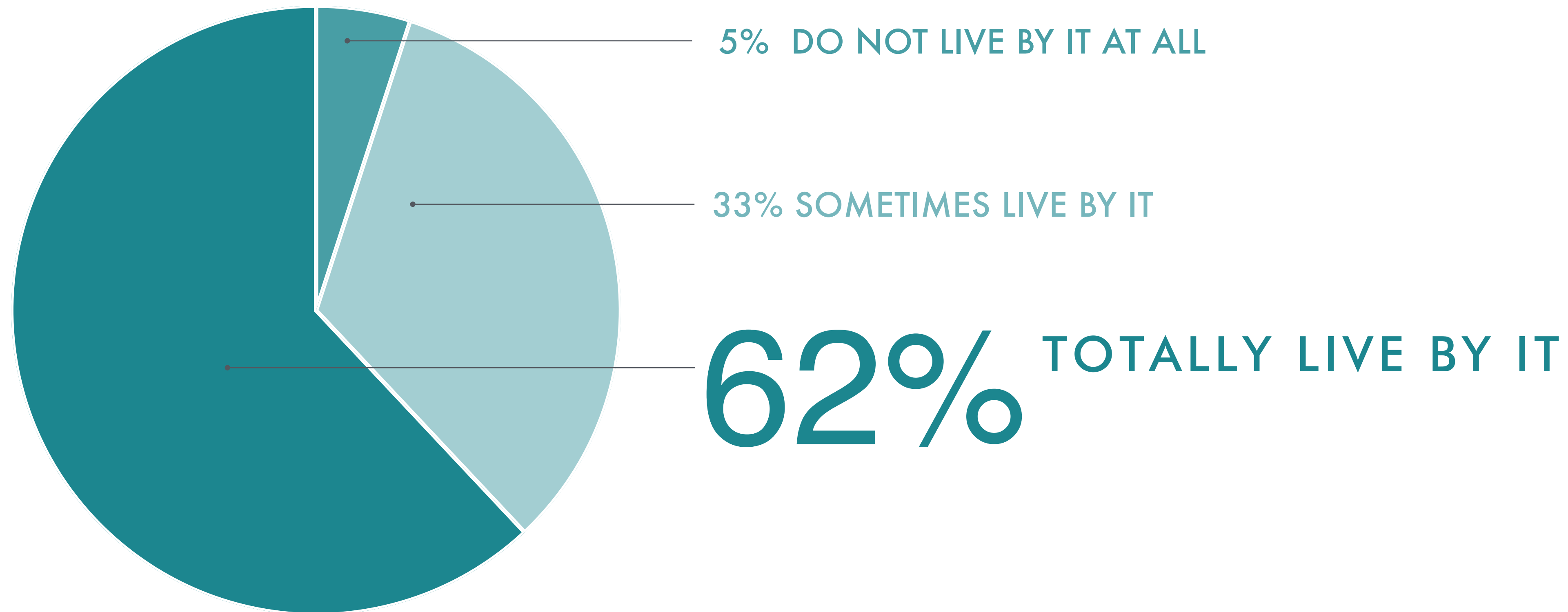


Answers not depicted, (<13%) of respondents answered:

Their judgement is clouded when they inject drugs (9%); They are falling pregnant at a young age (8%); They believe in myths (7%); They donate blood (5%); Lack of knowledge on preventative measures (3%); They do not use preventative measures (3%); They experience condom bursts (1%); They do not use PrEP (0%); They are influenced by their environment (0%); They develop bonds with their customers and forego using condoms (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=100) [Multiple Answer]

SEXUAL HEALTH

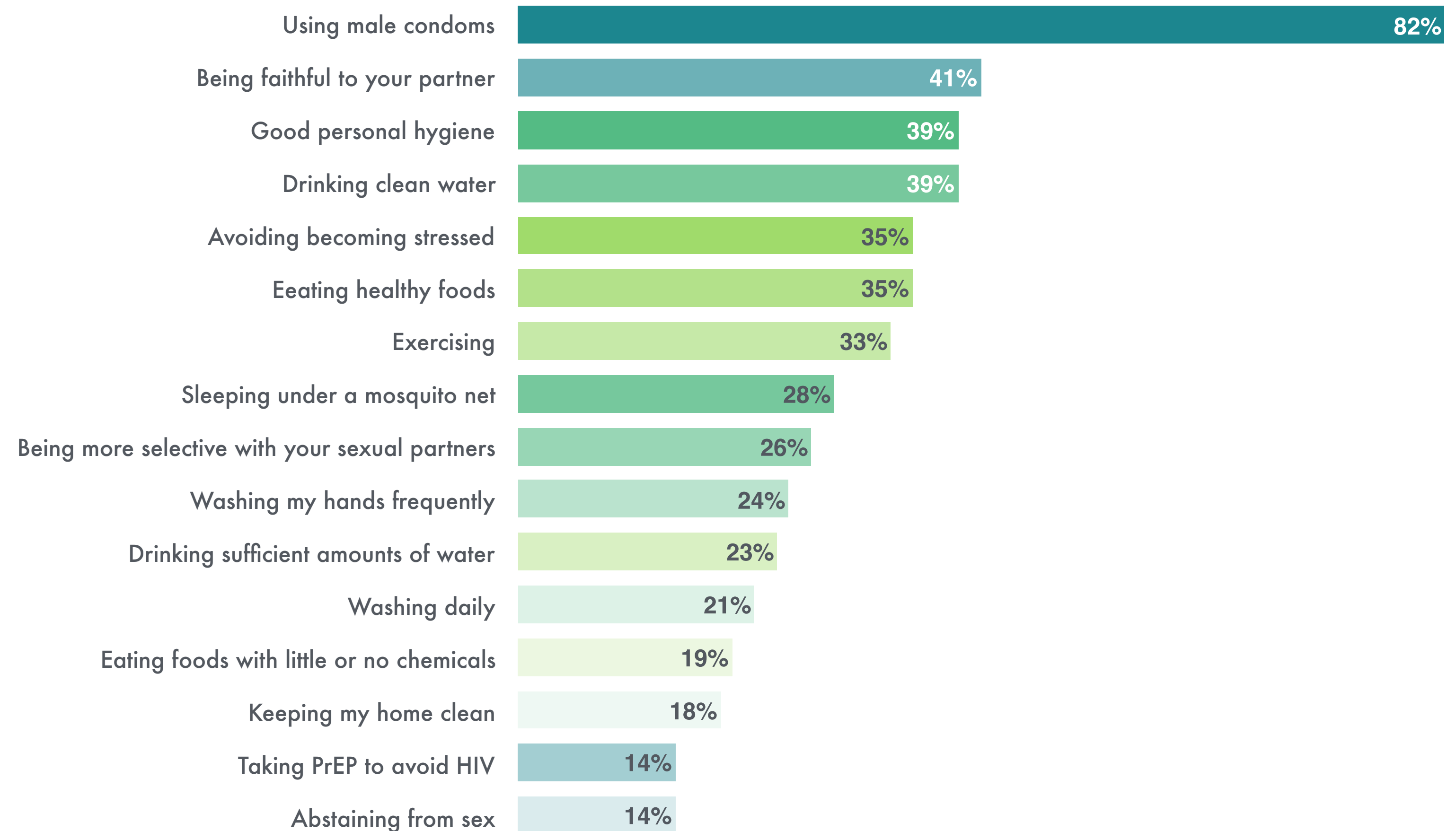
- Using male condoms (82%)
- Being faithful to your partner (41%)
- Being more selective with your sexual partners (26%)
- Taking PrEP to avoid HIV (14%)
- Abstaining from sex (14%)

HYGIENE

- Good personal hygiene (39%)
- Drinking clean water (39%)
- Sleeping under a mosquito net (28%)
- Washing my hands frequently (24%)
- Washing daily (21%)
- Keeping my home clean (18%)

NUTRITION AND HEALTH

- Avoiding becoming stressed (35%)
- Eating healthy foods (35%)
- Exercising (33%)
- Drinking sufficient amounts of water (23%)
- Eating foods with little or no chemicals (19%)

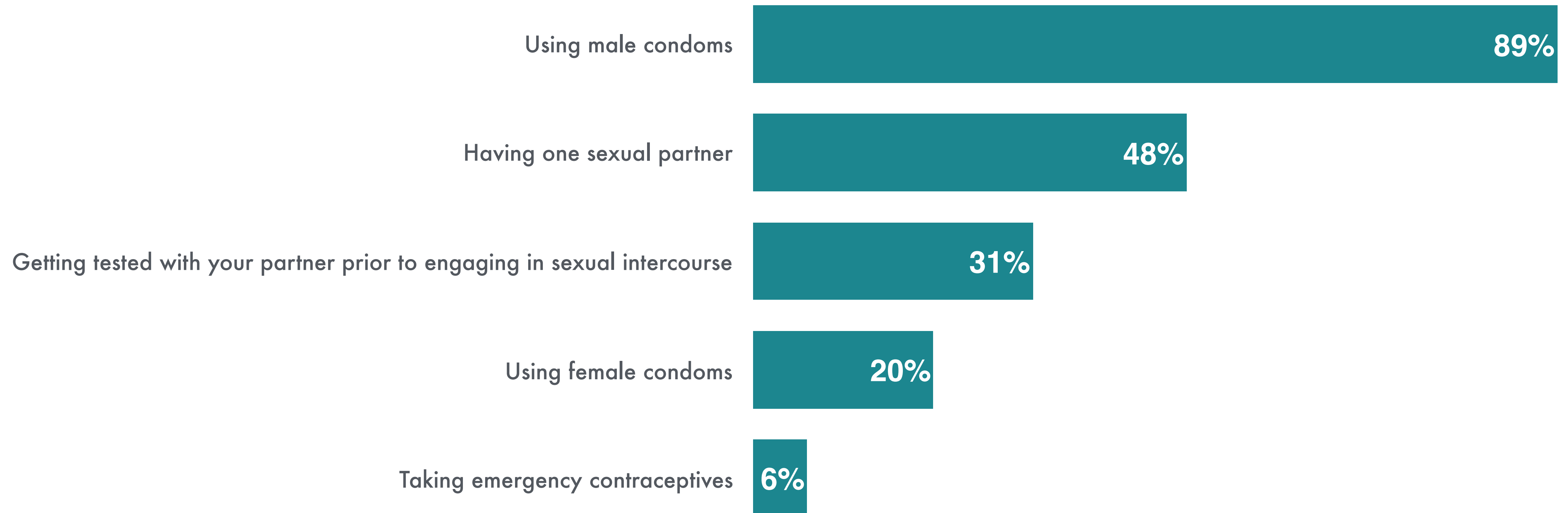


Answers not depicted (<14%) of respondents answered:

Throwing away rubbish (9%); Staying away from unventilated areas (9%); Only have one sexual partner (9%); Using protection in general (8%); Do not engage in risky sexual behavior (3%); Using female condoms (7%); Wearing safety gear (6%); Knowing my partner's HIV status (5%); Planting more trees (5%); Traditional/cultural practices (4%); Flushing the toilet (3%)

DEFINITION OF SAFE SEX

Q10.12 What does safe sex mean to you?
(N=100) [Multiple Answer]



Answers not depicted, (<6%) of respondents answered:

Taking contraceptives (oral or long acting) (4%); Withdrawal (pulling out during sex) (3%); Taking PEP and PrEP (1%)

HIV PREVENTION KNOWLEDGE

Q10.3 What are some of the ways you know of to prevent the transmission of HIV?
(N=100) [Multiple Answer]

CONDOM USAGE

- Using condoms when you have sex (87%)
- Ensuring that a condom is fitted correctly (22%)

SEXUAL RELATIONSHIPS

- Abstaining from sex (49%)
- Only having one sexual partner (46%)
- Being faithful to your partner (42%)

KNOWLEDGE OF STATUS

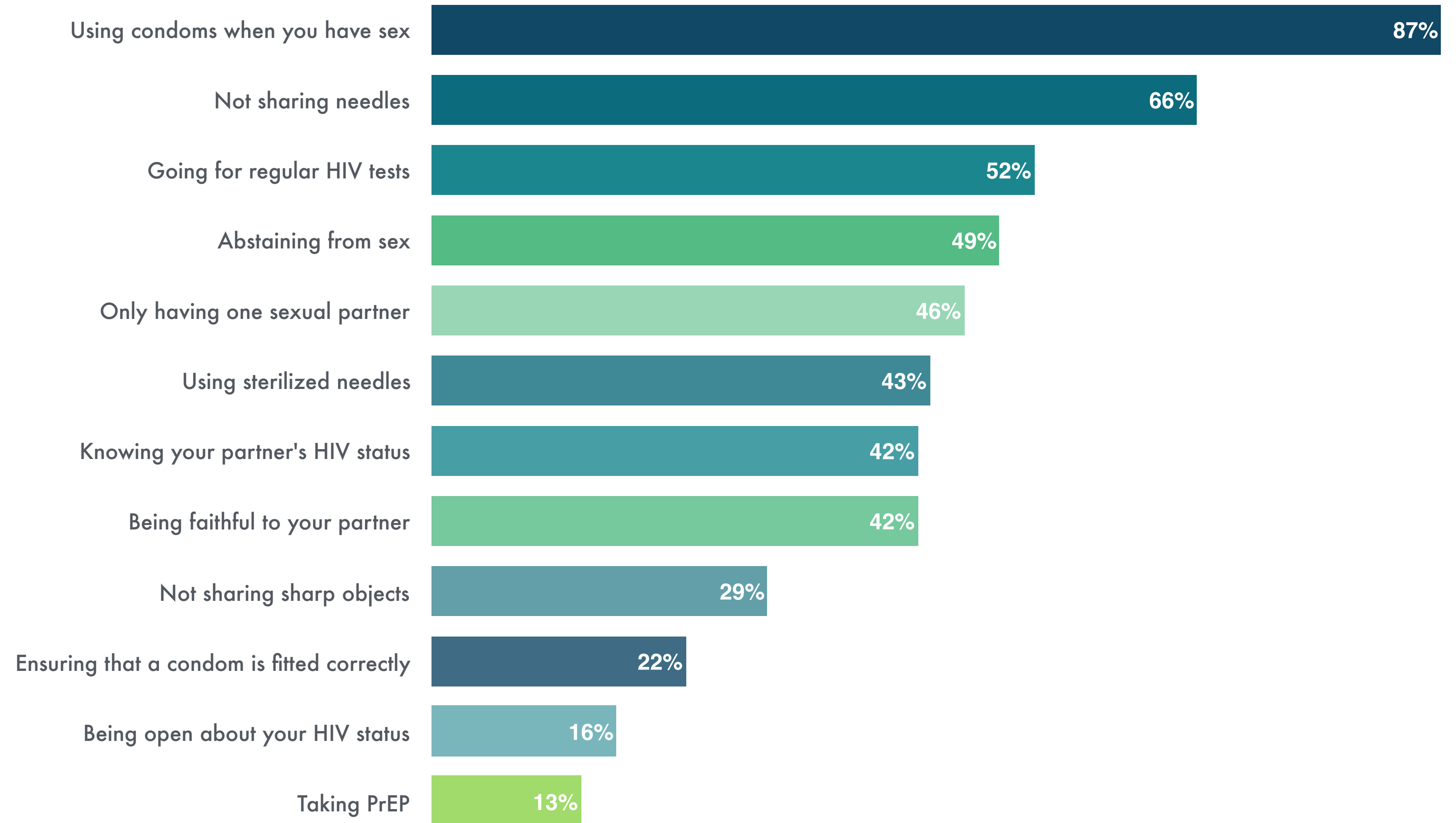
- Going for regular HIV tests (52%)
- Knowing your partner's HIV status (42%)
- Being open about your HIV status (16%)

SHARPS

- Not sharing needles (66%)
- Using sterilized needles (43%)
- Not sharing sharp objects (29%)

MEDICATION

- Taking PrEP (13%)



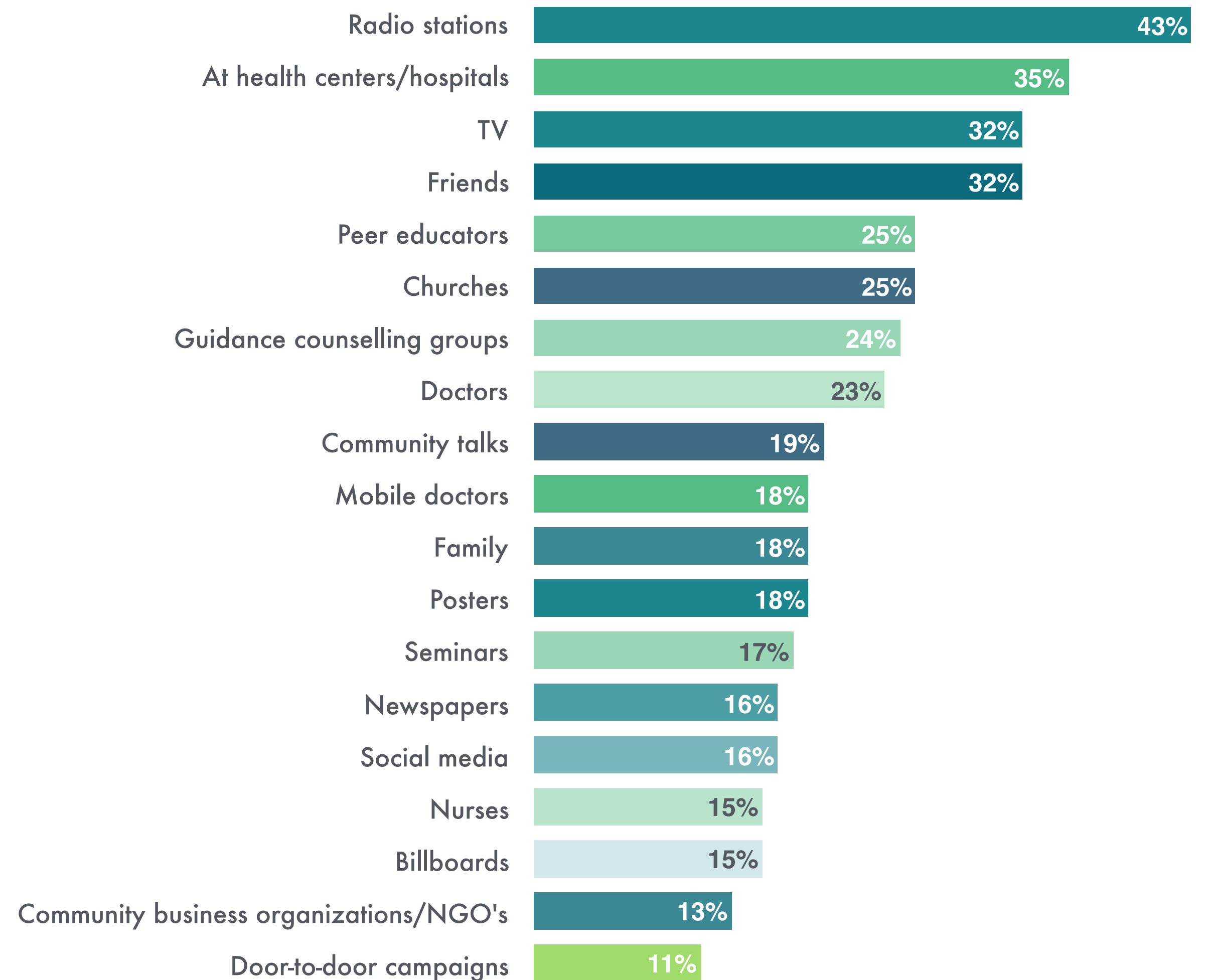
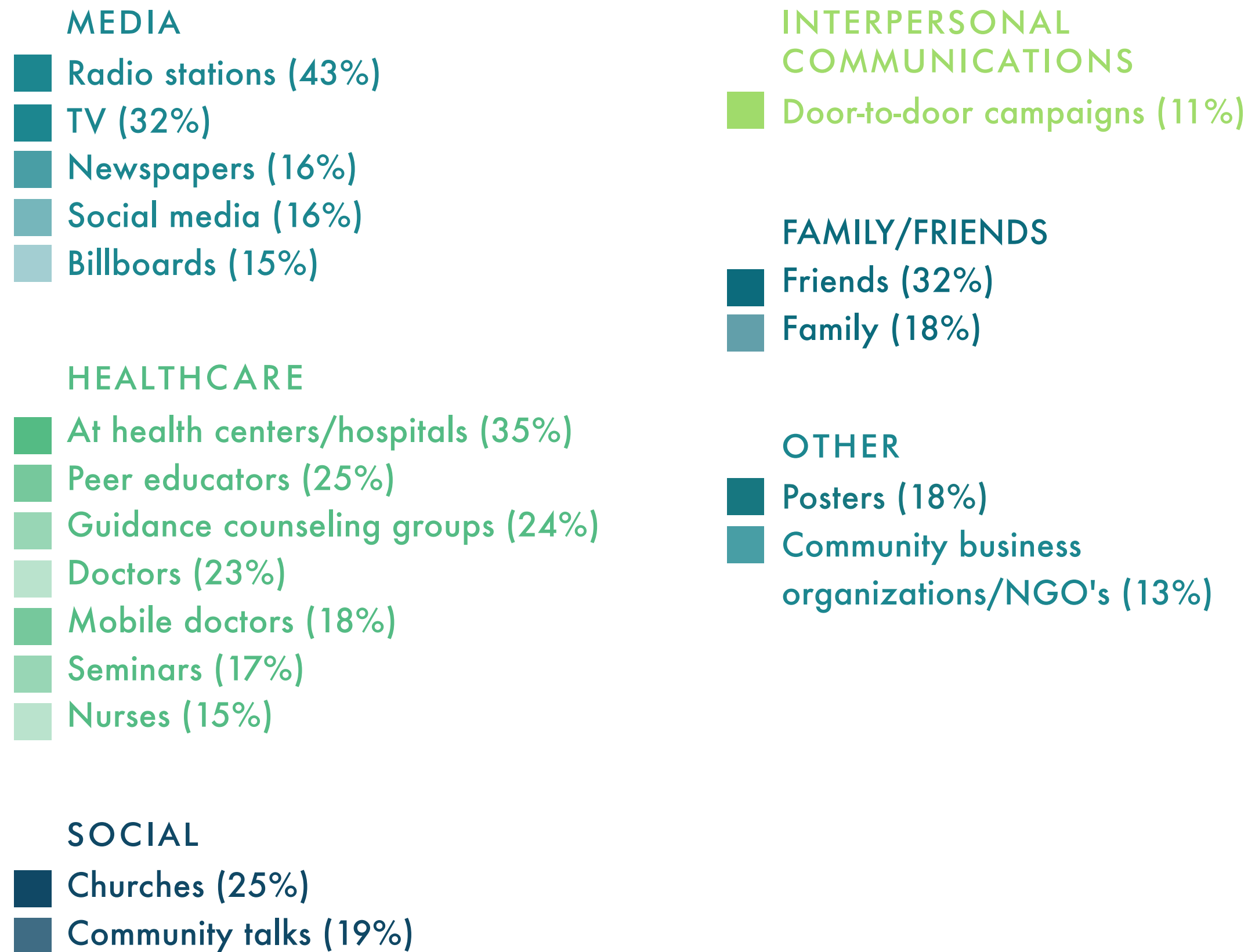
Answers not depicted, (<13%) of respondents answered:

Using female condoms (12%); Taking PEP (10%); Religious practices (6%); Traditional/cultural practices (3%); None (1%); Avoid having a blood transfusion (1%); Use lubrication (0%); Communicating customer's HIV status (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=100)
[Multiple Answer]



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

Leaflets (9%); Social gatherings with the youth (9%); Religious leaders (7%); Roadshows (8%); The internet (7%); Spouse/partner (7%); Talks at schools and campuses (6%); At crusade meetings (6%); Private meetings (3%); Women groups (Women Fighting AIDS in Kenya - WOFAK) (3%); Instant messenger apps (WhatsApp) (3%); Chama groups (money saving groups) (1%); Pharmacy/Pharmacists (1%)



HEALTH AND PREVENTION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

TESTING AS A TOUCHPOINT

With 96% of PWID knowing their HIV status and the majority getting regularly tested every 2-3 months (63%), this population segment engages with testing. Testing centers can be used as an avenue to reach PWID with messages about PrEP.

PEER MESSAGING

Being an often stigmatized and isolated population, delivering PrEP messages through interpersonal means such as through friends, can be a direct and cost-effective way to reach PWID. 32% of PWID cite friends as their source of sexual health information.

RISK COMMUNICATION MESSAGES

PWID think their chances of getting HIV are lower (32%) than that of their peers (76%). Risk communication messages are important to show PWID what their *actual* HIV risk is. Risk communication messages should be gain-framed and convey the risk reduction – through numbers and statistics – that can be achieved through behavior change.

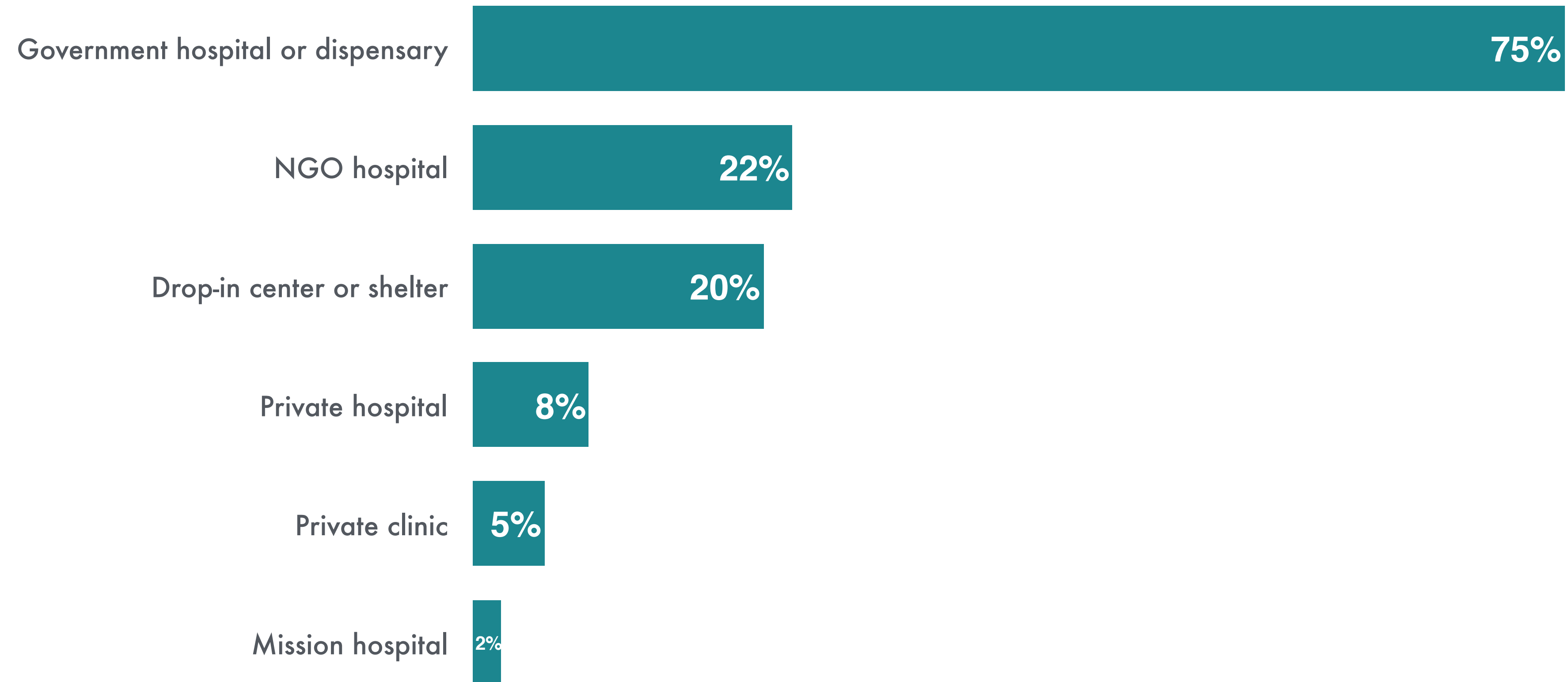


HEALTHCARE

SOURCES OF HEALTHCARE

Q7.1

Where do you usually go for healthcare services? (N=100) *[Multiple Answer]*



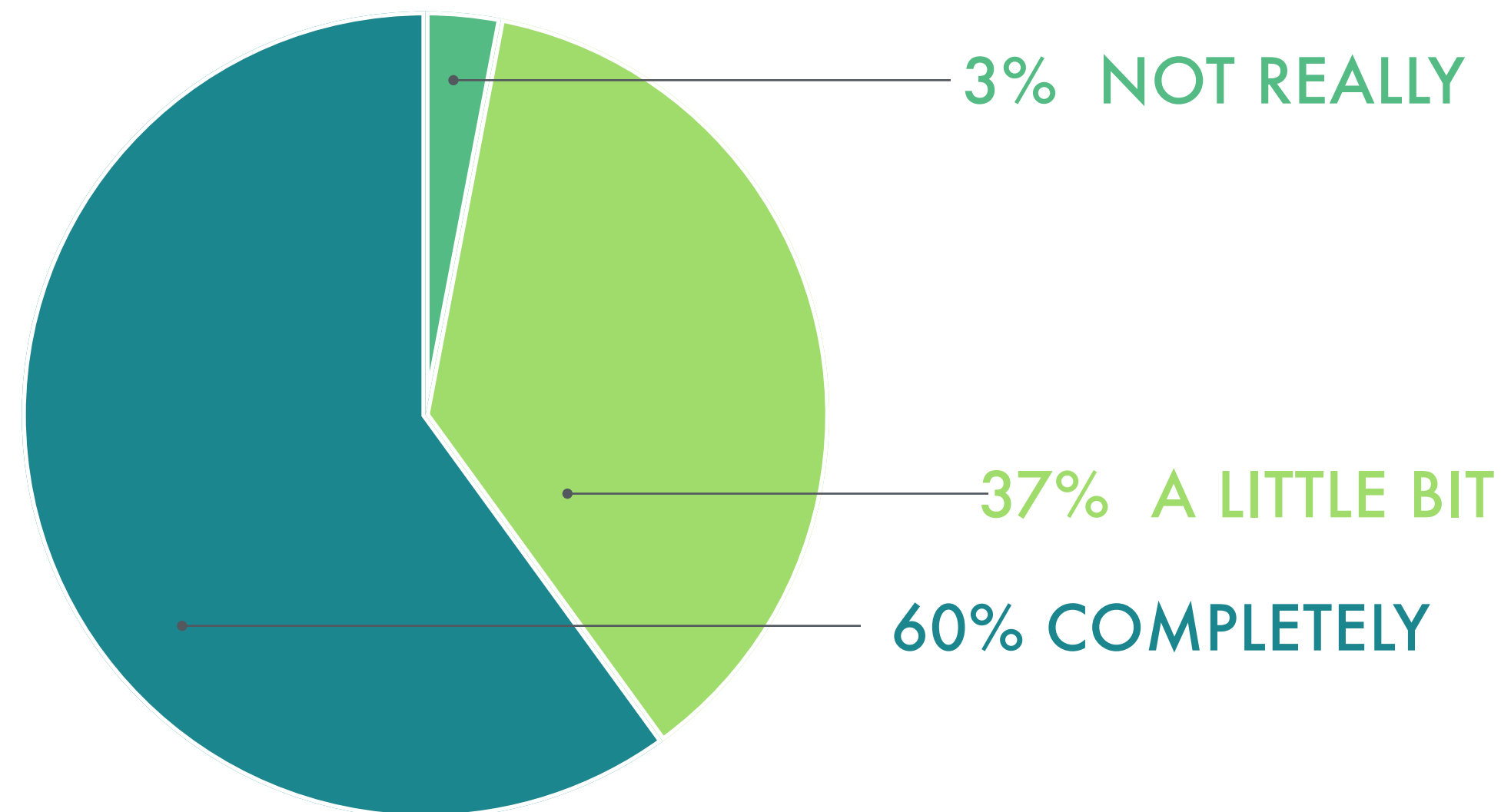
Answers not depicted, (0%) of respondents answered:

Mobile clinic (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=100)

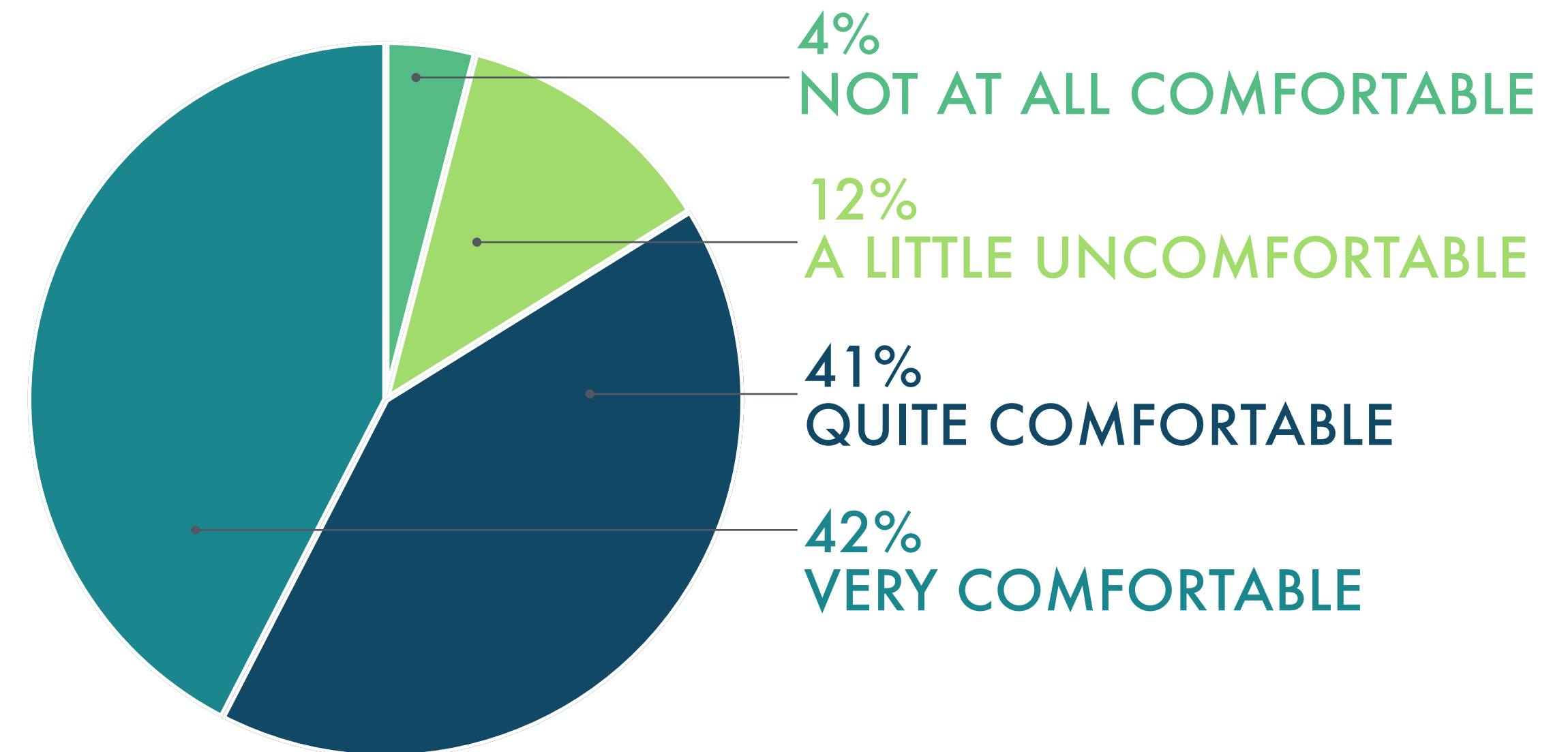
TRUST



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

Q7.7 How comfortable (at ease) do you feel visiting the healthcare center? (N=100)

COMFORT

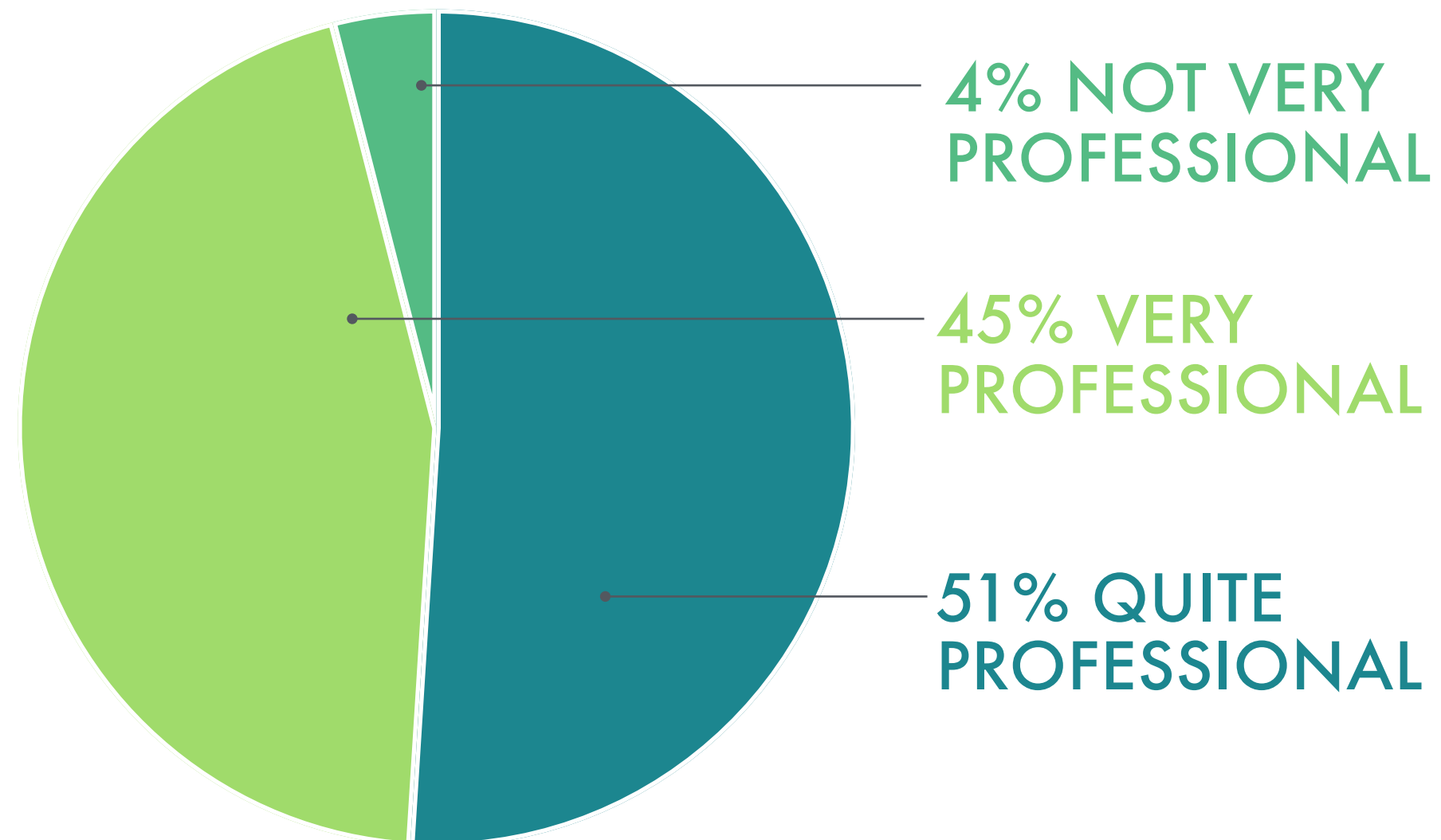


Answers not depicted, (0%) of respondents answered:
Not at all (0%)

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=100)

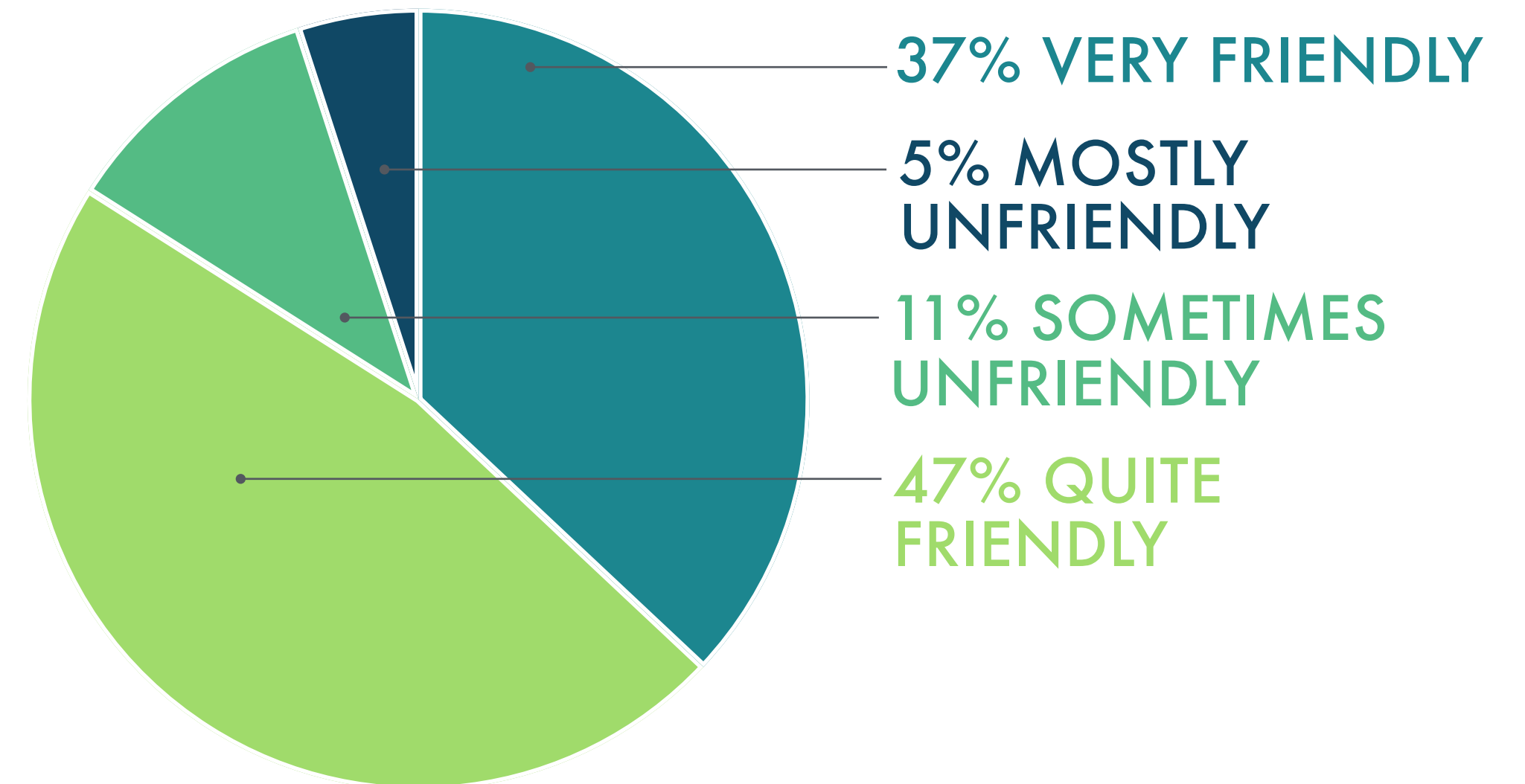
PROFESSIONALISM



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=100)

FRIENDLINESS





HEALTHCARE

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

FILLING IN GAPS

Government Hospitals or Dispensaries are the primary source of health services for PWID. Aware that the comfort, professionalism, and friendliness of the staff and services they receive do fall short in some areas – likely because of stigma – there is an opportunity to supplement with peer services in these health centers to fill those gaps.

ENGAGING PROVIDERS

Engaging and educating providers so they are sensitive to the comfort, trust, and experience of PWID in their facilities can make them a source of trusted education about PrEP.



STIGMA AND VICTIMIZATION

STIGMA AND VICTIMIZATION

Q9.3 Do you personally experience victimization or stigmatization by people in your own circle? (N=100)

70%

PERSONALLY EXPERIENCE
STIGMATIZATION OR
VICTIMIZATION

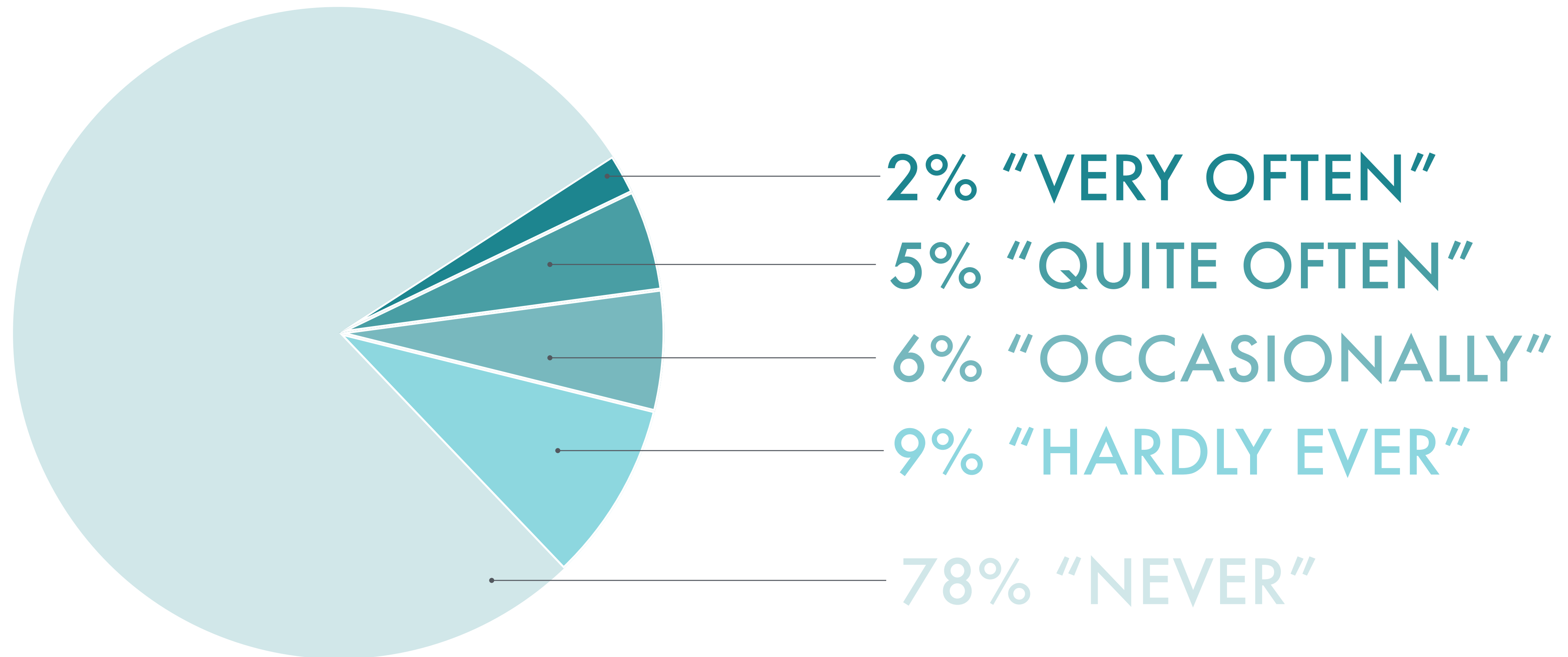
Q9.1 Are any of the people you engage with daily victimized or stigmatized in any way? (N=100)

82%

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 = 100)





STIGMA AND VICTIMIZATION

COMMUNICATIONS IMPLICATIONS

COMMUNICATIONS IMPLICATIONS

SENSITIVE TO STIGMA

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

A SENSE OF CONTROL

With 78% of PWID having never been subject to sexual pressure, their sexual practices are on their terms. Affirming this idea by positioning PrEP as a sure way to maintain control of their sexual health may resonate with PWID.



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=100)

67%

ARE SURE THAT IT WOULD WORK

Answers not depicted:

Unsure that it would work (25%); It would not work (8%)

Q11.10 How likely would you be to use PrEP yourself? (N=100)

61%

WOULD USE PREP*

I DEFINITELY WOULD USE IT (28%)*
I PROBABLY WOULD USE IT (33%)*

Answers not depicted:

I definitely would NOT use it (18%); I am UNSURE if I would use it (14%); I probably would NOT use it (7%)

WORRIES ABOUT PrEP

UNPROTECTED SEX

- It will increase the rate of STIs and STDs (37%)
- People using it and having unprotected sex (26%)
- It will increase the rate of unwanted pregnancies (24%)

ADHERENCE

- People will forget to take it (36%)
- Having to use it for the rest of your life to prevent HIV (22%)

EFFICACY

- There is still a 10% chance of contracting HIV (45%)
- There is no proof that it works (37%)
- Having to use PrEP in conjunction with a condom is concerning (17%)

SIDE EFFECTS

- The side effects are concerning (59%)
- Developing health complications because of prolonged usage (15%)
- PrEP is rumoured to cause cancer (12%)
- It may affect your chances of becoming pregnant (12%)

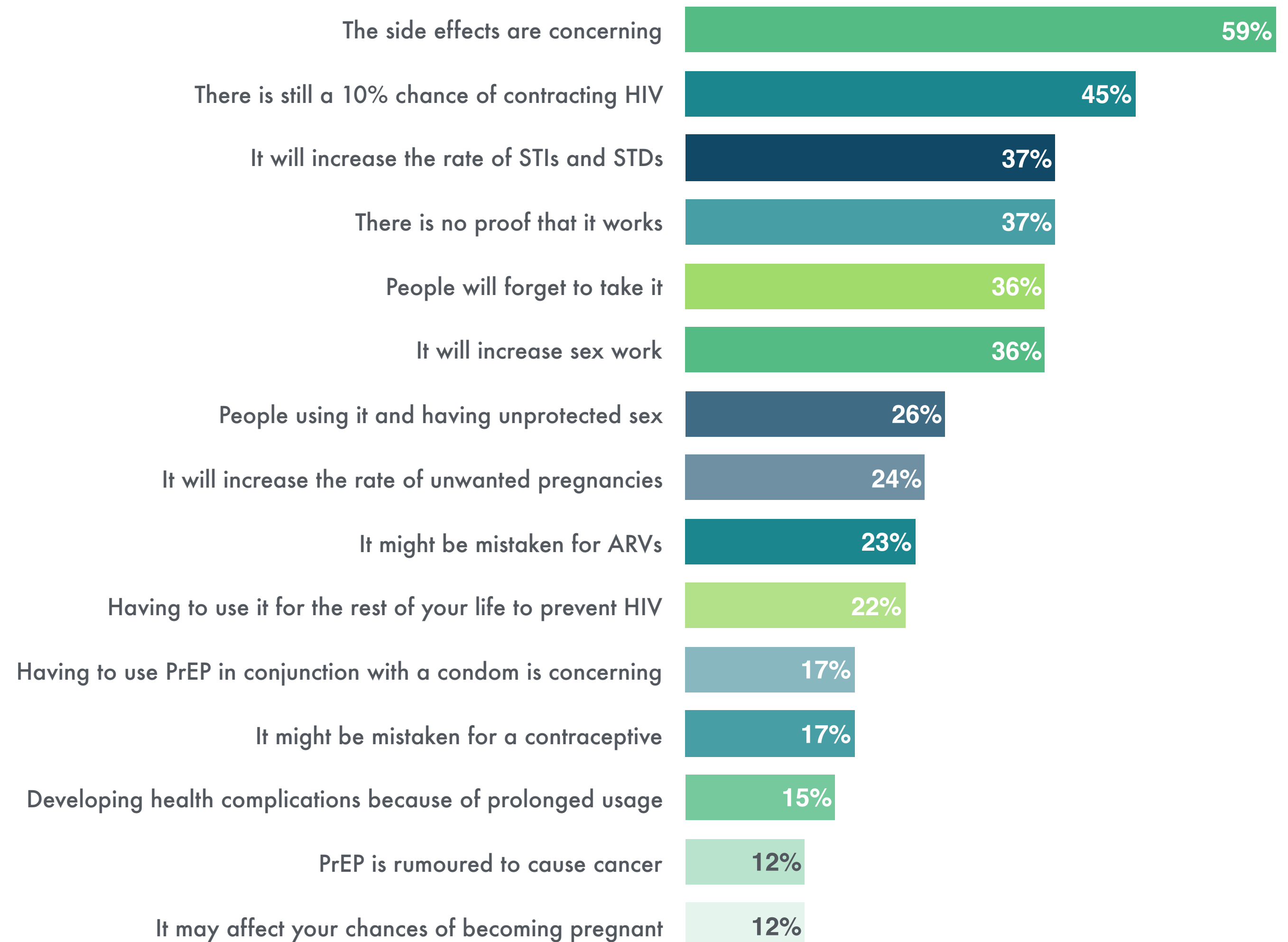
STIGMA

- It might be mistaken for ARVs (23%)
- It might be mistaken for a contraceptive (17%)

COMMERCIAL SEX

- It will increase sex work (36%)

Q11.7 What are your fears or worries about PrEP? (N=100) [Multiple Answer]



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

PrEP is rumoured to cause kidney failure (8%); Fear of inter-partner violence (8%); None (3%); It might be expensive (0%); It might not be easily accessible (5%); Lack of support from family members (1%)

PERCEPTIONS OF PrEP ADHERENCE

Q11.8 What are some of the reasons that may cause someone not to take PrEP every day? (N=100) [Multiple Answer]

AWARENESS

- Forgetting to take it (59%)
- Not being aware of it (38%)
- Being too drunk to remember to take it (36%)
- Not knowing how it works (28%)

STIGMA

- It might be mistaken for ARVs (20%)

CONVENIENCE

- Not used to taking medication daily (28%)
- It's difficult to walk around with medication everyday (26%)

NOT NECESSARY

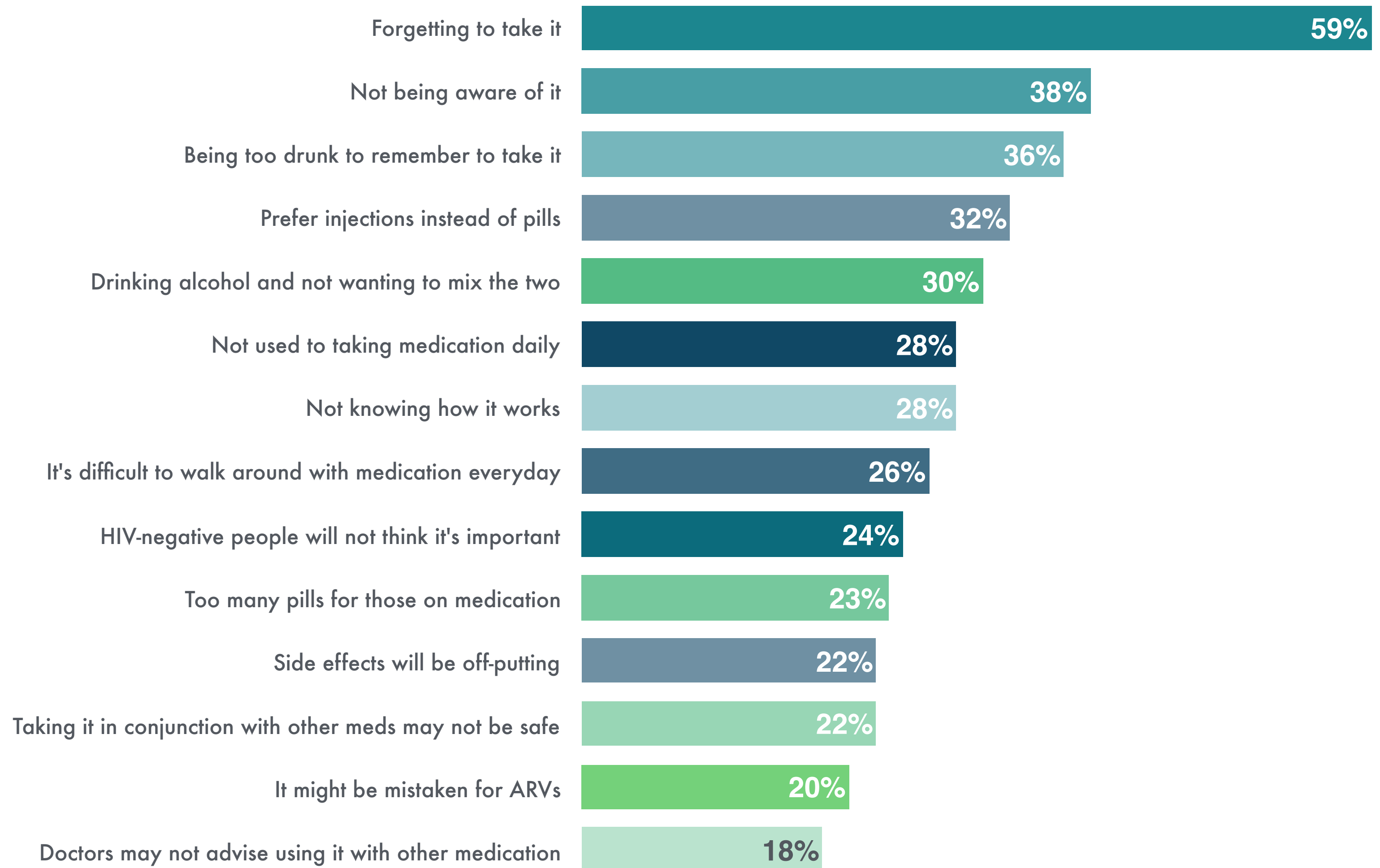
- HIV-negative people will not think it's important (24%)

COMBINING

- Drinking alcohol and not wanting to mix the two (30%)
- Too many pills for those on medication (23%)
- Taking in conjunction with other meds may not be safe (22%)
- Doctors may not advise using it with other medications (18%)

OTHER

- Prefer injections instead of pills (32%)
- Side effects will be off-putting (22%)



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

Not being sexually active (14%); It will be expensive to purchase each month (13%); Due to drug abuse (8%); Youth may not purchase & fear asking parents (7%); Because of stigmas attached to it (3%); None (2%); Ignorance (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=100) [Multiple Answer]

POPULATION BENEFIT

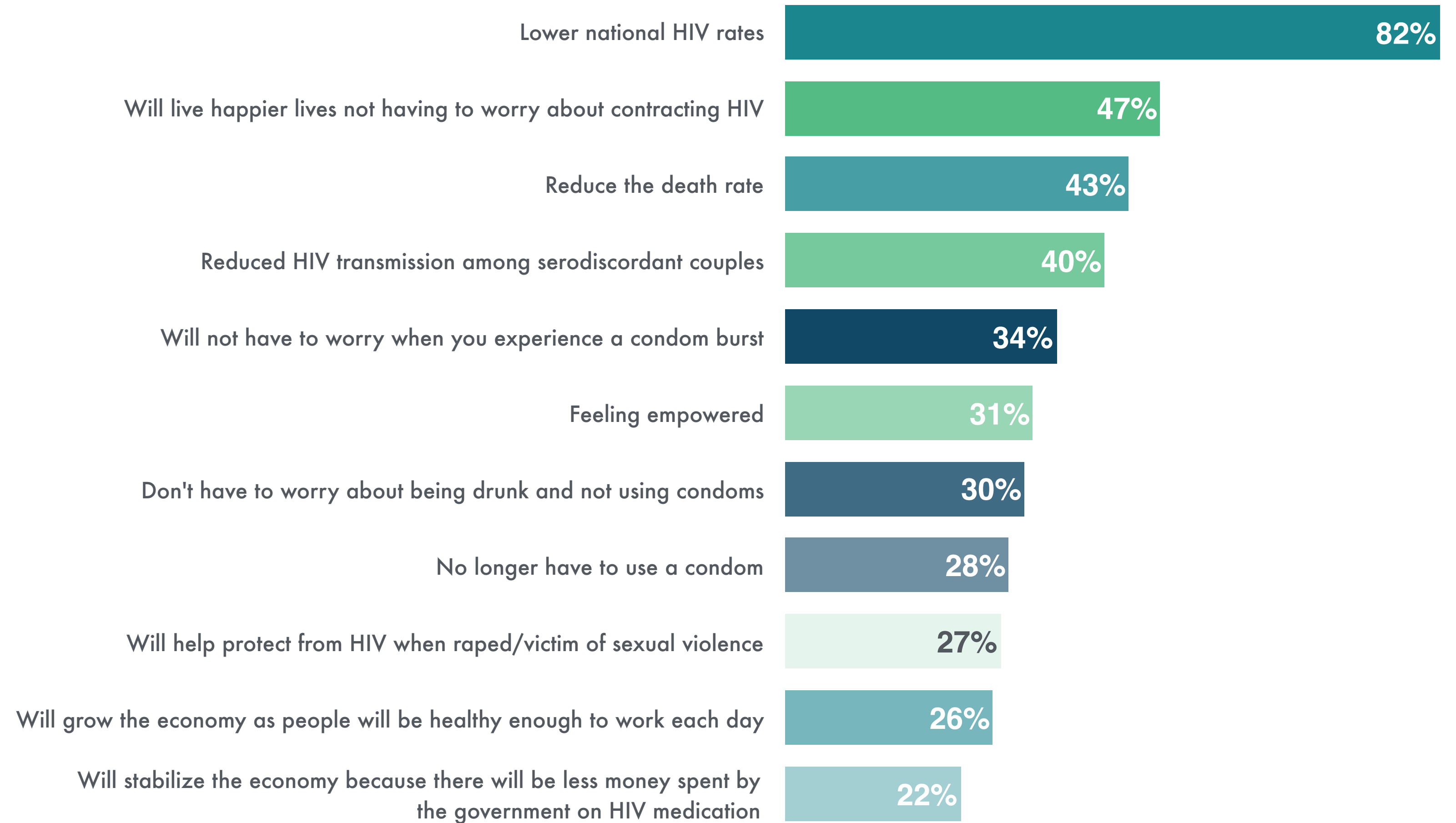
- Lower national HIV rates (82%)
- Reduce the death rate (43%)
- Will grow the economy as people will be healthy enough to work each day (26%)
- Will stabilize the economy because there will be less money spent by the government on HIV medication (22%)

NO NEED FOR CONDOM

- Will not have to worry when you experience condom burst (34%)
- Don't have to worry about being drunk and not using condoms (30%)
- No longer have to use a condom (28%)

PROTECT FROM HIV

- Will live happier lives not having to worry about contracting HIV (47%)
- Reduced HIV transmission among serodiscordant couples (40%)
- Feeling empowered (31%)
- Will help protect from HIV when raped/victim of sexual violence (27%)

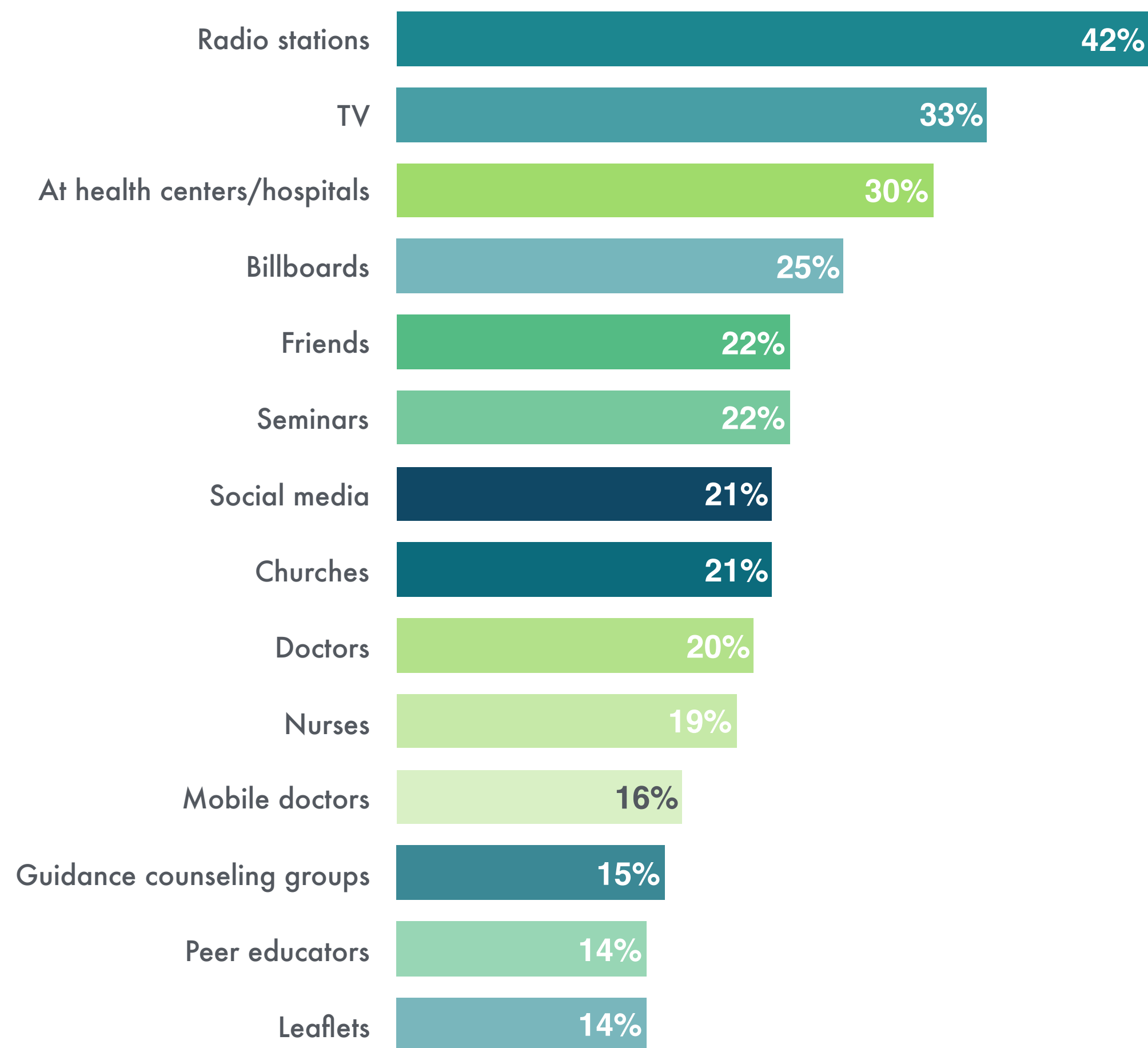
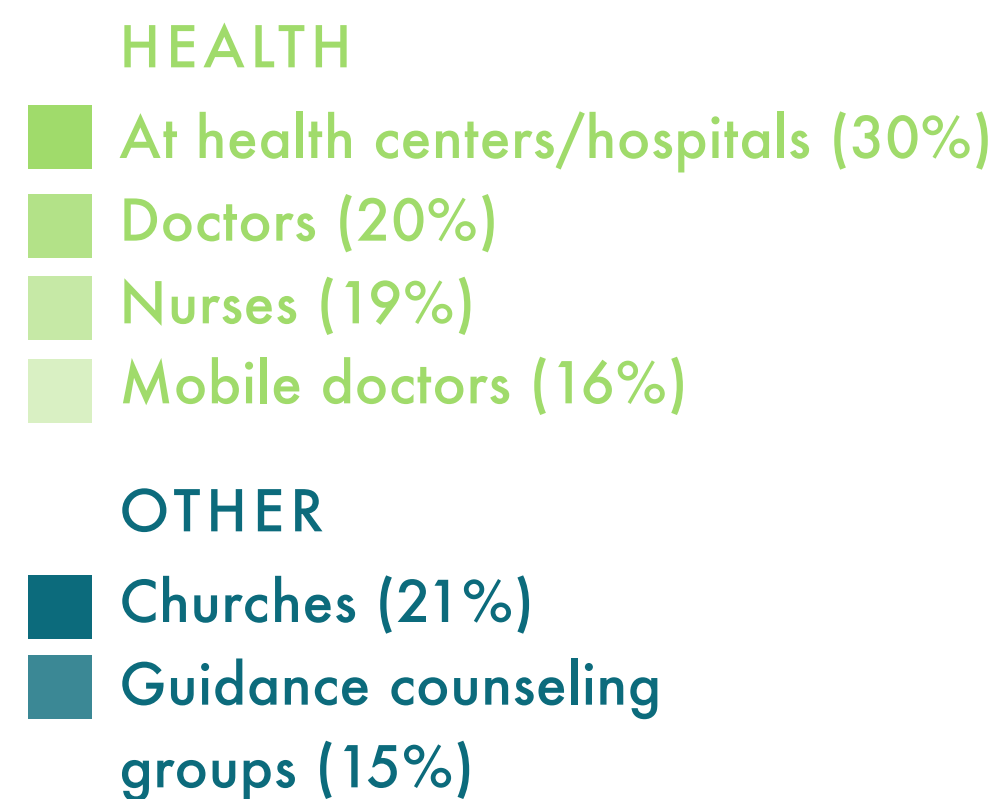
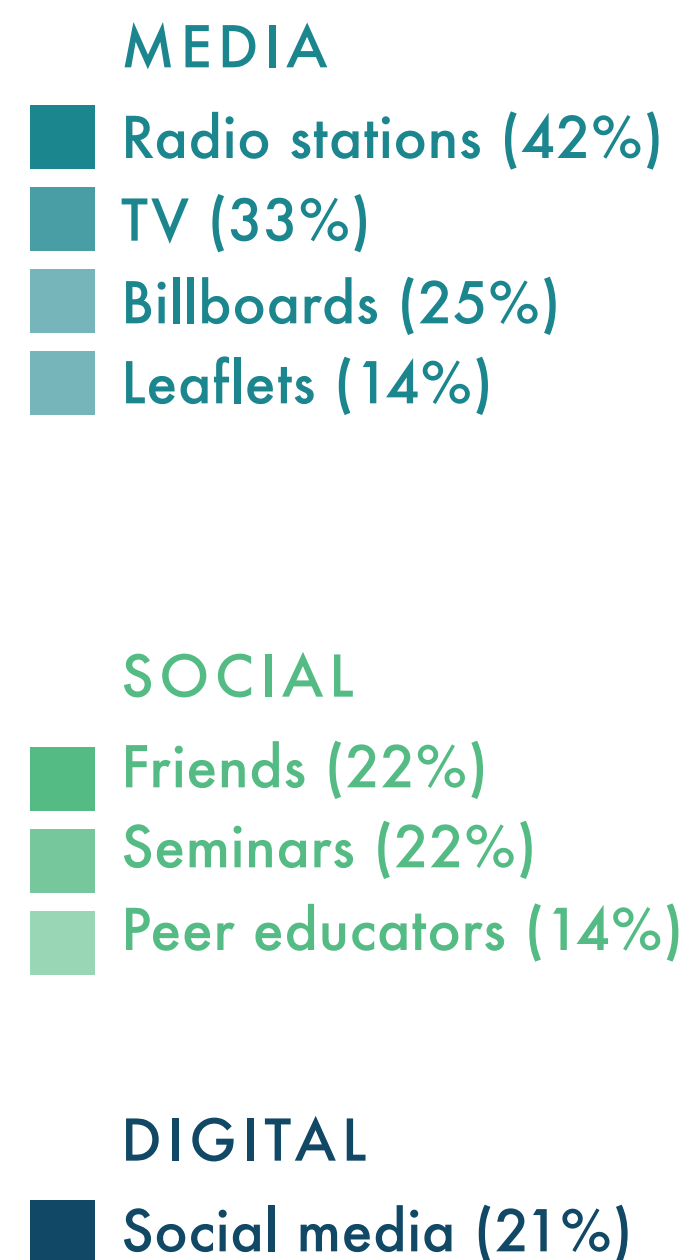


Answers not depicted, (<22%) of respondents answered:

None (3%); We can demonstrate our shared commitment to our health which will strengthen our relationship (0%); PrEP will help me make more money because I can see more customers without a fear of contracting HIV (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=100) [Multiple Answer]



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

Posters (13%); Newspapers (13%); Community talks (13%); Talks at schools and campuses (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

ADDRESSING THEIR PREP CONCERNS

The potential side effects (59%), forgetting to take it (59%), and still having an HIV risk with PrEP (45%), give PWID hesitance about PrEP, but don't outweigh their belief that PrEP would lower national HIV rates (82%). Boosting education on PrEP and ensuring that PWID have all necessary information about the prophylactic can help eliminate their hesitance and convert them to users.

ENABLING ADHERENCE MESSAGES

PWID have a number of worries when it comes to PrEP adherence. Using peer educators who are on PrEP to show that adherence is possible and not difficult can allay PWID concerns about adherence.



SUMMARY OF IMPLICATIONS

SUMMARY OF IMPLICATIONS

MOTIVATIONS

MESSAGES FOR TODAY AND TOMORROW

While PWID have a number of aspirations for their future, they are also concerned about basic needs and things that affect them today – being in good health, having a job, and being alive. Messages that speak to both their future *and* current selves may resonate most with this audience.

SECURING A FINANCIAL FUTURE

Finances and the economy are top of mind for PWID. They value having a job (58%), aspire to start their own business (47%) and save money (47%). Their health is necessary to achieve these milestones, and communicating that PrEP keeps them healthy to achieve their goals is key.

HEALTH AND PREVENTION

TESTING AS A TOUCHPOINT

With 96% of PWID knowing their HIV status and the majority getting regularly tested every 2-3 months (63%), this population segment engages with testing. Testing centers can be used as an avenue to reach PWID with messages about PrEP.

PEER MESSAGING

Being an often stigmatized and isolated population, delivering PrEP messages through interpersonal means such as through friends, can be a direct and cost-effective way to reach PWID. 32% of PWID cite friends as their source of sexual health information.

RISK COMMUNICATION MESSAGES

PWID think their chances of getting HIV are lower (32%) than that of their peers (76%). Risk communication messages are important to show PWID what their *actual* HIV risk is. Risk communication messages should be gain-framed and convey the risk reduction – through numbers and statistics – that can be achieved through behavior change.

SUMMARY OF IMPLICATIONS

HEALTHCARE

FILLING IN GAPS

Government Hospitals or Dispensaries are the primary source of health services for PWID. Aware that the comfort, professionalism, and friendliness of the staff and services they receive do fall short in some areas – likely because of stigma – there is an opportunity to supplement with peer services in these health centers to fill those gaps.

ENGAGING PROVIDERS

Engaging and educating providers so they are sensitive to the comfort, trust, and experience of PWID in their facilities can make them a source of trusted education about PrEP.

STIGMA AND VICTIMIZATION

SENSITIVE TO STIGMA

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

ON THEIR TERMS

With 78% of PWID having never been subject to sexual pressure, their sexual practices are on their terms. Affirming this idea by positioning PrEP as a sure way to maintain control of their sexual health may resonate with PWID.

SUMMARY OF IMPLICATIONS

PREP PERCEPTIONS

ADDRESSING THEIR PREP CONCERNS

The potential side effects (59%), forgetting to take it (59%), and still having an HIV risk with PrEP (45%), give PWID hesitance about PrEP, but don't outweigh their belief that PrEP would lower national HIV rates (82%). Boosting education on PrEP and ensuring that PWID have all necessary information about the prophylactic can help eliminate their hesitance and convert them to users.

ENABLING ADHERENCE MESSAGES

PWID have a number of worries when it comes to PrEP adherence. Using peer educators who are on PrEP to show that adherence is possible and not difficult can allay PWID concerns about adherence.

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



USAID
FROM THE AMERICAN PEOPLE



OPTIONS
OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE